



**Older People &
Independent Living
Services**

SERVICE PLAN

April 2008 to March 2011

Advanced Draft FEB 2008

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1.0 INTRODUCTION

To meet Halton's most pressing needs, the Borough Council has identified [6 key priorities](#), and a number of associated key Areas of Focus, which, as detailed within the Council's Corporate Plan, are: -

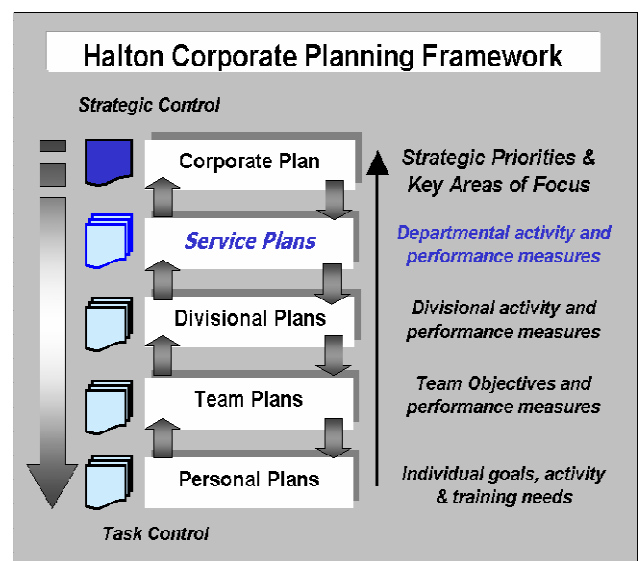
- **A Healthy Halton**
- **Halton's Urban Renewal**
- **Halton's Children & Young People**
- **Employment, Learning & Skills in Halton**
- **A Safer Halton**
- **Corporate Effectiveness & Business Efficiency**

Departmental Service Plans form an integral part of the authority's corporate planning framework, as illustrated below.

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

Departmental Service Plans are primary documents that communicate:

- The existing and future influences that have informed the shaping of service delivery in the medium term.
- The existing and projected resources that are, or may, be required to deliver services.
- Departmental Service Objectives and Key Milestones that are to be delivered over the next three years.
- Those national and local performance indicators for which the department has a responsibility to report.



Such plans, and the Quarterly Service Plan 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.

The Strategic Priorities and those Areas of Focus that have been most significant in the development of this plan are detailed below:-

Strategic Priority 1:

A Healthy Halton

Area of Focus 2

Improving the future health prospects of Halton residents through encouraging and providing the opportunities to access and participate in physically active lifestyles.

Area of Focus 4

Helping people to manage the effects of ill health, disability and disadvantage.

Area of Focus 6

Providing services and facilities to maintain the independence and well-being of vulnerable people within our community.

Area of Focus 7

Providing services and facilities to maintain existing good health and well-being.

2.0 SERVICE PROFILE

2.1 Purpose

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

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

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

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

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

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

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

2.1.1 Service Activities

Care Management Assessment and Provision

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

Direct Care Services

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

Intermediate Care Services (Assessment and provision)

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

2.1.2 Who benefits ?

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

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

- Those who require assessment and services to facilitate discharge from hospital
- Vulnerable/frail older people and some adults over 55 who need support to live at home – this can be through social care or supporting people.
- Vulnerable/frail older people, disabled adults and children who need support to live at home through the provision of equipment or adaptations.
- Vulnerable adults
- Those who care for older people.

