

Communities Directorate

<u>DRAFT</u> DIRECTORATE PLAN

April 2014 to March 2017

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1.0 FOREWORD

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

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

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

As well as identifying our local priorities this plan also attempts to capture the impact from new legislation. This will be significant for us in 2014-15, in particular the introduction of the Care Bill 2013 proposes a single, modern law for adult care and support that replaces outdated and complex legislation. The Bill focusses on a number of adult social care areas including:

- Assessments and eligibility
- Charging and financial assessments
- Care and Support
- Protecting adults from abuse and neglect
- Carers

In addition the Government has announced new funding for adult social care in conjunction with Clinical Commissioning Groups in the form of a joint budget called the Integrated Transformation Fund for 2015/16. We are developing an Integrated Transformation Fund plan that sets out our joint vision and aims over the next five years.

The Community and Environment Department continues to provide good quality services in relation to addressing health issues, personal development, community safety and community cohesion, social inclusion and the quality of life for Halton people. These services include the Select Security Stadium in Widnes and the Brindley Theatre in Runcorn. However all these services face challenges and a number of new contracts are in the process of being re-let including waste services, leisure and open spaces.

So the next financial year will be a significant challenge as we continue to strive to provide good quality services whilst at the same time attempt to identify further efficiencies.



Dwayne Johnson Strategic Director, Communities Directorate

2.0 INTRODUCTION

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

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

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

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

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

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

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

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

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

3.0 KEY MESSAGES

Overall Directorate Strategic Direction

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

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

Strategic Priorities and Challenges facing the Directorate

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

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

- Prevention
- Access to Care Services
- Quality

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

- Reduce alcohol abuse and domestic violence;
- Safeguarding; and
- Consumer Protection.

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

- Enhancing residents quality of life through the Stadium and Catering Services; and
- An efficient, personal, professional Registration Service that touches everyone in Halton during their lives.

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

Enhancing residents' quality of lives through sport and recreation, library and cultural services.

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

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

The Council continues to operate within a challenging financial climate. We will need to ensure that we continue to meet our statutory responsibilities across all areas of our operations and the Directorate will continue to play a key supporting role in this endeavour, for example through effective financial management and the integration of national policy initiatives with efficient arrangements for service delivery.

In a move towards more integrated work across the Council and NHS, the Operational Director for Integrated Care is a joint post with the NHS Halton Clinical Commissioning Group and the Communities Directorate. Work is currently underway to develop a joint performance framework incorporating joint service objectives and milestones for future reporting.

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

Health Priorities

3.1 Health and Wellbeing

The new **Care Bill 2013** proposes a single, modern law for adult care and support that replaces outdated and complex legislation. The Bill focusses on a number of adult social care areas including: Assessments and eligibility; Care and Support; Protecting adults from abuse and neglect and Carers. Work is continuing in these areas to ensure that we are aligned with the new Bill.

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

There is growing recognition that **loneliness** is a formidable problem which impacts on an individual's health and quality of life and even on community resilience with 10-13% of the population estimated to be acutely lonely. There is increasing evidence that people who are lonely are more likely to use health and social care services and a developing confirmation, through personal stories, of the emotional costs and misery that loneliness can cause. To that end, the newly developed Loneliness Strategy is now in place and incorporates various strands to help combat loneliness. These include a pilot project called Visbuzz which uses tablet technology to keep people in touch with their family and friends, a befriending service, various social groups, telefriending, intergenerational services and care homes twinned with schools.

Falls are one of the Health and Wellbeing Boards key priorities in Halton. Falls are a leading cause of mortality due to injury amongst people over 65. Falls can have a serious impact on the quality of life of older people and can undermine the independence of an individual. Falls may be caused by a person's poor health or frailty, or by environmental factors, such as trip hazards inside and outside their home. There are two key documents that set the standards for best practice in the management of falls among older people. One of the issues for these two documents is when they were produced, The **National Service Framework for Older People** was published in 2001 and the **National Institute for Clinical Excellence** (NICE) published their guidelines in 2004. The NICE guidelines were reviewed in 2011 and updated to include an extension of the scope to cover inpatient settings and service

delivery. Halton's new Falls Strategy was implemented during 2013 and will be monitored through its action plan.

Urgent Care – A combination of factors such as an aging population and the need to manage long term conditions more effectively has resulted in both nationally and locally the demand on health and social care resources having increased over the past 10 years. This has resulted in particular pressures on acute trusts in respect of accident and emergency attendances and emergency hospital admissions.

Halton Borough Council and NHS Halton Clinical Commissioning Group are continuing to actively work together in conjunction with our partners on Halton's Urgent Care Working Group to lead on the development and management of the Urgent Care system used by the Borough's population.

The Urgent Care agenda is a complex and challenging one; we need to ensure that there is a system wide approach to Urgent Care which requires high quality and accessible primary, community and social care services to be in place to support the acute sector, in order to ensure that the residents of Halton can get the right care, in the right place, first time, every day of the week.

3.2 Integration - Social Care and the Clinical Commissioning Groups

A new development in connection with this is the Local Government Association and NHS England's *Integrated Transformation Fund*. The fund is released from April 2014 once Local Authorities and Clinical Commissioning Groups have formulated their shared "plan" for the totality of health and social care activity and expenditure that will have benefits beyond the effective use of the mandated pooled fund.

Since April 2013 Halton Borough Council and Halton Clinical Commissioning Group have a Section 75 Agreement in place for the commissioning and provision of services for people with complex care needs. Pooling financial resources from Adult Social Care, Continuing Health Care, Intermediate Care and a range of grant allocations, the 2 organisations are working on improving the effectiveness and efficiency of services to ensure Halton people with complex needs will continue to receive high quality care and support into the future. This will continue to be achieved through streamlining assessment, support planning, commissioning and contracting arrangements. This work is led through the Complex Care Partnership Board with Marie Wright (portfolio holder for Health and Wellbeing) and Mike Wharton (portfolio holder for Resources).

The Council and HCCG are working with frontline health and social care teams to review our overall approach in these areas. Frontline integrated services include the following:

The *Care Homes Project* is a partnership project between Bridgewater Community NHS Trust, Halton Borough Council, Halton Clinical Commissioning Group, Halton and St Helens NHS and Warrington and Halton Hospitals NHS Trust. National and local audit data from the Care Quality Commission identifies that there are a range of healthcare interventions and services that may not be easily accessible to people who live in residential and nursing homes and as such their healthcare needs may not be appropriately met. These include the following areas: end of life care planning; medical cover; mental health support; dietetics and nutritional advice; access to therapy services; access to specialist services - tissue viability, falls, etc.; access to psychiatric services; access to Geriatrician; and multi-agency working.

Integrated Safeguarding Unit – is a joint team with the HCCG dealing with dealing effectively with safeguarding issues in a more cohesive way. The multi-agency team has a good skill mix and knowledge base in leading on safeguarding across Health and Social Care on cases that have a complex safeguarding element to them.

Intermediate Care multi-disciplinary team – the team help people stay living safely and independently in their homes for longer, with a better quality of life. They offer a wide range of Home Care, Intermediate Care and Reablement Services seven days a week that includes support from nurses, care assistants and occupational therapists. The team also support people recovering from a hospital stay and needing temporary help to maintain their independence and quality of life at home.

3.3 Dementia

- 3.4 Mental Health - As the local older population increases and people live longer we have seen a significant increase in the number of people diagnosed with dementia. As a result of this we have developed the local dementia strategy that aims to address the needs of people with dementia and their carers. The strategy outlines the importance of early diagnosis, particularly in Primary Care, access to services in the community and improved quality in accommodation based service provision for example residential care. The strategy has an associated action plan and implementation of this plan is the responsibility of the local Dementia Partnership Board. The board is currently reviewing the newly introduced Later Life and Memory Services Initiatives introduced by the 5 Boroughs NHS Foundation Trust. The demand for high quality frontline services to support people with dementia and their carers continues to grow. As a result, new initiatives, such as behaviour analytic approaches to dementia are being developed. Similar initiatives will need to be put in place over the next three years.
- The 5 Boroughs NHS Foundation Trust has 3.5 Acute and Related Services redesigned pathways around acute services and these have been in place for approximately one year. The emphasis is on preventing admissions wherever possible and adopting a recovery model to support those with more serious mental health problems. The Council's Mental Health social workers are co-located with colleagues from the 5 Boroughs NHS Foundation Trust and there is a multi-agency Mental Health Strategic Commissioning Board (CCG, HBC, 5 Boroughs and others) which oversees strategic developments. Current pressures include those upon acute beds in line with the national position, and continuing pressure upon the community care budget. A new Mental Health and Wellbeing Commissioning Strategy has been produced which sets out priorities up until 2018. Key in this is the preventative work undertaken by the Council's Public Health function. The Council's Mental Health Outreach team is currently piloting work with GP surgeries in order to identify people who may benefit from this service and therefore prevent relapse, a further priority will be extending the range of day services and work related opportunities.
- **3.6** Joint Health and Social Care Learning Disability Self-Assessment Framework, Autism Self-Assessment Framework and Winterborne View – The annual Joint Health and Social Care Learning Disability Self-Assessment Framework and subsequent improvement plans will ensure a targeted approach to improving health inequalities and achieving equal and fulfilling citizenship helping commissioners and local people assess how well people with a learning disability are supported to stay healthy, be safe and live well. The annual Autism Self-Assessment is to assist Local Authorities and their partners in assessing progress in implementing to 2010 Adult Autism Strategy; the purpose of the self-assessment is to see how much progress

has been made since the baseline survey, as at February 2012; and to provide evidence of examples of good progress made that can be shared and of remaining challenges. The Department of Health – "Transforming Care a National Response to Winterborne View Hospital" published a timetabled action plan with 63 areas that would improve the lives of individuals with Learning Disabilities and/or Autism. The action plan is designed to be implemented nationally with guidance and good practice cascaded to Local Authority's and CCG's for local implementation. The Local Authority and CCG are taking a joint approach to the completion and implementing of all the above programmes with a clear focus on improving life opportunities for individuals with Learning Disabilities and/or Autism.

