Older People & Independent Living Services

SERVICE PLAN

April 2009 to March 2012

Executive Board Draft 2009

Contents

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 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.

Haltons Corporate Planning Framework

Community Strategy / LAA

Corporate Plan — **Strategic priorities and key areas of focus**

Service Plans — **Departmental activity and performance measures**

Divisional / Team Plans — **Divisional activity and performance measures**

Personal Plans — **Individual activity and performance measures**

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 Home Improvement and Independent Living Service 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 re-ablement, 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 early intervention, prevention, intergenerational and health promotion services are in the early stages of development with Sure Start to Later Life and Intermediate Tier Services, further development of an overall strategic, coordinated approach will be explored during 2009/10.

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.
- Social care in General Practice pilot in Runcorn
- Halton Home Improvement and Independent Living Service
- Energy Efficiency
- 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
- Continuing Health Care- joint with PCT

Direct Care Services

- Community Day Services
- Community Meals
- Equipment Service
- Lifeline/community wardens
- Extra Care (Dorset Gardens)
- Residential Services (Oak Meadow)
- Sure Start
- Community Extra Care Service (pilot)
- 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 (18+)

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 including home care re-ablement 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.

- Adults who require assessment and services to facilitate discharge from hospital

- Vulnerable/frail older people and some adults over 18 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, home repairs or adaptations.

- Vulnerable adults

- Those who care for older people.

- Those people who are at risk of loosing their independence and require lower level intervention, advice, information and support.

- Those people with Long Term conditions

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. This links to the Directorate's developing Supporting People Strategy.

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:
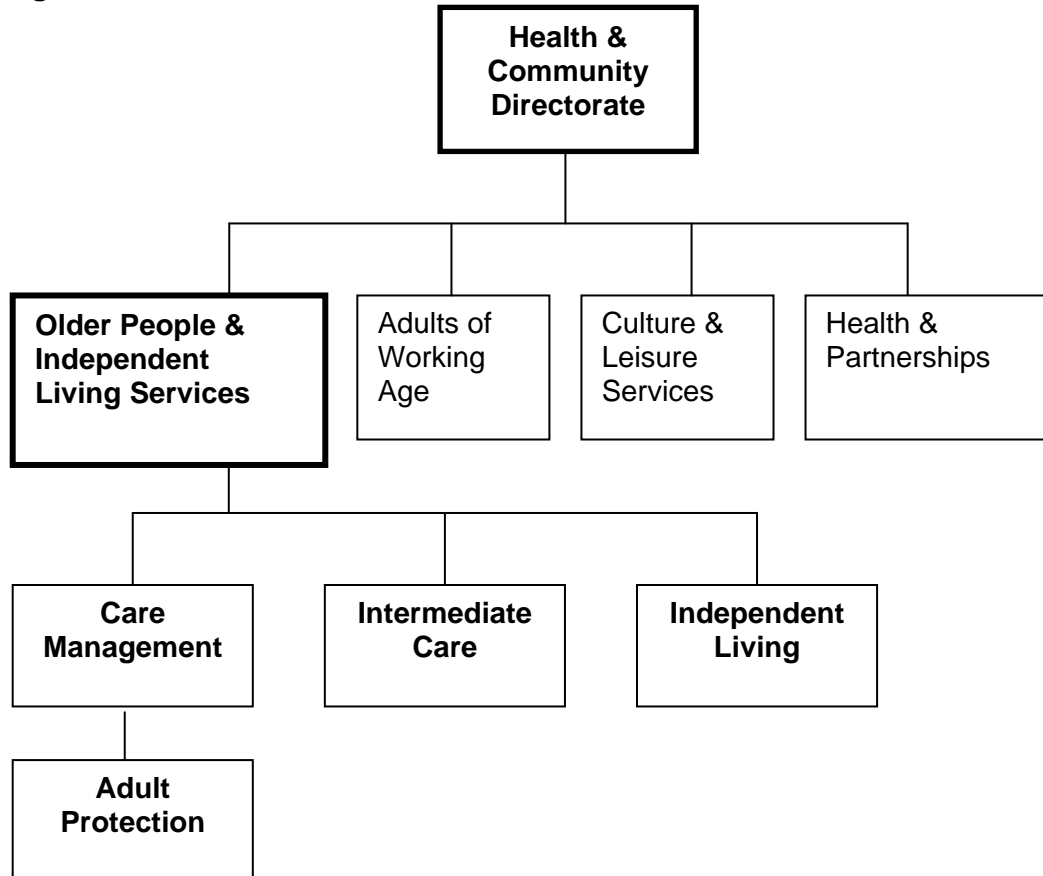
- The Joint Strategic Needs Assessment, which covers the health and social care needs of Adults and Children (in conjunction with key stakeholders and the community) provides intelligence to inform future commissioning.