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

2.2 Key Messages

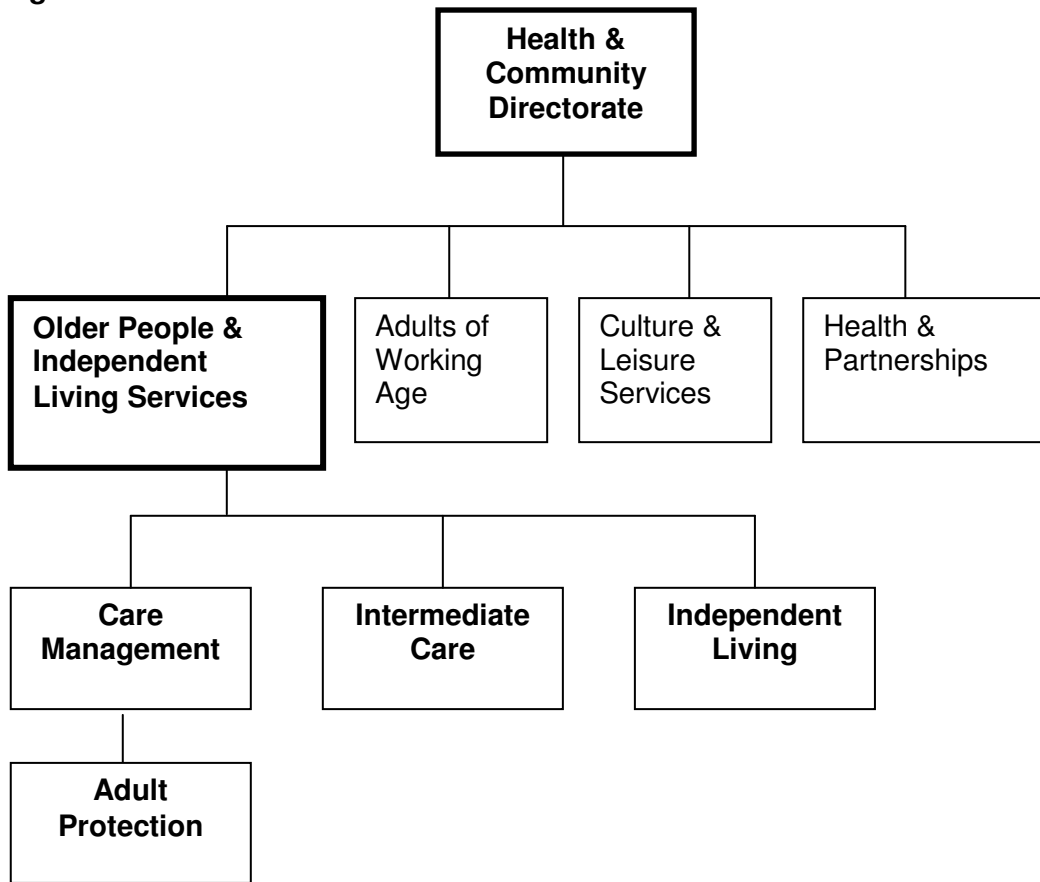
Given the breadth of service activities delivered, we are working within the key strategic priorities to support and deliver high quality services to improve health, independence and wellbeing of the residents of Halton. Key messages include:

- The development of the Joint Strategic Needs Assessment, which covers the health and social care needs of Adults and Children (in conjunction with key stakeholders and the community)
- The requirement to contribute to the Local Strategic Partnership's agenda, and the update of the Local Area Agreement (LAA) and delivery of LAA targets
- The need to maintain, develop and improve the level of service when the Directorate and Authority as a whole are faced with increasing budgetary pressures e.g. the Comprehensive Spending Review and the potential loss of some Grants.
- The need to develop partnerships which may include joint provision or commissioning with other Local Authorities, key statutory partners and in some circumstances with providers within the independent or voluntary sector;
- The need to refocus the Directorate's activity towards neighbourhood delivery of services

- The need to ensure that there are appropriate and effective infrastructures in place to be able to deliver the Directorate's aims and objectives
- The increase in self directed care and self-assessment linked to the In control pilot and development of individualised budgets. We need to continue to self-assessment for equipment, and evaluate the pilot phase and if successful continue to resource this development.
- The important need to ensure that vulnerable adults are properly safeguarded. The Directorate continues to invest heavily in strengthening reporting, recording and training processes associated with the safeguarding of vulnerable adults. Extensive work continues with our partner agencies (inc. Police) to ensure that appropriate policies and procedures are in place.
- The need to ensure that the potential barriers to the taking up of services through lack of awareness about what is available and how to access it by Halton's Black and Minority Ethnic community are overcome, thus ensuring that services are accessible to all.
- To make sure we work and consult with people who use our services so that they deliver the outcomes people want
- To ensure that people who use our services experience positive outcomes that deliver: -
 - Improved health & emotional wellbeing
 - An improved quality of life
 - A positive contribution
 - Increased choice and control
 - Freedom from discrimination & harassment
 - Economic well being
 - Personal dignity & respect
- A Community Bridge Building Service has been successfully implemented over the past 12 months, which aims to promote social inclusion for all adults and older people by helping them access mainstream services. Adequate resources will need to be secured to ensure this Service continues during 2008/9. This is linked to redesign of a range of community day service such as Adult Placement, community day services, Bridgewater and Sure start for Older People
- We continue to recognise and value the essential role that carers play in supporting some of the most vulnerable people in our community. We will continue to identify hidden carers, recognise and respond to carers needs, and improve information and access to support services. Working in partnership with voluntary agencies and the Primary Care Trust we intend to build on numerous improvements made and to continue to provide real support to carers.