3.6 Safer Halton Priorities

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

The survey of Members and partners identified the following priorities: safeguarding young people; crime reduction; reducing anti-social behaviour; reducing alcohol harm and disorder; reducing vulnerability of being a victim of hate crime and domestic abuse; reducing the re-offending rate of repeat offenders; community engagement, and consultation and participation.

The review has therefore prioritised these work streams and the front line staff (e.g. PCSOs) that deliver the required outcomes. The funding for the team has been realigned to ensure sustainability for financial years 2012/13 - 2013/14. The effect of

this is that some posts have been deleted (e.g. HBC administrative posts that have been held vacant), and other posts refocused on core activities.

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

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

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

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

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

- the reciprocal duty for PCCs and CSP responsible authorities to cooperate with each other for the purposes of reducing crime and disorder
- the power to bring a representative of any or all CSPs in the PCC's area together to discuss priority issues
- the power to require reports from CSPs about issues of concern
- the power to approve mergers of CSPs (on application of the CSPs concerned)

• the power to commission community safety work from a range of local partners including (such commissioning of crime and disorder reduction work is not limited to CSPs but can include community, voluntary sector or commercial providers)

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

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

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

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

- **3.5** Other key strategic areas of work are :
 - Scrutiny Reviews a number of scrutiny reviews have been undertaken during 2013 including (for the Health PPB) Mental Health and Falls Prevention and (for the Safer PPB) the Night Time Economy.
 - Councils have a duty to periodically review the accommodation needs of *Gypsies and Travellers* in their area with a view to informing planning policy and the management of existing Gypsy and Traveller sites. The last review was undertaken in 2007 and the Council is working with other Cheshire local authorities to commission consultants to undertake a new assessment in 2013. Halton is taking a leading role in the commissioning and management of this project.
 - A shared out of hours *Emergency Duty Team* is already in place across Halton and St Helens, and is the subject of a formal partnership agreement. Approaches have been made by one other Local Authority to see whether they can join this partnership, and there have been informal discussions with another nearby Council about the same matter. The Council will be working in partnership with St Helen's Council to scope out and consider in detail the potential for development arising from these approaches.

- A new Acute Care Pathway (ACP) for mental health services has been developed within the 5Boroughs Partnership, in partnership with the Council. The pathway, which has significant implications for the ways in which mental health support will be provided locally, will be fully implemented over the next months and the Council will be working with the 5Boroughs to establish a clear role for social care services in the new pathway.
- The **Social Enterprise** was considered as a future option for Halton Borough Council Learning Disability Services. Preliminary work suggests that, given the financial challenges facing the Council, this may not be the best option at this point in time.
- In a recession the public tend to cut down on those areas of non-essential household expenditure. Thus, the *Brindley* will continue to adjust to changes in personal spending so as to maintain and improve its performance.
- In 2016, a new £40m development will open in Chester which includes a 550 seat theatre, capable of expansion to 800, and a 200 seat studio theatre. At the same time the Mersey Gateway toll bridge is scheduled to open. These two developments will affect approximately 40% of the Brindley's current audience. As the Brindley's programme is put together up to two years ahead, the coming year, therefore provides time to assess the impact and plan any changes necessary.

3.7 Enhancing Residents' Quality of Life

- An *Arts Strategy* has been developed involving consultation with key stakeholders and the public. This forms the template for the development of arts in Halton over the next 3 years. It will involve close collaboration with Arts Council England and includes: Arts and Health, youth participation in all art forms, public art and the development of creative industries.
- Norton Priory Museum Trust has plans to redevelop the museum and site through a £3.6m Heritage Lottery grant. To date they have achieved stage one approval in the bidding process and have until July 2013 to submit the final application for a project with a total value of approximately £5M. The bid at stage two will be made jointly with the Council. If successful the council will also carry out the construction phase of the project.

The Halton Sports Strategy is set to run between 2012 – 2015. This sets out in detail the priorities up to 2016 and seeks to enhance work in increasing participation and widening access to sport; the further development and strengthening of sports club; coach education and volunteer development; sporting excellence; finance and funding for sport; and the enhancement of sports facilities and provision.

- The council has an extensive programme of *physical activity* initiatives designed to improve health and develop healthy life styles. The current physical activity initiatives in Public Health will need to be integrated with this programme.
- The Olympic and Paralympics in 2012 proved a great success and have inspired many people. In 2013 Britain host the Rugby League World Cup. The legacy of these events needs to be capitalised on to help improve participation in sport as a competitor, a coach, official or volunteer helper.

- **School Meals** has improved significantly over the past five years with an increase in productivity and uptake being supported by tighter controls on food cost. All these measures help to reduce the financial support needed from the Council, it is crucial that staff are fully engaged at all levels to ensure that the service continues to improve.
- School Dinner Money Cash Payment via the Internet, mobile phone or paypoint. The collection of school dinner money is an extremely time-consuming task. The cash, once collected from the children, is collected by a security company and taken to the bank. Officers also have to spend time reconciling the money which has been received in the Council's account. In order to reduce this time and expenditure a trial will take place in four schools in January of a new system called "All Pay". All Pay have agreed to fund the costs of this trial and parents will pay for school meals using the internet, a mobile phone or at a paypoint. The four schools taking part in the trial are Farnworth CE, Moorfield, Weston Primary and St Martins.
- National Library Standards that determined the minimum level of service for *library authorities* have now been removed and each authority can now set their own standards and priorities. Following consultation the *Halton Library Strategy* has been developed and covers the period 2013 2016. This sets out the vision, priorities and development of the service until 2016. The strategy covers 5 key areas which will ensure the service develops and supports reading as a key life skill; help people gain ICT skills to access government services, jobs and information; ensure we keep pace with new technological developments to keep and extend our customer base; ensure we engage with the community and continuously improve the service we deliver and ensure we provide a welcoming highly skilled workforce so that libraries are enriching experiences and provide access to resources and information that the community wants and requires.
- The Arts Council are now responsible for overseeing the role and performance of libraries in England and have an important role in developing public libraries in the future. They have undertaken a major research project *Envisioning the library of the future* to understand better what public libraries could and should look like. The research revealed that there is clear compelling and continuing need for publicly funded library service, which identified four priorities for a 21st century public library service; place the library as the hub of a community; make the most of digital technology and creative media; ensure that libraries are resilient and sustainable; deliver the right skills for those who work in libraries.

As budgets continue to shrink, the need to work in a different and more efficient ways will continue to be explored. Shared services between authorities on both an individual and regional basis have been discussed and developed to some extent over the last few years. Regional purchasing of stock provides a good example of the economies that can be achieved through this approach.

 Armed Forces Covenant (pan Cheshire) – a commitment to ensure those in service, about to leave service, veterans and their families are not disadvantaged in accessing services and support for housing, education, employment and benefits, health and wellbeing. Partnership support to ensure appropriate sign posting and referral arrangements between agencies and support to the armed forces for transition arrangements for redundancy programmes from the forces. • Community Involvement – delivered through Community Centres and Community Development will support engaged and participating communities that have a strong sense of belonging and cohesion that supports civic pride in Halton.