- The requirement to contribute to the Local Strategic Partnership's agenda, and the refresh of the Local Area Agreement (LAA) and delivery and monitoring of LAA targets. Specific work programmes on well-being, dignity in care, intergenerational activities and prevention will be developed, as well as on cross cutting areas of employment, transport and housing

- The requirement to contribute to developing Multi Area Agreement (MAA).

- To ensure the Directorate is able to effectively respond to issues highlighted in the Comprehensive Performance Assessment e.g. closing the gap between the most deprived communities within the Borough.

- The need to maintain, develop and improve the level of service when the Directorate and Authority as a whole are faced with on-going budgetary pressures.

- 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 community, independent or voluntary sector;

- The need to refocus the Directorate's activity towards neighbourhood delivery of services and partnership opportunities at that level.

- The need to ensure that there are appropriate and effective infrastructures in place to be able to deliver the Directorate's aims and objectives and to ensure that the Directorate is in an appropriate position to implement new legislative responsibilities e.g. Mental Health Act

- Personalisation and the use of individualised budgets will progressively transform the way in which the Directorate supports vulnerable people.

- The need to work in partnership with Children And young People's Directorate to safeguard children and provide a positive transition into adult services.

- Ensuring 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 polices 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 traditionally excluded groups including BME, lesbian and gay, and gypsy and traveller 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 operating for the past 2 years, which aims to promote social inclusion for all adults and older people by helping them access mainstream services. This is linked to redesign of a range of community-based services such as Community Centres, Libraries, Adult Placement, community day services, Bridgewater and Surestart 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, including Halton Carers Centre and the Primary Care Trust we intend to build on numerous improvements made and to continue to provide real support to carers.

- 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

- The Directorate continues to participate in the national Care Services Efficiency Delivery (CSED) programme to improve the efficiency of adult social care services and continues to monitor developments in this area.

- 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.

- Implementation of the gold standard and performance management Framework for the Intermediate Care Service.

2.3   Organisation Structure

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                    │     Community        │
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│  Adult   │
│Protection│
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	FTE Posts
Care Management	TBC
Adult Protection	TBC
Intermediate Care (inc. Dorset Gardens & Comm. Wardens)	TBC
Independent Living (inc. PSD Provider Services)	TBC
Operational Director & Secretary	TBC
TOTAL	TBC

NB. Information regarding posts completed as at 30.9.08 (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 2009-2012:

3.1.1 Political

- The Joint Strategic Needs Assessment (JSNA), forms 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 Local Area Agreement (LAA), provides an outcome based approach to tackling the major challenges facing Halton. Many of the objectives outlined in the Service Plans are designed to support the achievement of the LAA Targets. A review and update of the LAA was completed during 2008.

- During the next 3 years there will be a continued need to further strengthen relationships with the voluntary sector. One particular area, which is a priority, is Carers. The Cares Centres transferred in October 2008 and the Council is providing funding to the Centre over the next 3 years to support its activities

- *Ambition for Health* sets out the NHS Halton & St Helens ambitions for improving the health and wellbeing of the local population. The six strategic priorities identified by the NHS Halton & St Helens are: -

  - Alcohol
  - Obesity
  - Early Detection: Diabetes, respiratory, heart disease, cancer
  - Early Detection: Depression
  - Prevention: Tobacco Control
  - Safety, Quality and Efficiency: Planned and Urgent Care

  The overarching themes include prevention, public health, mental health and shifting the percentage of planned healthcare to non-hospital based alternatives. These are consistent with the strategic objectives of the Council and reinforce again the need for an effective strategic partnership with the NHS.