- The need to explore and pilot alternative systems for equipment provision in partnership with CSED and Transforming Community Equipment initiative.
- The need to modernise adaptations service in partnership with Registered Social landlords (RSLs) to develop equitable service and use limited resources efficiently.
- Halton Health and Community Directorate is participating in the national Care Services Efficiency Delivery (CSED) programme to improve the efficiency of adult social care services and has set up a Project Steering Group to take the process forward. The group has a number of workstreams including Front End services (information, screening and FACS), Empowering Customers / Self-Directed Care / Individual Budgets and Financial Assessment, which will report on a programme of modernisation Spring 2008.
- Further development of Intermediate Care in partnership with the PCT is key to achieving the targets within the council and the directorate; adequate resources will need to be secured across the council and the PCT to maintain the services during 2008/09.
- The Directorate continues to lead on/contribute to a number of Corporate priorities e.g. Work life Balance, the equalities agenda etc. Activity in these areas will continue and may in some way impact on the ability to be able to deliver specific Directorate Operational objectives
- Halton BC Older Peoples service is entering into an agreement with the PCT to begin to integrate social care staff into general practices in Runcorn. The Runcorn PBC Consortium is funding three members of staff to work within the Runcorn practices on a rotational basis, the workers will be part of the social work team, the RARS team and the Surestart team. This joint working model will enable older people to receive a seamless service which will look at reducing the need for hospital and long term care admissions and will promote social inclusion and independence.

2.3 Organisation Structure



	FTE Posts
Care Management	50.9
Adult Protection	1.0
Intermediate Care (inc. Dorset Gardens & Comm. Wardens)	152.1
Independent Living (inc. PSD Provider Services)	38.2
Operational Director & Secretary	2.0
TOTAL	244.2

NB. Information regarding posts completed as at 30.9.07 (includes vacancies)

3.0 FACTORS AFFECTING THE SERVICE

3.1 External Factors

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

3.1.1 Political

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

3.1.2 Economic Climate

- There are significant budgetary pressures within the Department. Gershon efficiency gains, the implications of the Base Budget Review and Supporting People's retraction plan as well as changing demographics towards an older population and Halton's generally poor health statistics mean increase pressure on front line services. Services need to ensure that they are designed to deliver greater efficiency and value for money without detrimental impact on those people who use them.
- The need to have a robust LAA which is aligned to priorities will be essential as a number of specific grants and LAA ring-fenced grants will be delivered in the form of an Area Based Grant which will not be ring-fenced, the aim of which is to give Council's greater flexibility to manage financial pressures and focus funding on the priorities of their communities.
- Pressure on the Community Care Budget has meant a stricter application of Fair Access to Care services, resulting in care packages being re-assessed and in some cases re-designed for some people. Re-assessments will continue over the next twelve months.
- Continued pressure on the transport budget means the continued strict application of eligibility criteria for the provision of local authority transport. Transport will continue to be an area of increased focus this coming year.
- Registered Social Landlords (RSLs) are increasingly pulling back from adaptation work and requesting Disabled Facility Grants (DFGs).
- Acute Trusts and PCTs are further defining areas of work and by default are expecting the local authority to fill gaps e.g. reduction in acute beds resulting in hospital discharges being brought forward or not admitting, hospital Occupational Therapists not undertaking environmental visits or reviewing equipment issued by health services.

3.1.3 Social Factors

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

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

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

This shift to an older population will have a large effect on demand for social care, local government and health services unless outcomes are improved through effective, adequate prevention. However health and social care are still focussed on meeting need as it arises, i.e. once someone has had a fall or is in difficulty. That is not sustainable given the levels of health in the Borough. The relative increase in older people also reduces the number of informal carers available, which necessitates a stronger focus on supporting the carers that there are and developing preventative services that reduce social isolation.

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

3.1.4 Technological Developments

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

3.1.5 Legislative

- The Mental Capacity Act 2005 implemented during 2007 continues to impact on the way in which the Department operates and delivers its services.
- The implications of the 2 White Papers published in 2006, *Our Health Our Care Our Say* and *Strong and Prosperous Communities*, and the new Outcomes Framework for Adults Social Care continues to be managed by the Department. These documents place a stronger emphasis on the involvement of people who access social care services and their carers being involved in service planning and delivery to ensure services are needs-led and outcome focussed. The increase in self directed care and self-assessment linked to the 'In control' pilot and development of individualised budgets continues to support the personalisation agenda.
- The Carers (Equal Opportunities) Act 2004 came into force in England on 1st April 2005. The Act gives carers new rights to information, ensures that work, life-long learning and leisure are considered when a carer is assessed and gives Local Authorities new powers to enlist the help of housing, health, education and other Local Authorities in providing support to carers.
- The Statutory Code of Practice on the Duty to Promote Disability Equality, which was introduced in the Disability Discrimination Act 2005, came into force in December 2006. The Duty required that a Disability Equality Scheme be in place by public sector organisations by December 2006. The action plan developed as part of the Scheme continues to be implemented corporately and departmentally.
- The New Performance Framework for Local Authorities & Local Authority Partnerships published in October 2007, sets out a single set of 198 measures (developed as part of the Comprehensive Spending Review 2007) representing what Government believes should be the national priorities for local government, working alone or in partnership, over the next three years. In each area, targets against the set of national indicators will be negotiated through new Local Area Agreements (LAAs). Each Agreement will include up to 35 targets from among the national indicators, complemented by 17 statutory targets on educational attainment and early years.
- The proposed development of a common complaints procedure, covering the NHS and Social Care (from 2009), was consulted on during 2007. It has the potential to enable complaints to be addressed more consistently and holistically, with lessons learned being shared with colleagues across the sector.
- Care Services Reform - As announced as part of the Comprehensive Spending Review (CSR), care and support services are to be reformed to meet the challenges of the 21st century, and to direct state funding to where it will have the biggest impact on wellbeing. It begins with extensive public engagement at the beginning of 2008 and will ultimately lead to the