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

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

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

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

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

The Directorate will continue to ensure that people who use our services experience positive outcomes that deliver: -

- Enhancing quality of life for people with care and support needs
- Delaying and reducing the need for care and support
- Ensuring that people have a positive experience of care and support
- Safeguarding adults whose circumstances make them vulnerable and protecting from avoidable harm

4.0 FACTORS AFFECTING THE DIRECTORATE

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

POLITICAL	SOCIAL FACTORS
1.The integration of Public Health into Local	16. Ageing Population and the shift to an
Authorities.	older population.
2.Joint Strategic Needs Assessment/ Joint	17. Dementia rising sharply amongst over
Health & Wellbeing Boards	65's.
3. Halton Clinical Commissioning Group	18.Persuading people to change their
4.Health and Wellbeing Strategy	attitude towards waste and increase
	participation in recycling.
ECONOMIC CLIMATE	TECHNOLOGICAL DEVELOPMENTS
5.Budgetary pressures	19.Telecare/Telehealth.
6.Increasing levels of waste diverted from	20.Technology will be used to deliver "in-
landfill will reduce the Council's spend on	cab" communication solutions for waste
waste disposal.	collection vehicles.
7.Cutting Crime Together	21.Technology will be used to improve
8.The introduction of the <u>Police and Crime</u>	communications and community
Commissioners (PCC) from Autumn 2012.	engagement on waste matters.
LEGISLATIVE	ENVIRONMENTAL
9. <u>Health and Social Care Act 2012</u>	22. The modernisation of day services
	continues.
10.Caring for our Future White Paper 2012	23.New Cemetery space required in Widnes
	by 2014. A site has been identified and it is
	anticipated that a new cemetery can be
G	created before burial space runs out at the
	existing Widnes Cemetery.
11. <u>Care Bill 2013</u>	24.HLF Parks for People bid was made in
A Bill to reform the law relating to care and	August 2012 to regenerate Runcorn Hill
support for adults and the law relating to	Park. If awarded, the funding a four year
support for carers, to make provision about	programme of works will be carried out.
safeguarding adults from abuse or neglect,	LILE Llevitere bid to one Control Concl. from
to make provision about care standards, to	HLF Heritage bid to see Sankey Canal from
establish and make provision about Health Education England, to establish and make	Spike Island to Fiddlers Ferry Marina restored to navigation.
provision about the Health Research	
Authority, and for connected purposes.	
12.Anti-Social Behaviour, Crime and Policing	25.Affordable Warmth Strategy.
Bill 2013	
13.Welfare Reform Act 2012 - The	
introduction of an under-occupation penalty	
for social tenants whose homes are too large	
for their needs will have significant	
implications for Registered Providers of	
social housing and could lead to increased	
demand for the services of the Housing	
Solutions team. It is estimated that up to	
3,000 households could be affected by the	
penalty.	
14.The revised <u>EU Waste Framework</u>	
Directive	
15.Legislative changes to local authority	

enforcement powers against householders	
who commit waste offences.	
26.The Localism Act 2011 - the introduction	
of fixed term tenancies, a new power for	
local authorities to discharge the main	
homelessness duty through an offer of	
private rented accommodation and the	
power for local authorities to decide which	
groups of people qualify to apply for social	
housing.	
27.Equality and Human Rights Commission	
inquiry into the human rights of older people	
wanting or receiving care in their own homes	
being fully promoted and protected.	
NB – text in blue and underlined indicates a hy	perlink to further information.
	\wedge
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5.0 ORGANISATIONAL INITIATIVES

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

5.1 Equality, Diversity and Community Cohesion

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

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

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

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

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

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

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

5.2 Environmental Sustainability

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

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

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

Corporate buildings	- 7505 tonnes CO2 (estimated)
Schools	- 8393 tonnes CO2 (estimated)
Street lighting	- 6211 tonnes CO2 (estimated)
Vehicle fleet	- 1359 tonnes CO2 (estimated)
Business Miles	- 449 tonnes CO2 (estimated)

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

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

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

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

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

The Council is committed to improving a good quality of life for the people of Halton and one of the ways this can be achieved is through allotment gardening. Being part of the allotment gardening community brings an opportunity to meet and share experiences with people from

all walks of life. There are also health and social benefits which can give plot-holders a sense of well-being. Our aim is to continue to build on the good practices and positive improvements, but the biggest obstacle is the shortage of growing space.

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

5.3 Risk Management

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

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

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

5.4 Arrangements for managing Data Quality

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

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

Accurate: For its intended purpose;

By being consistently recorded and used in compliance with predetermined definitions and rules;

- *Reliable* By reflecting stable and consistent data collection processes;
- *Timely* By being made available as soon as possible after the activity or event and in line with organisational requirements;
- *Relevant* For the purpose intended;
- *Complete* In that the monitoring of incomplete, missing or invalid data is avoided as far as is possible.

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

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

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

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

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6.0 ORGANISATIONAL & DIRECTORATE STRUCTURE

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

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

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

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

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

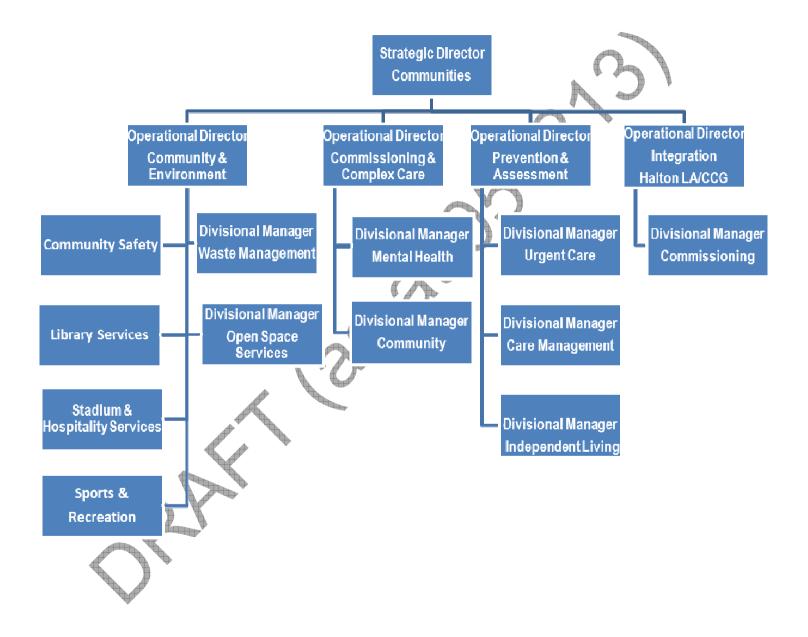
Lead Officers are identified to drive and direct corporate initiatives to bring together elements of the Councils activities which, for the purposes of day to day management, may sit within all or any of the different Directorates.

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

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

- Community and Environment Services;
- Commissioning and Complex Care Services; and
- Prevention and Assessment Services.

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



Who are the services for?

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

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

What are we for?

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

6.1 Community and Environment Services

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

- Community Safety
- Open Space Services
- Stadium, Sport, Libraries and Catering
- Waste and Environmental Improvement

The Department is responsible for helping to maintain and improve Community Safety. Working with other partner agencies, the Community Safety Team identifies and provides solutions to local problems and is involved in the delivery of a co-ordinated approach to making public spaces and communities safe through a combination of preventative measures and actions to tackle offenders.

Open Space Services is responsible for the management and development of the physical fabric of the Borough's parks, children's play areas, cemeteries, sports grounds, green spaces, allotments, local nature reserves promenades and the green infrastructure associated with the highway network. Through its Cemeteries and Crematorium section it meets the requirements of the bereaved in relation to burial and cremation, and through its Streetscene Section it is also responsible for the delivery of street cleansing services Borough wide. The service also organises and promotes major events throughout the Borough. The service also manages the Brindley theatre and through its Registration Service the Division conducts civil marriages/civil partnerships/citizenship ceremonies and facilitates the registration of births, marriages and deaths.

Stadium and Catering includes the management of the Stobart Stadium Halton which is Halton Borough Council's flagship sporting, health and fitness facility. It is a major cultural asset of the Borough, providing a first class venue for multiple sports and leisure provision, it also has successful and well-developed commercial activities and significant community links to various community and sporting groups. Sport and physical activity is promoted through a Sports Development Team that has excellent relationships with key organisations in the public, private and voluntary sector. The team covers a wide range of important work areas delivering activity, providing assistance to new and established sports groups and manage the Leisure Centre contract. The library service has a statutory responsibility to provide a comprehensive and efficient service to the whole community. Halton has a vibrant and innovative library service delivered through four public libraries, a mobile library, a satellite facility in Castlefields Community Centre, an outreach home delivery service and through digital access. Libraries are key resources in their local communities providing books, information and technology which promotes lifelong learning, digital inclusion and celebrates reading. They are important community spaces which offer a welcoming neutral environment and host a range of cultural activities, events and opportunities for all sectors of the community.

The Catering Service offers the provision of a comprehensive catering service to schools that ensure all Central Government guidelines on healthy eating are being adhered to, a dedicated management support service that is responsive to the requirements of each school/building, professional and technical advice on all catering issues, including design and concept issues, full catering facilities at one staff restaurant and three coffee shops, on-site catering facilities for working lunches, buffets, committee teas etc. It is also responsible for the delivery of the community meals service, ensuring that the meals delivered are of a high standard, that they meet people's nutritional needs and that the targets for delivery are met.

Waste and Environmental Improvement Services is responsible for ensuring that the Council fulfils its statutory functions and obligations as a Principle Litter and Waste Collection and Disposal Authority, including the development of waste strategies and policies, the management and development of the Council's operational waste and recycling services and for the delivery of enforcement and regulatory activities relating to waste. The Service includes the Community Involvement Team; responsible for Community Development, Community Centres and Local Area Forums, generating the capacity for effective and inclusive community engagement activity to enable the delivery of community initiatives to tackle strategic objectives and community needs. The Community Centres provide a community hub, a central point at the heart of local communities for residents to enjoy chosen activities and receive services in their neighbourhoods. The Centres are based in deprived wards in the Borough and contribute to a whole areas approach to health and wellbeing and provide a nucleus to support wider community activity. Local Area Forums enable decision making and policy developments to be taken into local communities and help bridge the gap between key agencies working within the Borough.