- The *National Dementia Strategy* has been published and in Halton an Assessment, care & Treatment Model is currently being developed to provide a needs-led, integrated range of specialist assessment, care and treatment interventions to meet the needs of people with dementia type illness and people with a depressive illness. The service will enable all people with dementia in Halton to have access to a community pathway of care that delivers:
  - a rapid and competent specialist assessment

- an accurate diagnosis that is sensitively communicated to the person with dementia and their carers; and
- immediate treatment, care and support following diagnosis

- The Directorate has developed a joint funding of Disabled facilities work with Registered Social Landlords to deal with some of the inequities of tenure for DFGs and is also working on other initiatives to refocus adaptation work for example Adapted Homes Register, use of modular buildings and further development of the Home Improvement Agency.

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.

- KPMG have assisted the Council in putting together an efficiency and improvement programme that could help the Council meet the significant budgetary pressures it faces, whilst endeavouring to maintain and improve the quality of services provided to the community.

  As a result of this work they have identified a number of efficiency opportunities themed around:
  - The potential to reduce overheads through a rationalisation of current management structures
  - How we can improve the Council's approach to the provision of its administrative support services
  - Opportunities to refine the balance between corporate and directorate roles in a number of core areas and improve resource deployment
  - Review the Council's third party spend with regard to some key areas of procurement
  - A programme of option assessments to determine the most suitable form of delivery for a range of key services
  - How we use the opportunities provided by technology and our infrastructure to make our services more efficient

- The need to have a robust LAA which is aligned to priorities is 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.

- 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.

- 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 hospitals 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

- 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 approximately 14% (16,800) of population in 2008 (POPPI Tool) and will increase to approximately 20% (24,700) by 2025. Over the next 20 years the largest proportionate growth is in the 75 – 79 age range. 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 2 years, 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 by the private sector initially of electronic monitoring of care, to allow greater transparency of services delivered.

- Work is still ongoing to roll out Single Assessment. An electronic solution to SAP in currently in development 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 it services. The Deprivation of Liberty Safeguards are an amendment to the 2005 Mental Capacity Act, introduced though the Mental Health Act 2007. They are implemented from 1st October 2008

- The 2007 Mental Health Act, significantly amends the 1983 Mental Health Act. The definitions of people who will fall within the Act have been amended and new powers of community treatment have been established. One of the key changes to the 1983 Act is that the function of the Approved Social Workers is widened to include other health professionals, who whilst acting as Approved Mental Health Professionals (AMHPs) fulfil the Local Authority's functions. The delivery of this Act continues to require the close working and co-operation across health and social care systems and with other localities.

- 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.

- Personalisation, including a shift towards early intervention and prevention, will become the cornerstone of public services, including the commissioning and development of services within health and social care. This means that every person who receives support, whether provided by statutory services or funded by themselves, will have choice and control over the shape of that support in all care settings. This will have significant implications on the

delivery of services and the need to ensure that we have an apprroaitely trained workforce to deliver these services

- 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 Performance Framework for Local Authorities & Local Authority Partnerships which was 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 have been negotiated through new Local Area Agreements (LAAs). Each Agreement includes up to 35 targets from among the national indicators, complemented by 17 statutory targets on educational attainment and early years.

- A new Performance Framework with be published by the Commission for Social Care Inspection for immediate implementation.

- "Making Experiences Count" is the project aimed at delivering a new and more flexible common complaints procedure for Health and Adult Social Care. After a period of consultation, "Early Adopter" sites across the country have been trialing it, with a view to informing the draft legislation that is due shortly. The new legislation, and subsequent guidance, is expected to be published for the commencement of the new procedures in April 2009.

- 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 began 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 an aspiration of Halton to adopt these standards, 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.

- Older Peoples services continue to redesign a number of lower level preventative services including the development of a Dementia Café and Dementia reading group.