publication of a Green Paper. Government requirements for reform include promoting independence, wellbeing and control for those in need, and affordability for taxpayers and individuals in need.

3.1.6 Environmental

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

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

Protecting our environment

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

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

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

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

3.2 Service Developments

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

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

complements the wide range of consultation exercises that the Directorate undertakes (including postal and telephone surveys, open forums, consultation days, participation in service developments and representation of users and carers on strategic boards). In addition to the consultation exercises undertaken, the Directorate also regularly undertakes Service User satisfaction and outcomes surveys, which help inform future delivery of services.

3.3 Efficiency Improvements

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

- Older People helped to live at home - £50,000 non cashable. Estimated savings via an increase in the numbers of Older people helped to live at home
- Continuing Care - £30,000 non cashable. Estimated savings via the redirection of Social Work time.
- Procurement Savings - £15,00 cashable.

Summary of planned efficiencies in 2008/9 :-

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

3.4 National, Regional & Sub-Regional Focus

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

3.5 Equality & Diversity

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

This commitment is encapsulated in the equal opportunities policy that the Council has adopted. The policy sets out the Council's approach to promoting equal opportunities; valuing diversity and encouraging fairness and justice; and providing equal chances for everyone in Halton to work, learn and live free from discrimination and victimisation. The Council will combat discrimination throughout the organisation and will use its position of influence in the Borough, wherever possible, to help to identify and overcome discriminatory barriers that may exist.

Each year Departments undertake Equality Impact Assessments to examine the equality implications of all of their policies, procedures and practices. As a result an Equality Action Plan is developed to identify those issues that demand attention. This forms a contribution to the overall Corporate Equalities Plan.

As a result of such assessments any high priority actions that have been identified, that fall within the life of this plan, are detailed in section 5 -.

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

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

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

3.6 Unforeseen Developments

Whilst every effort has been made to identify those significant developments that may influence or impact upon the service during the life of this plan the possibility exists that unforeseen developments may occur that need to be considered as and when they arise. Such developments will be detailed and commented upon as appropriate in the sections dealing with key developments or emerging issues within the relevant Service Plan Quarterly Monitoring Reports.

In addition to the normal reporting cycle the service may also report 'by exception' to the appropriate Policy and Performance Board when unforeseen developments occur. Where a more immediate decision is required due to the pressing nature of any unforeseen development, this will be referred to Management Team and the Executive Board for attention. The respective Policy and Performance Boards will be kept informed of any developments of this nature.

All reports to the Policy and Performance Boards, with the exception of Part II items, are publicly available documents and can be accessed through the Council's website at <http://www2.halton.gov.uk/>

4.0 RESOURCES

4.1 Budget Summary and Service Costs

To follow

4.2 Human Resource Requirements

Year	Care Management	Adult Protection	Intermediate Care	Independent Living	Operational Director & Secretary
2007/08	50.9	1.0	152.1	38.2	2.0
2008/09	54.0	1.0	152.1	42.0	2.0

4.3 Future ICT Requirements

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

High priority areas identified within the bid include: -

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

4.4 Future Accommodation/Property Requirements

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

5.0 SERVICE PERFORMANCE

As detailed in the introduction to this plan, the primary purpose of the Service Plan is to provide a clear statement on what individual services are planning to achieve and to show how this contributes towards achieving the corporate priorities of the Council and / or its statutory responsibilities. The service utilises a variety of measures and targets to enable performance against the service plan to be tracked, monitored, and reported. Details of these measures and targets are given below.

- **Objectives and Key Milestones.** These show the major events in the work of the Department that are planned to take place during 2008–11, such as the launch of new initiatives progress on major projects or the delivery of business critical activity. Objectives and Milestones are clearly linked to the appropriate Key Areas of Focus in the Corporate Plan 2006-11.
- **National Performance Indicators.** This is a national set of 198 indicators that have been prescribed by Central Government that are intended to measure the extent to which authorities are operating effectively and efficiently and are delivering upon both national and local priorities.
- **Local Performance Indicators.** These are indicators that have been developed by the Council and any relevant non-statutory indicators that have been adopted from national or other sources.
- **Local Area Agreement.** The Local Area Agreement (LAA) is a three-year agreement based on Halton's Community Strategy. The second round LAA commenced on 1st April 2008, and included within it are improvement targets for the Borough of Halton to which both the Council, and its partners will contribute.