6.2 Commissioning and Complex Care Services

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

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

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

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

The Positive Behaviour Support Service was established in 2010 and offers skilled specialist support to people of all ages living in community settings who have a learning disability, often

including autism spectrum conditions and who present with behaviour that challenges services.

6.3 **Prevention and Assessment Services**

The Prevention and Assessment Department focuses its activities on vulnerable Adults (over the age of 18) in providing a wide range of services to support then to maintain independent living, good health and wellbeing.

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

The department also provides an assessment, care management and personalisation service for people with physical, sensory or learning disability and older people.

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

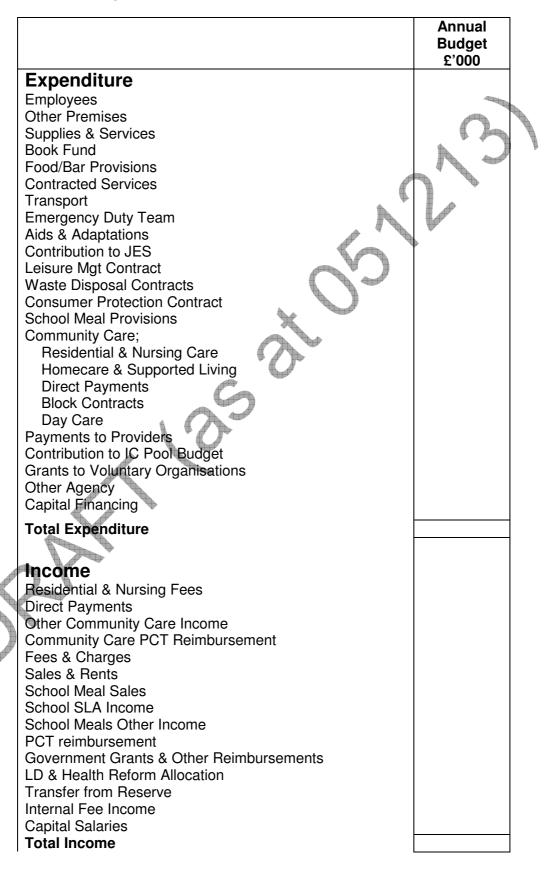
Urgent Care focuses on all urgent and emergency care services in providing high quality, safe, responsive care using a whole system approach.

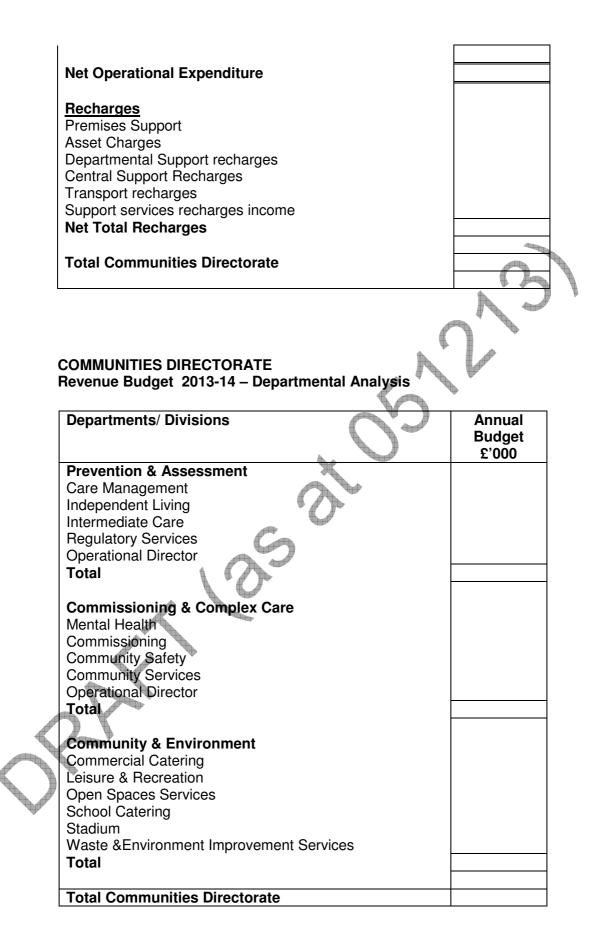
The Department also leads on Safeguarding with an Integrated Safeguarding Unit, which is provided in partnership with the Clinical Commissioning Group.

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7.1 Budget Summary & Service Costs

COMMUNITIES DIRECTORATE Revenue Budget 2013-14





COMMUNITIES DIRECTORATE Capital Programme 2013-14

Scheme	Annual Budget £'000
Stadium Minor Works	
Children's Playground Equipment	
Landfill Tax Credit Schemes	
Open Spaces Scheme	
Runcorn Cemetery Extension	4000
Litter Bins	
Bungalows at Halton Lodge	
Total	

7.2 Human Resources

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

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

7.3 ICT Requirements

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

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

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

7.4 **Property Requirements**

The Property requirements/developments across the Directorate include:-

- Widnes Cemetery has only 5 years capacity remaining and existing cremators are now life-expired. Extra capacity (15 years) has been created at Runcorn through an extension of the existing facility. Following the work carried out by a working group a site has been identified for a new cemetery at Widnes and has gained approval from the Executive Board. Approval has also been given for the procurement of two new cremators.
- The Leisure Management Contract comes to an end in 2016, given the financial pressures faced by the Council a review of the current building stock needs to be undertaken and future management options explored.
- The Council has prepared a Playing Pitch strategy, the action plan identifies priorities that resources should be sought for.

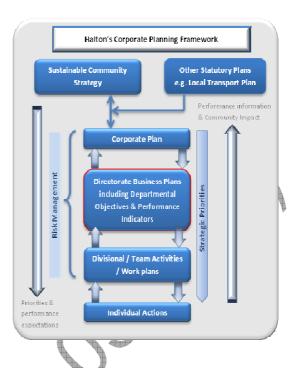
8.0 BUSINESS PLANNING

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

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

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

Performance Monitoring and Reporting



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

As a result Departmental progress will be monitored through:

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

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

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

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

Appendix 1

Community & Environment Services

Service Objectives/Milestones/Performance Indicators:

2014 - 2017

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Departmental Service Objectives

Corporate Priority	A Healthy Halton					
Key Area Of Focus	 AOF 1 – Improve the future health prospects of Halton residents, particularly children, through encouraging and providing opportunities to lead healthier and physically active lifestyles. AOF 2 – Providing services and facilities to maintain and promote good public health and well-being. 					
Service Objective:	CE1 - Increase participation in sport and physical activity, thereby encouraging better lifestyles.					
Key Milestone(s) (14-15)	 Continue to implement the Sports Strategy (2012-15) – March 2015 Active people survey results show an increase in participation rates from 2009/10 baseline – March 2014 (KEY) 					
Key Milestone(s) (15-16)	Monitor and review all CE1 Measures in line with three year planning cycle. March 2016 (KEY)					
Key Milestones (16-17)	Monitor and review all CE1 Measures in line with three year planning cycle March 2017 (KEY)					
Risk Assessment	Initial	Medium	Responsible Sport a Recreation		and Linked Indicator(s)	CE LI 17
	Residual	Low		Recreation		

Corporate Priority	Environme	A Healthy Halton Environment and Regeneration in Halton Corporate Effectiveness & Efficient Service Delivery					
Key Area Of Focus	AOF 2 – Pr AOF 19 – conservation AOF 22 –	 AOF 1 – Improve the future health prospects of Halton residents, particularly children, through encouraging and providing opportunities to lead healthier and physically active lifestyles. AOF 2 – Providing services and facilities to maintain and promote good public health and well-being. AOF 19 – Conserve, manage and enhance public spaces for leisure and recreation and foster conservation by protecting key areas. AOF 22 – Build on our customer focus by involving more service users in the design and delivery of services, and ensuring equal access for all users. 					
Service Objective:		CE2 - Increase the community usage of the stadium and to maintain and improve the health of Halton residents					
Key Milestone(s) (14-15)		 Identify areas for improvement in line with the Business Plan and Marketing Plan (this will drive the development of milestones for 2013/14). January 2015 (KEY) 					
Key Milestone(s) (15-16)		 Identify areas for improvement in line with the Business Plan and Marketing Plan (this will drive the development of milestones for 2014/15). January 2016 (KEY) 					
Key Milestone(s) (16-17)		 Identify areas for improvement in line with the Business Plan and Marketing Plan (this will drive the development of milestones for 2015/16). January 2017 (KEY) 					
	Initial	High	Responsible	Operational	tor Linked nunity & Indicator(s)	CE LI 2, 3, 4	
Risk Assessment	Residual	Low	Officer	Birootor			