- The pilot self-assessment for equipment system will be evaluated in 2009.

- Home Care – in consultation with staff etc began implementation of the redesign of the Home Care Service, which will become a Re-enablement service during 2009, in line with the Intermediate Care gold standard.

- A Community Extra Care service has been developed and operational from October 2008.

- A cconference was arranged to celebrate the newly formed Halton Home Improvement and Independent Living Service (HHIILS) and the work that has been undertaken by the teams to transform the adaptation service, leading to reductions in waiting times for adaptations and equipment.

- All major Registered Social Landlords have singed a Partnership Agreement and work took place during 2008/9 on addressing the major adaptations backlog.

- A Social Care in practice pilot became operational within Runcorn primary care teams. Initial evaluation will be completed by July 2009 with a view to extending the pilot for a further 12 months and will begin negotiations with the Widnes PBC consortium to adopt a similar model of joint working. This joint working model enables 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.

- Oak meadow – Review of model of care completed. Implementation plan to be developed

- Bridgewater Day Centre modernization programme commenced, which included establishment of both Service User and staff groups to evaluate and develop available community resources, identify users who could use community facilities and make links.

- Initial streamlining of work of the Halton Home Improvement and Independent Living Service has been completed and forms part of a continuous improvement programme.

- Partnership work with Warrington Disability Partnership commenced and work has begun on the consideration of developing a retail outlet for equipment at the Independent Living Centre.

- A review of Older People's Mental Health Services across the whole system took place during 2008/9 and a redesign plan will be in place by April 2009.

- The new national framework for Continuing Health Care has been implemented. A national review is underway which is likely mean further work in 2009.

- 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 user satisfaction, outcome and other surveys, open forums, consultation days, participation in service developments and representation of users and carers on strategic boards. Further opportunities to improve engagement and communication with Older People will be explored during 2009/10.

- A strategic approach to early intervention and prevention will be completed in 2009, including the development of intergenerational activities and health promotion particularly in relation to those people with Long Term Conditions

3.3   Efficiency Improvements

- Summary of planned efficiency improvements during 2008/9:-

    o To be inserted

3.4   National, Regional and Sub Regional Focus

The Directorate is plugged into a number of regional groups including Merseyside Assistant Directors, Continuing Healthcare regional group, Equipment Services and wider Care Services Efficiency Partnership. The Directorate how also joined the regional commissioning group.

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 - TBC

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
- Ensure there is fair access to all the Supporting People services in the borough.
- Help prevent minority communities from feeling socially excluded
- Support Gypsies and Travellers to access services including health, social care and education.

3.6   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 within this plan at Appendix 1. As such their implementation will be monitored through the Quarterly Departmental Service Plan Monitoring Report process.

3.7   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 be inserted

4.2   Human Resource Requirements

Year	Care Management	Adult Protection	Intermediate Care	Independent Living	Operational Director & Secretary
2008/09	TBC	TBC	TBC	TBC	TBC
2009/10	TBC	TBC	TBC	TBC	TBC

For more detailed information about any future staffing requirements detailed above, please refer to the appropriate Directorate Workforce Plan

4.3   ICT Requirements

A 3 and 5 year ICT Strategy is currently in development for the whole of the Health & Community Directorate and this will clearly identify the Information Technology requirements across the Directorate

4.4   Future Accommodation/Property Requirements

There are no specific requirements identified at present, however a review of the accommodation at Runcorn Town Hall will be undertaken in July 2009 to ensure that the accommodation is being effectively utilised following the relocation of staff from Grosvenor House.

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 2009–12, 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 Targets.