The LAA contains 86 key targets addressing all of the priority issues identified in both the Community Strategy, and the Council's Corporate Plan. Of the 86 key targets, 34 are mandatory and also included are the 12 LPSA targets to which the Council signed up.

Many of the objectives contained within the current service plans are designed to support the achievement of LAA targets. A full version of Halton's LAA can be viewed on the Halton Strategic Partnership Website at [http://www.haltonpartnership.net/site/images/stories/laa_final_\(march_2007\).pdf](http://www.haltonpartnership.net/site/images/stories/laa_final_(march_2007).pdf)

Progress against the achievement of LAA targets is reported to all stakeholders at regular intervals. Following the establishment of the LAA, plans are being formulated to ensure that in future years the LAA and the Council's service plans are completely aligned.

5.1 Key Service Objectives

Corporate Priority:	A Healthy Halton
Key Area (s) Of Focus:	AOF 6 Providing services and facilities to maintain the independence and well-being of vulnerable people within our community. AOF 7 Providing services and facilities to maintain existing good health and well-being.
Service Objective:	OPS 1 – Evaluate, plan, commission and redesign services to ensure they meet the need of vulnerable people within the local population, including those from hard to reach group (including the black and minority ethnic community)

	Key Milestones	Responsible Officer
2008 - 09	<ul style="list-style-type: none"> Analyse need and submit bids to DoH, Housing Corporation or other pots for at least one extra care development to provide additional extra care tenancies in Halton Mar 2009. (AOF6 & 7) 	Joint Commissioning Manager (Older People)
	<ul style="list-style-type: none"> Establish strategy to improve performance and service delivery to BME Community, to ensure services are meeting the needs of the community Jun 2008. (AOF6 & 7) 	DM (Planning & Commissioning)
	<ul style="list-style-type: none"> Complete review of extra care housing model for Halton Jul 2008. (AOF6 & 7) 	DM (Intermediate Care)
	<ul style="list-style-type: none"> Identify options to re-design Older People Day Services May 2008 (AOF6 &7) 	DM (Independent Living)
	<ul style="list-style-type: none"> <i>Develop monitoring information for lower level services and outcomes they deliver to older people Sept 2008 (AOF6)</i> 	Joint Commissioning Manager (Older People)
	<ul style="list-style-type: none"> <i>Contribute to development of operation of individualised budgets, thus enabling people needing social care and associated services to design that support Mar 2009. (AOF6)</i> 	DM (Care Management)

2009 - 10	<ul style="list-style-type: none"> Commission specialist housing provision for older people with higher levels of need Mar 2010. (AOF6 & 7) 		Joint Commissioning Manager (Older People)	
	<ul style="list-style-type: none"> Implement BME Strategy developed in 2008/9, to ensure services are meeting the needs of the community Mar 2010. (AOF7) 		All Divisional Managers	
	<ul style="list-style-type: none"> Analyse need and submit bids to DoH, Housing Corporation or other pots for at least one extra care development to provide additional extra care tenancies in Halton Mar 2010. (AOF6 & 7) 		Joint Commissioning Manager (Older People)	
2010 -11	<ul style="list-style-type: none"> <i>Submit bids to DoH, Housing Corporation or other pots for at least once extra care development to provide additional extra care tenancies in Halton Mar 2011</i> (AOF6 & 7) 		Joint Commissioning Manager (Older People)	
	<ul style="list-style-type: none"> <i>Monitor and review all OPS 1 milestones in line with three year planning cycle Mar 2011.</i> 		Operational Director (Older People/ILS)	
Risk Assessment	Initial	Score Missing	Linked Indicators	No indicators linked
	Residual	Score Missing		

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

Service Objective:	OPS 2 - Work in partnership to enhance joint working arrangements and delivery of services to vulnerable people
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	Key Milestones	Responsible Officer
2008 - 09	<ul style="list-style-type: none"> Lead council input into developing Local Area Agreement Health and Older Peoples block June 08 (AOF 31) 	Operational Director (Older People/ILS)
	<ul style="list-style-type: none"> Continue to contribute to the implementation of Change for the Better, the 5BP's new model of care for mental health services, thus ensuring that services are based on recovery and social inclusion Mar 2009. (AOF6 & 31) 	Operational Director (Older People/ILS)
	<ul style="list-style-type: none"> <i>Begin implementation of Older People's mental health services redesign Mar 2009. (AOF6 & 31)</i> 	DM (Care Management)
	<ul style="list-style-type: none"> In partnership with Halton and St Helen's PCT, refocus care provision at Oakmeadow in line with Intermediate Care approach Nov 2008 (AOF2 & 31) 	DM (Intermediate Care)
	<ul style="list-style-type: none"> Redesign of Intermediate Care Services, in partnership with Halton and St Helens PCT Mar 2008 (AOF 6) 	DM (Intermediate Care)