Corporate Priority	A Healthy Halton					
Key Area Of Focus	AOF 1 – Improve the future health prospects of Halton residents, particularly children, through encouraging and providing opportunities to lead healthier and physically active lifestyles.					
Service Objective: CE3 - Increase the number of Pupils having a school lunch, to raise awareness and increase levels of healthy eating.						
Key Milestone(s) (14-15)	Deliver a promotion and educational campaign (AOF 1) September 2014 and January 2015 (KEY)					
Key Milestone(s) (15-16)	• Deliver a promotion and educational campaign (AOF 1) September 2015 and January 2016 (KEY)					
Key Milestone(s) (16-17)	• Deliver a promotion and educational campaign (AOF 1) September 2016 and January 2017 (KEY)					
Risk Assessment	Initial	Medium	Responsible	Schools	Linked	CE LI 1, 15, 8 ,9,
	Residual	Medium	Officer	Catering Manager	Indicator(s)	10, 11, 21, 22

Corporate Priority	Employment, Learning & Skills, Children and Young People in Halton, Corporate Effectiveness & Efficient Service Delivery
Key Area Of Focus	 AOF 6 – To develop a culture where learning is valued and skill levels throughout the adult population and across the local workforce can be raised. AOF 7 – To promote and increase the employability of local people and tackle barriers to employment to get more people into work. AOF 13 – To improve outcomes for children by increasing educational attainment, health, stability and support during transition to adulthood. AOF 14 – To deliver effective services to children and families by making best use of available resources. AOF 22 – Build on our customer focus by involving more services users in the design and delivery of services, and ensuring equal access for all users.
Service Objective:	CE4 – Increase the use of libraries promoting reader development and lifelong learning, thereby encouraging literacy and skills and quality of life opportunities.
Key Milestone(s) (14-15)	 Implement the new Library Strategy 2013-16 - March 2015. (KEY) Deliver a programme of extended informal learning opportunities including support for digital inclusion meeting identified local targets - March 2015. (KEY)
Key Milestone(s) (15-16)	Monitor and review all CE4 milestones in line with three-year planning cycle. March 2016. (KEY)
Key Milestone(s) (16-17)	 Monitor and review all CE4 milestones in line with three-year planning cycle. March 2017. (KEY)

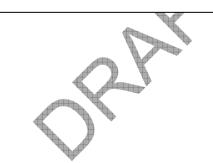
Corporate Priority	Environment and Regeneration in Halton						
Key Area Of Focus							
Service Objective:	CE 5 - Con	ntinue to improve	e Parks, Sports Gi	rounds, Open Sp	aces and Local N	ature Reserves.	
Key Milestone(s) (14-15)	• Woodland Expansion - Additional 200m ² of Woodland planted Borough wide - March 2015						
Key Milestone(s) (15-16)	• Woodland Expansion - Additional 200m ² of Woodland planted Borough wide - March 2016.						
Key Milestone(s) (16-17)	• Woodland Expansion - Additional 200m ² of Woodland planted Borough wide - March 2017.						
Risk Assessment	Initial	Medium Responsible Paul Wright Linked CE LI 13					
	Residual	Low	Officer	. aai migitt	Indicator(s)		

Corporate Priority	Environme	ent and Regener	ation in Halton				
Key Area Of Focus	AOF 20 – Improve environmental quality by minimising waste generation and maximising reuse, recycling, composting and energy recovery.						
Service Objective:		mentation of a waste and clima		the Council ac	hieves its target	s and objectives	
 Key Milestone(s) (14-15) Complete the borough wide roll out of the Alternate Bin Collection service to all properties - September 2014. Continue to deliver communications and awareness raising initiatives to ensu participation with the Council's recycling services is maximised and that residents com the requirements of the Council's Household Waste Collection policy. March 2015. 					s to ensure that sidents comply with		
Key Milestone(s) (15-16)	parti	cipation with the		g services is maxi	mised and that res	s to ensure that sidents comply with 2016.	
Key Milestone(s) (16-17)	 Continue to deliver communications and awareness raising initiatives to ensure th participation with the Council's recycling services is maximised and that residents comply with the requirements of the Council's Household Waste Collection policy. March 2017. Ensure that all necessary operational plans are in place in readiness for the commencement the Merseyside and Halton Resource Recovery Contract. September 2017. 						
	Initial	Medium	Responsible	Divisional	Linked		
Risk Assessment	Residual	Low	Officer	Manager Waste & Environment Services	Indicator(s)	CE LI 14, 15, 16	

Corporate Priority	Environme	ent and Regenera	ation in Halton					
Key Area Of Focus		AOF 20 – Improve environmental quality by tackling climate change, minimising waste generation and maximising reuse, recycling, composting and energy recovery.						
Service Objective:	ojective: CE7 - Undertake actions to maintain a clean, safe and attractive borough.							
Key Milestone(s) (14-15)	Plan	 Continue to review and assess the effectiveness of the Council's Environmental Enforcement Plans and Policies and maintain actions to ensure that the Council continues to effectively prevent and tackle a range of waste and environmental offences - March 2015. 						
Key Milestone(s) (15-16) • Continue to review and assess the effectiveness of the C Plans and Policies and maintain actions to ensure that prevent and tackle a range of waste and environmental off				the Council conti	nues to effectively			
Key Milestone(s) (16-17)	Plan	s and Policies a		ns to ensure that	the Council conti	nental Enforcement nues to effectively 17 .		
	Initial	N/A		Divisional				
Risk Assessment	Residual	N/A	Responsible Officer	Manager Waste & Environment Services	Linked Indicator(s)	N/A		

Departmental Performance Indicators

		F					
Ref ¹	Description	Halton 12/13	Halton 13/14	Halton 13/14	Halton Targets		
nei	Description	Actual	Target	Actual	14/15	15/16	16/17
Cost & Effic	ency		F				
CE LI 1	No. of meals served versus hourly input of labour (Previously SH1).	9.90	9.90		10.00	10.00	10.00
Fair Access		Ô	Y				
CE LI 4 (KEY)	Diversity – number of community groups accessing stadium facilities (Previously SH4).	24	12		15	15	15
CE LI 5	Number of catering staff achieving a formal qualification (previously SH5).	39	20		25	30	30



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

Service Delivery

				ALL		
<u>CE LI 6</u> (KEY)	Number of new members of the library service during the last 12 months	New Measure 7,632	8,395	9,234	10,158	11,174
<u>CE LI 6a</u> (KEY)	Number of physical and virtual visits to libraries (annual total)	New Measure 675,679	700.000	721,000	742,000	765,000
<u>CE LI 7</u> (KEY)	% of adult population (16+) participating in sport each week (Previously NI8).	24.5%	24.0%	24.0%	24.0%	24.0%
<u>CE LI 8</u> (KEY)	% Take up of free school meals to those who are eligible - Primary Schools (Previously SH LI 8a).	77.71%	82%	85%	87%	87%
<u>CE LI 9</u> (KEY)	% Take up of free school meals to those who are eligible - Secondary Schools (Previously SH8b).	72.81%	72.50%	75.00%	77.50%	77.50%
CE LI 10	Take up of school lunches (%) – primary schools (Previously NI52a).	50.34%	52%	55%	57%	57%
CE LI 11	Take up of school lunches (%) – secondary schools (Previously NI52b).	53.74%	53%	55%	57%	57%
CE LI 13 (Formerly CE LI 14)	Residual household waste per household (Previously NI191).	633 Kgs	650 Kgs	650 Kgs	650 Kgs	650 Kgs

CE LI 14 (Formerly CE LI 15)	Household waste recycled and composted (Previously NI192).	37.30%	40%	40%	42%	44%
CE LI 15 (Formerly CE LI 16)	Municipal waste land filled (Previously NI193).	58.00%	60%	60%	58%	56%
			ħ			<u>. </u>
Quality			5			
CE LI 17 (Formerly CE LI 18)	Satisfaction with the standard of cleanliness and maintenance of parks and green spaces. (Previously EAR LI2).	95.9%	92%	92%	92%	92%
CE LI 19 (Formerly CE LI 20)	Improved Local Biodiversity – Active Management of Local Sites (NI 197).	52.3%	53%	54%	55%	56%
CE LI 20 (Formerly CE LI 21)	Food cost per primary school meal (pence) (Previously SH6a).	65p	75p	76p	77p	78p
CE LI 21 (Formerly CE LI 22)	Food cost per secondary school meal (pence) (Previously SH6b).	85p	94p	94p	95p	96p