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

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 – 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 Older People

	Key Milestones	Responsible Officer
2009 - 10	• Commission specialist housing provision for older people with higher levels of need **Mar 2010.** (AOF6 & 7)	Joint Commissioning Manager (Older People)
	• Implement of the Gold Standard and Performance Management Framework for Intermediate Care **Apr 2009** (AOF 6 &7)	DM (Intermediate Care)
	• Increase the numbers of carers provided with assessment leading to the provision of services, to ensure Carers needs are met **Mar 2010.** (AOF7)	DM (Care Management)
	• Maintain the number of carers receiving a carers break, to ensure Carers need are met **Mar 2010.** (AOF7)	DM (Care Management)
	• Comprehensive pathways for using transitional care within Halton are in place **Mar 2010** (AOF 6 &7)	DM (Intermediate Care/Care Management)
	• Intergenerational activities project established as part of the review on early intervention and prevention aimed at improving outcomes for Older People **June 2009** (AOF 6 &7)	Joint Commissioning Manager (Older People) OD (OPILS)
	• Review of Long Term Conditions and Therapy services commissioned jointly with NHS Halton and St Helens **Apr 2009** (AOF 6 &7) NB. Deadline dependent on contribution from the Primary Care Trust	DM (Independent Living Services)
	• Agreement with the PCT on the responsibility for Medication Prompts in place **Sept 2009** (AOF 7)	DM (Care Management)

2010 -11	• *Monitor and review all OPS 1 milestones in line with three year planning cycle **Mar 2011.***				*Operational Director (Older People/ILS)*
2011 - 12	• *Monitor and review all OPS 1 milestones in line with three year planning cycle **Mar 2012.***				*Operational Director (Older People/ILS)*
Risk Assessment	**Initial**	High	**Linked Indicators**	TBC	
	Residual	Medium			

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 2 - Effectively consult and engage with Older People to evaluate service delivery, highlight any areas for improvement and contribute towards the effective re-design of services where required**

Key Milestones		Responsible Officer
2009 - 10	• Review local arrangements for continuing health care by following National Review **Apr 2009** (AOF 2&7) NB. Dependent on National Review being completed to timescale of Jan 2009.	DM (Care Management)
	• Implement revised Joint Commissioning Strategy for Older People **March 2010** (AOF 2 & 7)	Joint Commissioning Manager (Older People)
	• Evaluate joint service developed with Runcorn PBC **Mar 2010** (AOF2 & 4)	DM (Care Management)
	• As part of the review on early intervention and prevention aimed at improving outcomes for Older People, develop a meaningful engagement strategy with Service Users **June 2009** (AOF 7)	Joint Commissioning Manager (Older People) OD (OPILS)
	• Establish Social Care element of the 'Virtual Ward' established with Widnes PBC **March 2010** (AOF 2)	DM (Intermediate Care) DM (Care Management)
2010 -11	• *Monitor and review all OPS 2 milestones in line with three year planning cycle* **Mar 2011**	*Operational Director (Older People/ILS)*
2011 - 12	• *Monitor and review all OPS 2 milestones in line with three year planning cycle* **Mar 2012**	*Operational Director (Older People/ILS)*
Risk Assessment	**Initial** High **Linked Indicators** TBC	
	Residual Medium	

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 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 Milestones		Responsible Officer
2009 - 10	• 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)	Divisional Manager (Planning & Commissioning)
	• Implement new residential and domiciliary care contracts for older peoples services **Sept 2009** (AOF6 & 7)	Divisional Manager (Planning & Commissioning)
2010 -11	• 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** (AOF6 & 7)	Divisional Manager (Planning & Commissioning)
2011 - 12	• *Monitor and review all OPS 3 milestones in line with three year planning cycle Mar 2012*	*Operational Director (Older People/ILS)*
Risk Assessment	**Initial** High	**Linked Indicators** TBC
	Residual Medium	

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

Ref[1]	Description	Corp. Plan Priority	Halton 2007/8 Actual	2007/8 Quartiles (All England)			Halton 2008/9 Target	Halton 2008/9 Actual	Halton Targets		
				Top	Middle	Bottom			09/10	10/11	11/12
Corporate Health											
There are presently no indicators of this type identified for the service											
Cost & Efficiency											
OP LI 1	Intensive home care as a % of intensive home care and residential care	CP1 AOF7	27.15	32	27	24	28	TBC	28	28	28
OP LI 2	Cost of intensive social care for adults and older people	CP6 AOF35	458.16	613	546	483	476.48	TBC	TBC	TBC	TBC
OP LI 3	Unit cost of home care for adults and older people	CP6 AOF35	15.46	17.00	15.46	13.96	16.16	TBC	TBC	TBC	TBC
OP LPI 4	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 5	Ethnicity of older people receiving assessment	CP6 AOF32	0.19	1.67	1.28	1.08	1.1	TBC	1.1	1.1	1.1
OP LI 6	Ethnicity of older people receiving services following assessment	CP6 AOF32	0.00	1.05	1.01	0.95	1	TBC	1	1	1