	<ul style="list-style-type: none"> • <i>Work with Halton 'Older People's Engagement Network' (OPEN) to agree their future role in terms of community engagement and consultation – paper to Older People's Local Implementation Team (LIT) Nov 08 (AOF7 & 31)</i> 	Joint Commissioning Manager (Older People)		
	<ul style="list-style-type: none"> • <i>Work with Older People's LIT, Halton OPEN and partners to appoint dignity in care champions (or other system as agreed) Sept 2008. (AOF7 & 31)</i> 	Operational Director (Older People/ILS)		
	<ul style="list-style-type: none"> • Establish pilot joint service to support primary care through Runcorn Practice Based Commissioning (PBC) Consortium July 2008 (AOF6) 	DM (Care Management) & (Intermediate Care)		
2009 - 10	<ul style="list-style-type: none"> • Review local arrangements for continuing health care by Apr 2009 (AOF 2&7) 	DM (Care Management)		
2010 -11	<ul style="list-style-type: none"> • <i>Evaluate joint service developed with Runcorn PBC Mar 2011 (AOF2 & 4)</i> 	Joint Commissioning Manager (Older People)		
	<ul style="list-style-type: none"> • <i>Monitor and review all OPS 2 milestones in line with three year planning cycle Mar 2011</i> 	Operational Director (Older People/ILS)		
Risk Assessment	Initial	Score Missing	Linked Indicators	No indicators linked
	Residual	Score Missing		

Corporate Priority:	A Healthy Halton
Key Area (s) Of Focus:	AOF 7 Providing services and facilities to maintain existing good health and well-being.

Service Objective:	OPS 3 - Provide facilities and support to carers, assisting them to maintain good health and well-being
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Key Milestones		Responsible Officer		
2008 - 09	<ul style="list-style-type: none"> Increase the number of carers provided with assessments leading to provision of services, including black and minority ethnic carers, to ensure Carers needs are met Mar 2009. (AOF7) 	DM (Care Management)		
	<ul style="list-style-type: none"> Maintain the numbers of carers receiving a carers break Mar 2009. (AOF7) 	DM (Care Management)		
2009 - 10	<ul style="list-style-type: none"> Increase the numbers of carers provided with assessment leading to the provision of services, including black and minority ethnic carers, to ensure Carers needs are met Mar 2010. (AOF7) 	DM (Care Management)		
	<ul style="list-style-type: none"> Maintain the number of carers receiving a carers break, to ensure Carers need are met Mar 2010. (AOF7) 	DM (Care Management)		
2010 -11	<ul style="list-style-type: none"> <i>Monitor and review all OPS 3 milestones in line with three year planning cycle Mar 2011 (AOF 7)</i> 	Operational Director (Older People/ILS)		
Risk Assessment	Initial	Score Missing	Linked Indicators	No indicators linked
	Residual	Score Missing		

Corporate Priority:	Corporate Effectiveness & Efficient Service Delivery
Key Area (s) Of Focus:	<p>AOF 31 Working with partners and the community, to ensure that our priorities, objectives, and targets are evidence based, regularly monitored and reviewed, and that there are plausible delivery plans to improve the quality of life in Halton, and to narrow the gap between the most disadvantaged neighbourhoods and the rest of Halton.</p> <p>AOF 33 Ensuring that we are properly structured organised and fit for purpose and that decision makers are supported through the provision of timely and accurate advice and information.</p> <p>AOF 35 Implementing and further developing procurement arrangements that will reduce the cost to the Council of acquiring its goods and services.</p> <p>AOF 39 Ensuring that human resources are managed and deployed to their best effect and improving the relevance, availability and use of HR information</p> <p>AOF 40 Ensuring that the Council has the right people with the right skills and who are informed and motivated and provided with opportunities for personal development and engagement.</p>

Service Objective:	OPS 4 - Ensure that service delivery, commissioning and procurement arrangements are efficient and offer value for money
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	Key Milestones	Responsible Officer
2008 - 09	<ul style="list-style-type: none"> Aim to reduce the cost of transport element of meals on wheels contract to ensure cost effectiveness May 2008. (AOF35) 	DM (Intermediate Care)
	<ul style="list-style-type: none"> <i>Redesign in house homecare to improve efficiency and outcomes Aug 2008. (AOF39 & 40)</i> 	DM (Intermediate Care)
	<ul style="list-style-type: none"> <i>Review Older People's Commissioning Strategy and associated partnerships structures to ensure that they are fulfilling service delivery requirements and are being managed in a cost effective way Nov 2008 (AOF33 & 35)</i> 	Operational Director (Older People/ILS)
	<ul style="list-style-type: none"> Establish or participate in working group with neighbouring authorities to re-provide equipment services linked to developing a retail model Oct 2008 (AOF33) 	DM (Independent Living)