Ref ²	Description	Halton	Halton	Halton	H	alton Targe	ets
Ret	Description	12/13 Actual	13/14 Target	13/14 Actual	14/15	15/16	16/17
Area Partner	Indicators (Included in the Sustainable Community Strategy)					l	
CCC 21 SCS / SH1	Reduce the Actual Number of ASB incidents recorded by Cheshire Police broken down into youth and adult incidents (Previously CCC25 [12/13], NI 17)	7228	8065		To mair	ntain and red	uce ASB
CCC 22 SCS / SH2	Reduce the number of Arson incidents (previously NI 33) Arson Incidents (previously CCC26 [12/13], NI 33 – total deliberate fires per 10,000 pop)	34.61	40,81		To continu	ue to reduce trend	in line with
CCC 23 SH3	Increase Residents Overall Satisfaction with the local area by reducing antisocial behaviour (Previously CCC27 [12/13], NI 17)	N/A	N/A		Redu	ice to NW av	verage
CCC 24 SCS / SH6	Reduce repeat incidents of domestic abuse within the MARAC Cohort (Previously CCC28 [12/13], PA18 [12/13, NI32)	36%	27%		27		
CCC 25 SCS / SH7a & HH12	Increase the % successful completions (Drugs) as a proportion of all in treatment 18+ (New Measure) (Previously CCC29 [12/13]	21.4%	Above NW Average		Abc	ove NW ave	rage
CCC 26 SCS / SH8a	Reduce the number of individuals re-presenting within 6 months of discharge (Drugs) (Previously CCC31 [12/13])	17.1%	Above National & NW Average		Above Na	ational and N Average	lorth West
CCC 27 SCS SH7b & HH11b	Increase the % successful completions (alcohol) as a proportion of all in treatment 18+ (Previously CCC33 [12/13])	37.7%	Increasing % of completions		Increasing	percentage o completions	

 $^{^{\}rm 2}$ Key Indicators are identified by an **underlined reference in bold type.**

Def	Description	Halton	Halton	Halton	Hal	ton Targe	ts
Ref	Description	otion 12/13 13/14 Actual Target		13/14 Actual	14/15	15/16	16/17
Area Partne	r Indicators (Included in the Sustainable Community Strategy)						
CCC 28 SCS SH8	Reduce the number of individuals re-presenting within 6 months of discharge (alcohol) (Previously CCC34 [12/13])	20.8%	Above NW & National Average		Above Nat	ional and No Average	orth West
CCC 29 SCS / SH11	Reduce the re-offending rates of repeat offenders (RO's in the Navigate IOM Scheme – NEW). (Formerly NI 30) (Previously CCC35 [12/13])	PPO 77.78% RO 27.93% Reduction	To maintain and reduce offending rates for PPO and RO's	and the second se		n and reduce or PPO and I	
CCC 30 SCS / SH13	Reduce the use of custody (Ministry of Justice proposal) (Previously CCC36 [12/13])	8	8		Target to	be establish partners	ned with
CCC 31 SCS / SH14	Reduce the proportion of individuals within the navigate cohort whose offending is substance misuse related (Previously CCC37 [12/13])	N/A	N/A		Target to	be establish partners	ned with
CCC 32 SCS / SH16	Reduce Serious acquisitive crime rate (per 1000 population) (Previously NI 16) from: • Domestic Burglary • Theft of motor vehicle • Theft from motor vehicle • Robbery (personal and business) (Previously CCC38 [12/13])	1400 (rate 11.84 per 1,000)	To maintain and reduce the number of incidents from the 2010/11 baseline		of in	and reduce ti cidents from t 10/11 baselin	he

CCC 33 SCS / SH17	Assault with injury crime rate (per 1000 population) (Previously NI 20). (Previously CCC39 [12/13])	N/A	To maintain and reduce the number of incidents related to this from the 2010/11 baseline	To maintain and reduce the number of incidents related to this from the 2010/11 baseline
	Att Cas			



Departmental Service Objectives

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

Service Objective:	CCC 1 – Working in partnership with statutory and non-statutory organisations, evaluate, plan, commission and redesign services to ensure that they meet the needs and improve outcomes for people with Complex Care needs	Responsible Officer
Key Milestone(s) (14/15)	 Continue to monitor effectiveness of changes arising from review of services and support to children and adults with Autistic Spectrum Disorder. Mar 2015. (AOF 4) (KEY) 	Operational Director (Commissioning & Complex Care)
	 Continue to implement the Local Dementia Strategy, to ensure effective services are in place. Mar 2015. (AOF 4) (KEY) 	Operational Director (Commissioning & Complex Care)

	 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 2015 (AOF 4) (KEY) 	Operational Director (Commissioning & Complex Care)
	 Fully embed a behaviour solutions approach to develop quality services for adults who challenge services - models of good practice to continue to be developed. Mar 2015. (AOF 4) 	Operational Director (Commissioning & Complex Care)
	 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 2015. (AOF 4, AOF 18) (KEY) 	Operational Director (Commissioning & Complex Care)
	The Homelessness strategy be kept under annual review to determine if any changes or updates are required March 2015. (AOF 4, AOF 18) (KEY)	Divisional Manager (Commissioning)
	 Continue to reconfigure homelessness services provided in Halton in line with the recommendations of the Homelessness Scrutiny Review. Mar 2015. (AOF 4, AOF, 18) 	Divisional Manager (Commissioning)
	 Conduct a review of Domestic Violence Services to ensure services continue to meet the needs of Halton residents. Mar 2015 (AOF11) (KEY) 	Operational Director (Commissioning & Complex Care)
	 Ensure specialist support services for victims of a serious sexual offence continue to be fit for purpose. Mar 2015. (AOF11) 	Operational Director (Commissioning & Complex Care)
Key Milestone(s) (15/16)	Monitor and review all CCC 1 milestones in line with three year planning cycle. Mar 2016.	Operational Director (Commissioning & Complex Care)

Key Milestone(s) (16/17)	nree year planning cycle. Mar 2017.	Operational Director (Commissioning & Complex Care)			
	Initial	High		To be confirmed CCC1, CCC2, CCC	C3, CCC4, CCC5,
Risk Assessment	Residual	Medium	Linked Indicators	CCC6, CCC7, CCC8, CCC9, CCC10, CCC13, CCC14, CCC21, CCC22, CC CCC25, CCC26, CCC27, CCC28, CC CCC31, CCC32, CCC33	CC23, CCC24,
			5		

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

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Service Objective:	evaluate ser	CCC 2 - Effectively consult and engage with people who have Complex Care needs to evaluate service delivery, highlight any areas for improvement and contribute towards the effective re-design of services where required				
Key Milestone(s) (14/15)		 Ensure Healthwatch is established and consider working in partnership with other Councils to deliver this. Mar 2015 (AOF 21) (KEY) 				
Key Milestone(s) (15/16)	Monitor a	 Monitor and review all CCC 2 milestones in line with three year planning cycle. Mar 2016. 				
Key Milestone(s) (16/17)	Monitor a	Monitor and review all CCC 2 milestones in line with three year planning cycle. Mar 2017. Op Dir (Cr & Cr & Cr				
Risk Assessment Initial Medium Linked CCC15, CCC16, CCC17, CC				CCC15, CCC16, CCC17, CCC18, C0	CC19_CCC20	
	Risk Assessment Residual Low Indicators					

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

Service Objective:	the Director	CCC 3 - Ensure that there are effective business processes and services in place to enable the Directorate to manage, procure and deliver high quality, value for money services that meet people's needs				
Key Milestone(s) (14/15)	with Pub continue	 Undertake on-going review and development of all commissioning strategies, aligning with Public Health and Clinical Commissioning Group, to enhance service delivery and continue cost effectiveness, and ensure appropriate governance controls are in place. Mar 2015. (AOF 21 & 25) (KEY) 				
Key Milestone(s) (15/16)	 Monitor and review all CCC 3 milestones in line with three-year planning cycle. Mar 2016. 				Operational Director (Commissioning & Complex Care)	
Key Milestone(s) (16/17)	Monitor a	Monitor and review all CCC 3 milestones in line with three-year planning cycle. Mar 2017.				
Risk Assessment	Initial Residual	Medium Low	Linked Indicators	CCC1		

Departmental Performance Indicators

	Dopartmontal i oriormanoo	maioutor	-				
Ref ³	Description	Halton 12/13	Halton 13/14 Target	Halton 13/14	Halton Targets		
nei	Description	Actual		Actual	14/15	15/16	16/17
		Ì					
Service Delivery							
CCC 2	Adults with physical disabilities helped to live at home per 1,000 population (Previously CCC4 [12/13], CSS 6)	6.98	8.0				
CCC 3	Adults with learning disabilities helped to live at home per 1,000 population (Previously CCC5 [12/13], CSS 7)	3.61	4.30				
<u>CCC 4</u>	Adults with mental health problems helped to live at home per 1,000 population (Previously CCC6 [12/13], CSS 8, previously AWA LI13)	3.23	3.97				
<u>CCC 5</u>	Total number of clients with dementia receiving services during the year provided or commissioned by the Council as a percentage of the total number of clients receiving services during the year, by age group. (Previously CCC7 [12/13], CCC8)	4.0	5.0				

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

Ref⁴	Description	Halton 12/13	Halton	Halton	На	alton Targets	
Ret	Description		13/14 Target	13/14 Actual	14/15	15/16	16/17
			A				
Service Delive	ry		\cap				
<u>CCC 6</u>	The proportion of households accepted as statutorily homeless who were accepted as statutorily homeless by the same LA within the last 2 years (Previously CCC8 [12/13], CCC9, PCS 12)		1.2				
<u>CCC 7</u>	Number of households living in Temporary Accommodation (Previously CCC9 [12/13], CCC10, NI 156)	6	12				
<u>CCC 8</u>	Households who considered themselves as homeless, who approached the LA housing advice service, and for whom housing advice casework intervention resolved their situation (the number divided by the number of thousand households in the Borough) (Previously CCC10 [12/13], CCC11, PCS 11)	5.42	4.4				
<u>e 222</u>	Carers receiving Assessment or Review and a specific Carer's Service, or advice and information (Previously CCC8 [12/13], CCC14, NI 135)	18.87	25				