	<ul style="list-style-type: none"> Build on learning for Halton from CSED improving care management efficiency project, identifying potential areas and priorities for redesign Jun 2008. (AOF33) 	DM (Care Management)		
	<ul style="list-style-type: none"> Integrate Home Improvement Agency and Independent Living Team to improve waiting times and efficiency Jun 2008. (AOF33) 	DM (Independent Living)		
2009 - 10	<ul style="list-style-type: none"> <i>Monitor and review all OPS 4 milestones in line with three year planning cycle Mar 2010</i> 	Operational Director (Older People/ILS)		
2010 -11	<ul style="list-style-type: none"> <i>Monitor and review all OPS 4 milestones in line with three year planning cycle Mar 2011</i> 	Operational Director (Older People/ILS)		
Risk Assessment	Initial	Score Missing	Linked Indicators	No indicators linked
	Residual	Score Missing		

Corporate Priority:	A Healthy Halton
Key Area (s) Of Focus:	AOF 2 Improving the future health prospects of Halton residents through encouraging and providing the opportunities to access and participate in physically active lifestyles. AOF 4 Helping people to manage the effects of ill health, disability and disadvantage. AOF 7 Providing services and facilities to maintain existing good health and well-being.

Service Objective:	OPS 5 – Promote physical activity, preventative services and therapy for vulnerable people to maintain optimum levels of health and wellbeing
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Key Milestones		Responsible Officer		
2008 - 09	<ul style="list-style-type: none"> Evaluate and report on the first year of 'Sure Start for Older People' services to establish if it is effective in helping manage the effects of ill health, disability and disadvantage; increased access to physical activity and effective in maintaining the existing health and wellbeing of older people Sept 2008 (AOF2 & 4) 	DM (Intermediate Care)		
	<ul style="list-style-type: none"> Support development of joint process with PCT for implementation of new national guidance and toolkit for continuing health care Apr 2008 (AOF2 & 7) 	DM (Care Management)/ Operational Director (Older People/ILS)		
	<ul style="list-style-type: none"> Report to Health PPB on progress with delivering the Advancing Well Strategy Mar 2009 (AOF2 & 7) 	Joint Commissioning Manager (Older People)		
2009 - 10	<ul style="list-style-type: none"> Monitor and review all OPS 5 milestones in line with three year planning cycle Mar 2010 	Operational Director (Older People/ILS)		
2010 - 11	<ul style="list-style-type: none"> Monitor and review all OPS 5 milestones in line with three year planning cycle Mar 2011 	Operational Director (Older People/ILS)		
Risk Assessment	Initial	Score Missing	Linked Indicators	No indicators linked
	Residual	Score Missing		

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

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

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

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

Ref ¹	Description	Corp. Plan Priority	Halton 2006/7 Actual	2006/07 Quartiles (All England)			Halton 2007/8 Target	Halton 2007/8 Actual	Halton Targets		
				Top	Middle	Bottom			08/09	09/10	10/11
	provision of a service										
OP LPI	% of older people being supported to live at home intensively, as a proportion of all those supported intensively at home or in residential care	CP2 AOF9	0.325	N/A	N/A	N/A	0.27	TBC	0.28	0.29	0.3
OP LPI	% of adults assessed in year where ethnicity is not stated Key Threshold < 10%	CP6 AOF32	0.5	N/A	N/A	N/A	0.5	TBC	0.5	0.5	0.5
OP LPI	% of adults with one or more services in year where ethnicity is not stated Key Threshold < 10%	CP6 AOF32	0.2	N/A	N/A	N/A	0.2	TBC	0.2	0.2	0.2
Quality											
OP LI	Availability of single rooms for adults & older people entering permanent residential / nursing care	CP2 AOF11	100	100	98	96	100	TBC	100	100	100
<u>OP LI</u>	Percentage of people receiving a statement of their needs and how they will be met	CP2 AOF11	99	96	97	98	99	TBC	99	99	99
<u>OP LI</u>	Clients receiving a review as a %age of adult clients receiving a service	CP2 AOF11	81	76	72	65	80	TBC	80	80	80

Ref ¹	Description	Corp. Plan Priority	Halton 2006/7 Actual	2006/07 Quartiles (All England)			Halton 2007/8 Target	Halton 2007/8 Actual	Halton Targets		
				Top	Middle	Bottom			08/09	09/10	10/11
<u>NI 131</u>	Delayed Transfers of Care	CP2 AOF11	29	37	27	16	27	TBC	25	25	25
<u>OP LI</u>	Percentage of items of equipment and adaptations delivered within 7 working days Key Threshold TBC	CP2 AOF9	92	93	90	85	91	TBC	92	93	93
<u>NI 132</u>	Timeliness of Social Care Assessments	CP2 AOF11	83.5	TBC	TBC	TBC	83	TBC	85	85	85
<u>NI 133</u>	Timeliness of Social Care packages	CP2 AOF11	92.6	TBC	TBC	TBC	85	TBC	87	89	89
<u>NI 127</u>	Self reported Experience of Social Care Users	CP6 AOF32	N/A	N/A	N/A	N/A	N/A	N/A	TBC	TBC	TBC
Service Delivery											
<u>OP LI</u>	Admissions of supported residents aged 65+ to permanent residential/nursing care (per 10,000 population) key Threshold < 140	CP2 AOF11	80	91	80	69	79	TBC	79	79	79
OP LI	Household (all adults) receiving intensive homecare (per 1000 population aged 65 or over) Key Threshold > 8	CP2 AOF11	11.14	17.0	13.2	10.0	12	TBC	13	14	15
<u>NI 136</u>	People Supported to Live independently through Social Carer Services	CP1 AOF5	124.75	TBC	TBC	TBC	126	TBC	128	130	130
<u>NI 130</u>	Social Care Clients receiving	CP2	189	TBC	TBC	TBC	193	TBC	197	205	TBC

Ref ¹	Description	Corp. Plan Priority	Halton 2006/7 Actual	2006/07 Quartiles (All England)			Halton 2007/8 Target	Halton 2007/8 Actual	Halton Targets		
				Top	Middle	Bottom			08/09	09/10	10/11
	self directed support (DP's/Individual Budgets)	AOF11									
<u>NI 135</u>	Care receiving needs assessment or review and a specific carer's service, or advice and information	CP2 AOF11	10.2	TBC	TBC	TBC	11.5	TBC	12	12	15
<u>NI 125</u>	Achieving independence for Older People through rehabilitation/Intermediate Care	CP1 AOF4	N/A	N/A	N/A	N/A	N/A	N/A	TBC	TBC	TBC
<u>NI 141</u>	Number of vulnerable people achieving independent living	CP1 AOF4	N/A	N/A	N/A	N/A	N/A	N/A	TBC	TBC	TBC
<u>NI 142</u>	Number of vulnerable people who are supported to maintain independent living	CP1 AOF4	N/A	N/A	N/A	N/A	N/A	N/A	TBC	TBC	TBC
<u>NI 145</u>	Adults with learning disabilities in settled accommodation	CP1 AOF4	N/A	N/A	N/A	N/A	N/A	N/A	TBC	TBC	TBC
<u>NI 146</u>	Adult with learning disabilities in employment	CP4 AOF21	N/A	N/A	N/A	N/A	N/A	N/A	TBC	TBC	TBC

5.3 Risk Management

Risk Management, which forms a key element of the strategic management 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.

Against each key objective the overall initial and residual risk assessment (before and after the risk control measures have been identified) is shown. The risk mapping exercise scores the potential impact on the key objective (severity) and the likelihood (probability) of the risks happening to arrive at a number. Such numbers are then translated into a Low, Medium or High category.

Risk Score	Overall Level of Risk
1 – 4	LOW
5 – 10	MEDIUM
11 – 16	HIGH

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 the departmental objectives.

Mitigation measures for those risks that were initially assessed as high have been included as an Appendix within this plan. As such their implementation will be monitored through the Quarterly Departmental Service Plan Monitoring Report process.

5.4 Equality Action Plan

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

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

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

5.5 Local Area Agreement Targets
New LAA targets to follow

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

6.0 PERFORMANCE REPORTING

As detailed in the introduction to this plan, the primary purpose of the Service Plan is to provide a clear statement on what individual services are planning to achieve and to show how this contributes towards achieving the corporate priorities of the Council and or delivering it's statutory responsibilities.

It is imperative that the Council and interested members of the public can keep track of how the Council and its Departments are progressing against objectives and targets, 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 Service Plan Monitoring reports as a standard item on the agenda of all the Council's Policy and Performance Boards.**
- **Publication of Quarterly Service Plan monitoring reports on the Councils intranet site.**

In demonstrating it's 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 it's associated quarterly monitoring reports, are available via the Council's website at <http://www2.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.

7.0 STATUTORY & NON-STATUTORY PLANS

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

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

High Risks and Associated Mitigation Measures

To follow

Equality Impact Assessments – High Priority Actions

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

Appendix 3

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

A Healthy Halton

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

Halton's Urban Renewal

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

Children & Young People in Halton

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

Employment, Learning & Skills in Halton

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

A Safer Halton

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

Corporate Effectiveness & Efficient Service Delivery

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

	electronic service delivery.
39	Ensuring that human resources are managed and deployed to their best effect and improving the relevance, availability and use of HR information
40	Ensuring that the Council has the right people with the right skills and who are informed and motivated and provided with opportunities for personal development and engagement.