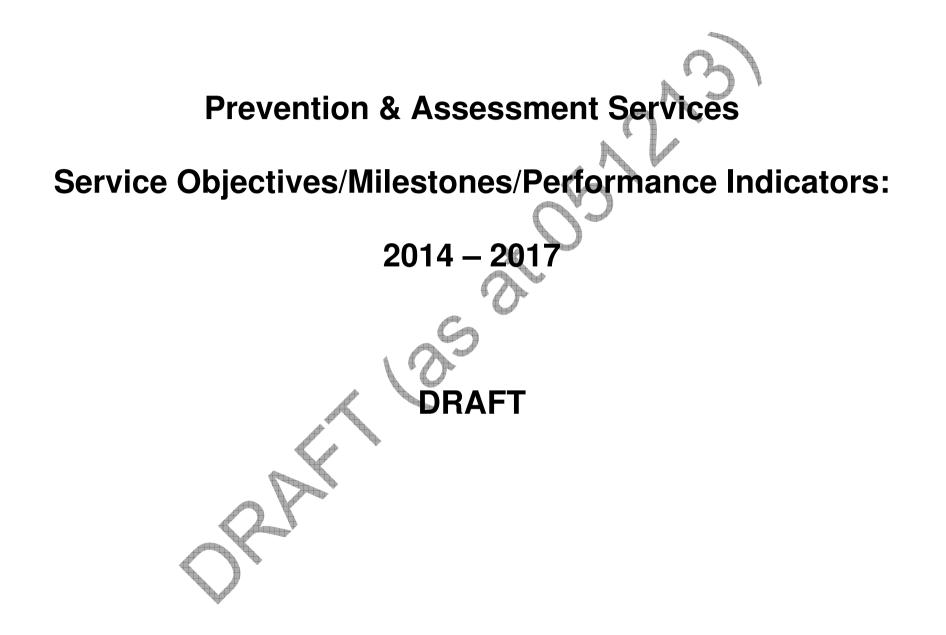
 4 Key Indicators are identified by an **underlined reference in bold type.**

Ref⁵	Description	Halton 12/13	Halton 13/14	Halton 13/14	Halton Targets		
nei	Description	Actual	Target	Actual	14/15	15/16	16/17
Fair Access]	N	•			
CCC 11	Number of learning disabled people helped into voluntary work in the year (Previously CCC13 [12/13], CCC 19, CSS 2)	60	100				
CCC 12	Number of physically disabled people helped into voluntary work in the year (Previously CCC14 [12/13], CCC 20, CSS 3)	5	10				
CCC 13	Number of adults with mental health problems helped into voluntary work in the year (Previously CCC16 [12/13], CCC 21, CSS 4)	28	25				
CCC 14	Proportion of Adults in contact with secondary mental health services in paid employment (ASCOF 1F, Previously CCC17 [12/13], CCC 40)	13.1	13				
CCC 15	Proportion of Adults with Learning Disabilities in paid employment (ASCOF 1E) (previously PA30 [12/13], NI 146) (NEW)	6.7	7.5				

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

Description	Halton	Halton	Halton	Halton Targets		ts
Description	Actual	13/14 Target	Actual	14/15	15/16	16/17
		N				
Social Care-related Quality of life (ASCOF 1A, Previously CCC18 [12/13],CCC 38) ** refers to NI 127 (definition may differ from ASCOF 1A)	19.1	20				
The Proportion of people who use services who have control over their daily life (ASCOF 1B, Previously CCC19 [12/13], CCC 39)	79.4%	80%				
Carer reported Quality of Life (ASCOF 1D, Previously CCC20 [12/13])	8.2					
Overall satisfaction of carers with social services (ASCOF 3B, Previously CCC21 [12/13])	46.4					
The proportion of carers who report that they have been included or consulted in discussions about the person they care for (ASCOF 3C, Previously CCC19 [12/13])	76.7					
Overall satisfaction of people who use services with their care and support (ASCOF 3A, Previously CCC23 [12/13])	65.4	68				
	 [12/13],CCC 38) ** refers to NI 127 (definition may differ from ASCOF 1A) The Proportion of people who use services who have control over their daily life (ASCOF 1B, Previously CCC19 [12/13], CCC 39) Carer reported Quality of Life (ASCOF 1D, Previously CCC20 [12/13]) Overall satisfaction of carers with social services (ASCOF 3B, Previously CCC21 [12/13]) The proportion of carers who report that they have been included or consulted in discussions about the person they care for (ASCOF 3C, Previously CCC19 [12/13]) Overall satisfaction of people who use services with their care and 	Description12/13 ActualSocial Care-related Quality of life (ASCOF 1A, Previously CCC18 [12/13],CCC 38)19.1 (12/13],CCC 38)*** refers to NI 127 (definition may differ from ASCOF 1A)19.1 (12/13],CCC 38)The Proportion of people who use services who have control over. their daily life (ASCOF 1B, Previously CCC19 [12/13], CCC 39)79.4%Carer reported Quality of Life (ASCOF 1D, Previously CCC20 [12/13])8.2 (12/13])Overall satisfaction of carers with social services (ASCOF 3B, Previously CCC21 [12/13])46.4The proportion of carers who report that they have been included or consulted in discussions about the person they care for (ASCOF 	Description12/13 ActualHaiton 13/14 TargetSocial Care-related Quality of life (ASCOF 1A, Previously CCC18 [12/13],CCC 38)19.1 2020*** refers to NI 127 (definition may differ from ASCOF 1A)19.1 2020The Proportion of people who use services who have control over their daily life (ASCOF 1B, Previously CCC19 [12/13], CCC 39)79.4% 80%80%Carer reported Quality of Life (ASCOF 1D, Previously CCC20 [12/13])8.21Overall satisfaction of carers with social services (ASOOF 3B, Previously CCC21 [12/13])46.4The proportion of carers who report that they have been included or consulted in discussions about the person they care for (ASCOF 3C, Previously CCC19 [12/13])76.7Overall satisfaction of people who use services with their care and Overall satisfaction of people who use services with their care and 65.468	Description12/13 ActualHalton 13/14 Target13/14 ActualSocial Care-related Quality of life (ASCOF 1A, Previously CCC18 [12/13], CCC 38)19.1 2020** refers to NI 127 (definition may differ from ASCOF 1A)19.1 2020The Proportion of people who use services who have control over their daily life (ASCOF 1B, Previously CCC19 [12/13], CCC 39)79.4%80%Carer reported Quality of Life (ASCOF 1D, Previously CCC20 [12/13])8.211Overall satisfaction of carers with social services (ASCOF 3B, Previously CCC21 [12/13])46.41The proportion of carers who report that they have been included or consulted in discussions about the person they care for (ASCOF 3C, Previously CCC19 [12/13])76.768	Description12/13 Actual13/14 Target13/14 Actual13/14 Actual13/14 ActualSocial Care-related Quality of life (ASCOF 1A, Previously CCC18 [12/13],CCC 38)19.1 202020** refers to NI 127 (definition may differ from ASCOF 1A)19.1 202020The Proportion of people who use services who have control over their daily life (ASCOF 1B, Previously CCC19 [12/13], CCC 39)79.4%80%Carer reported Quality of Life (ASCOF 1D, Previously CCC20 [12/13])8.211Overall satisfaction of carers with social services (ASCOF 3B, Previously CCC21 [12/13])46.411The proportion of carers who report that they have been included or consulted in discussions about the person they care for (ASCOF 3C, Previously CCC19 [12/13])76.768	Description12/13 Actual13/14 Target13/14 Actual13/14 targetSocial Care-related Quality of life (ASCOF 1A, Previously CCC18 [12/13], CCC 38) ** refers to NI 127 (definition may differ from ASCOF 1A)19.120The Proportion of people who use services who have control over their daily life (ASCOF 1B, Previously CCC19 [12/13], CCC 39)79.4%80%Carer reported Quality of Life (ASCOF 1D, Previously CCC20 [12/13])8.2

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



Departmental Service Objectives

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

Service Objective: PA 1	Working in partnership with statutory and non-statutory organisations, evaluate, plan, commission and redesign services to ensure that they meet the needs and improve outcomes for vulnerable people	Responsible Officer
Key Milestone(s) (14/15)	 Fully implement and monitor the effectiveness of the complex care pooled budget (AOF 21 & 25) March 2015 (NEW) (KEY) 	Operational Director (Prevention & Assessment)
	 Continue the integrated provision of frontline services including multidisciplinary teams, care homes, safeguarding services and Urgent Care Mar 2015. (AOF 2, 4, & 21). (NEW) 	Divisional Manager (Urgent Care)
	 Develop a Care Management Strategy to reflect the provision of integrated frontline services for adults March 2015 (NEW) 	Operational Director (Prevention & Assessment)

	 Work within population (N 	Divisional Manager (Care Management)						
		 Develop an integrated approach to the delivery of Health and Wellbeing across Halton March 2015 (NEW) Op (P) As 						
Key Milestone(s) (15/16)	 Monitor and 	Monitor and review all PA 1 milestones in line with three year planning cycle. Mar 2016. Operational Director (Prevention & Assessment)						
Key Milestone(s) (16/17)	 Monitor and 	 Monitor and review all PA 1 milestones in line with three year planning cycle. Mar 2017. Operational Director (Prevention & Assessment) 						
	Initial	Medium	Linked	PA1, PA2, PA3, PA4, PA5, PA6, F				
Risk Assessment	Residual	Medium	Indicators	PA11, PA12, PA13, PA14, PA15, PA20, PA21, PA22, PA23, PA24	PA16, PA17, PA19,			

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

Service Objective: PA 2	Continue to effectively monitor the quality of services that are commissioned and provided in the borough for adult social care service users and their carers.	Responsible Officer
	 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 2015 (AOF 2, AOF 3 & AOF 4) 	Divisional Manager (Care Management)
	 Continue to review the quality of commissioned services and safeguarding procedures that are provided within adult social care (NEW) (KEY) 	Divisional Manager (Independent Living)
Key Milestone(s) (15/16)	 Monitor and review all PA 2 milestones in line with three year planning cycle. Mar 2016. 	Operational Director (Prevention & Assessment)

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Key Milestone(s) (16/17)	 Monitor and 	d review all PA 2 milestone	s in line with three	year planning cycle. Mar 2017.	Operational Director (Prevention & Assessment)
	Initial	Medium	Linked	PA1, PA2, PA3, PA4, PA5, PA6, P	A7, PA8, PA9, PA10,
Risk Assessment	Residual	Medium	Indicators	PA11, PA12, PA13, PA14, PA15, F PA20, PA21, PA22, PA23, PA24	PA16, PA17, PA19,
			5		

Departmental Performance Indicators

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				0			
		Halton 12/13	Halton 13/14 Target	Halton 13/14 Actual	Halton Targets		
Ref ⁷	Description				14/15	15/16	16/17
Cost and Efficiency				,			
Service Delive	ery	0-					
<u>PA 2 (KEY)</u>	Numbers of people receiving Intermediate Care per 1,000 population (65+) (Previously PA1 [12/13], EN 1)	84.35	99				
<u>PA 3 (KEY)</u>	Percentage of VAA Assessments completed within 28 days (Previously PCS15) (Previously PA5 [12/13], PA8 [11/12])	86.73%	82%				
PA 4	Percentage of VAA initial assessments commencing within 48 hours of referral (Previously PA6 [12/13], PCS16, PA,9 [11/12])	77.76%	65%				
PA 5	Proportion of adults with learning disabilities who live in their own home or with their family (ASCOF 1G, previously PA7 [12/13], PA 37 [11/12])	82.7%	79%				

⁷ Key Indicators are identified by an **underlined reference in bold type.**

Ref ⁸	Description	Halton 12/13 Actual	Halton 13/14	Halton 13/14	Halton Targets		
Rei	Description		Target	Actual	14/15	15/16	16/17
Service Delive	ery		₩ N	1C			
			n' N	Þ			
PA 6	Percentage of existing HBC Adult Social Care staff that have received Adult Safeguarding Training, including e-learning, in the last 3-years (Previously PA8 [12/13])	52%	48%				
<u>PA 7_(KEY)</u>	% of items of equipment and adaptations delivered within 7 working days (Previously PA11 [12/13], PA14 [11/12], CCS 5)	94%	97%				
PA 8	Clients receiving a review as a percentage of adult clients receiving a service (Previously PA12 [12/13], PCS 6)	82.87%	80%				
PA 9	Percentage of people receiving a statement of their needs and how they will be met (Previously PA 13 [12/13], PA 15, PCS 5, PAF D39)	96.53%	99%				
PA 10	Proportion of People using Social Care who receive self-directed support and those receiving Direct Payments (ASCOF 1C, Previously PA 14 [12/13], NI 130, PA 29)	75.6%	78%				
PA 11	Permanent Admissions to residential and nursing care homes per 100,000 population (ASCOF 2A, Previously PA15 [12/13], PA 31)	439.67	589.87				
PA 12	Delayed transfers of care from hospital, and those which are attributable to adult social care per 100,000 population (ASCOF 2C, Previously PA16 [12/13])	0.60	To be set				

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

		Halton	Halton	Halto n 13/14 Actua	Halton Targets		
Ref ⁹	Description	12/13 Actual	13/14 Target		14/15	15/16	16/17
Service Delivery]	n.				
PA 13 (SCS HH10)	Proportion of Older People Supported to live at Home through provision of a social care package as a % of Older People population for Halton (Previously PA17 [12/13])	14.2%	15%				
Quality	***	V					
PA 14	Proportion of Older People (65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services (ASCOF 2B) (Previously PA20 [12/13], NI 125, PA 32)	67.7%	70%				
PA 15	The Proportion of people who use services and carers who find it easy to find information about support – Adult Social Care Survey (ASCOF 3D) (Previously PA21 [12/13], PA 34)	76.7%	65%				
PA 16	The Proportion of People who use services who feel safe – Adult Social Care Survey (ASCOF 4A, Previously PA22 [12/13], PA 35)	63.8%	64%				
PA 17	The Proportion of People who use services who say that those services have made them feel safe and secure – Adult Social Care Survey (ASCOF 4B, Previously PA23 [12/13, PA 36)	68.0%	68%				
				· · ·			

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

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Ref ¹⁰	Description		Halton 13/14 Target	Halton 13/14 Actual	Halton Targets			
Rei					14/15	15/16	16/17	
Quality								
PA 22 (AQuA 2) ¹¹	Non-elective bed days aged 65+ per head of 1000 population 65+	2972	2800					
PA 23 (AQuA 3)	Non-elective re-admissions rate within 28 days aged 65 and over	18%	17%					
PA 24 (AQuA 4)	Non-elective re-admissions rate within 90 days aged 65 and over	29.6%	29%					

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

S S 5

NATIONAL POLICY GUIDANCE/DRIVERS

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

T	
	families. Government policy is that people with learning disabilities should lead their lives like any other person, with the same opportunities and responsibilities, and be treated with the same dignity and respect. This means inclusion, particularly for those who are most often excluded, empowering those who receive services to make decisions and shape their own lives.
Healthy Lives,	This policy statement reaffirms the Government's bold vision for a
Healthy People –	new public health system. It sets out the progress that has been
update and way	made in developing the vision for public health, and a timeline for
forward	completing the operational design of this work through a series of Public Health System Reform updates (July 2011).
Transforming Social	Is the first formal guidance outlining actions that local authorities
Care	are required to undertake in order to implement the
Care	'personalisation agenda'. The guidance states that in the future, all individuals eligible for publicly funded adult social care will have a personal budget, a clear, upfront allocation of funding to enable them to make informed choices about how best to meet their needs, including their broader health and wellbeing'.
Putting People First	A shared vision and commitment to the transformation of adult
	social care outlines the aims and values which will guide the
	development of a new, high quality care system which is fair,
	accessible and responsive to people's individual needs.
Adult Social Care and	Transparency in Outcomes: a framework for quality in adult social
Health Outcomes	care and health is a set of outcome measures, which have been
Framework	agreed to be of value both nationally and locally for demonstrating
	the achievements of adult social care and health.
Welfare Reform Act	The Act legislates for the biggest change to the welfare system for
2012	over 60 years. It introduces a wide range of reforms that will
	deliver the commitment made in the Coalition Agreement and the
	Queen's Speech to make the benefits and tax credits systems fairer and simpler by: creating the right incentives to get more
	people into work; protecting the most vulnerable in our society;
	delivering fairness to those claiming benefit and to the taxpayer.
Fair Access to Care	Prioritising need in the context of Putting People First: A Whole
Services 2010	System approach to eligibility of social care. The aim of this
	guidance is to assist councils with adult social services
	responsibilities (CASSRs) to determine eligibility for adult social
	care, in a way that is fair, transparent and consistent, accounting
	for the needs of their local community as a whole as well as
	individuals' need for support.
DfT Blue Badge Scheme LA Guidance	This guidance provides local authorities with good practice advice on administering and enforcing the Blue Badge scheme. It
2012	replaces the previous guidance issued in 2008. This guidance
2012	was informed by an extensive independent programme of work
	undertaken on behalf of the DfT by Integrated Transport Planning
	Ltd (ITP) and the TAS Partnership Ltd (TAS). The final report of
	this work, referred to in the guidance as the 'independent review'
	has now been published.
Sport England	The 2012-17 Youth and Community Strategy for Sport England
Strategy 2012	was launched in January 2012. It describes how they will invest
	over £1billion of National Lottery and Exchequer funding over five
	years into four main areas of work: National Governing Body
	Funding; Facilities; Local Investment; and The School Games.
National Covarning	National Coverning Redice of eport provide a major role in activity
National Governing Bodies (Sport)	National Governing Bodies of sport provide a major role in getting people to start, stay and succeed in sport. Sport England remains
	people to start, stay and succeed in sport. Sport England remains

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