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

Ref[1]	Description	Corp. Plan Priority	Halton 2007/8 Actual	2007/8 Quartiles (All England)			Halton 2008/9 Target	Halton 2008/9 Actual	Halton Targets		
				Top	Middle	Bottom			09/10	10/11	11/12
OP LPI 7	% of older people being supported to live at home intensively, as a proportion of all those supported intensively at home or in residential care	CP1 AOF6	38.28	N/A	N/A	N/A	0.28	TBC	0.29	0.3	TBC
OP LPI 8	% of adults assessed in year where ethnicity is not stated Key Threshold < 10%	CP1 AOF6	0.14	N/A	N/A	N/A	0.5	TBC	0.5	0.5	0.5
OP LPI 9	% of adults with one or more services in year where ethnicity is not stated Key Threshold < 10%	CP1 AOF6	0.08	N/A	N/A	N/A	0.2	TBC	0.2	0.2	0.2
Quality											
OP LI 10	Availability of single rooms for adults & older people entering permanent residential / nursing care	CP1 AOF7	100	100	99	96	100	TBC	100	100	TBC
OP LI 11	Percentage of people receiving a statement of their needs and how they will be met	CP1 AOF7	99	98	98	96	99	TBC	99	99	99

Ref[1]	Description	Corp. Plan Priority	Halton 2007/8 Actual	2007/8 Quartiles (All England)			Halton 2008/9 Target	Halton 2008/9 Actual	Halton Targets		
				Top	Middle	Bottom			09/10	10/11	11/12
OP LI 12	Clients receiving a review as a %age of adult clients receiving a service	CP1 AOF7	80.64	79	76	69	80	TBC	80	80	80
NI 131	Delayed Transfers of Care	CP1 AOF7	25	36	24	14	25	TBC	25	25	25
OP LI 13	Percentage of items of equipment and adaptations delivered within 7 working days Key Threshold TBC	CP1 AOF4	90.24	94	90	87	92	TBC	93	93	94
NI 132	Timeliness of Social Care Assessments	CP1 AOF7	N/A	N/A	N/A	N/A	* N/A	TBC	TBC	TBC	TBC
NI 133	Timeliness of Social Care packages (Former BVPI 196)	CP1 AOF7	93.15	94	90	88	94	TBC	95	95	TBC
Service Delivery											
OP LI 14	Admissions of supported residents aged 65+ to permanent residential/nursing care (per 10,000 population) key Threshold < 140	CP1 AOF7	63.22	90	84	70	79	TBC	79	79	TBC

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* Targets not set as baseline is not currently known. This is a new National Indicator and is either still in development, or the protocols for collecting and sharing data are yet to be established.

Ref[1]	Description	Corp. Plan Priority	Halton 2007/8 Actual	2007/8 Quartiles (All England)			Halton 2008/9 Target	Halton 2008/9 Actual	Halton Targets		
				Top	Middle	Bottom			09/10	10/11	11/12
OP LI 15	Household (all adults) receiving intensive homecare (per 1000 population aged 65 or over) Key Threshold > 8	CP1 AOF7	11.43	14.6	12.6	10.8	13	TBC	13	14	TBC
NI 136	People Supported to Live independently through Social Care Services	CP1 AOF5	137.26	N/A	N/A	N/A	128	TBC	130	130	TBC
NI 135	Carers receiving needs assessment or review and a specific carer's service, or advice and information	CP1 AOF7	N/A	N/A	N/A	N/A	* N/A	TBC	TBC	TBC	TBC
NI 125	Achieving independence for Older People through rehabilitation/Intermediate Care	CP1 AOF4	N/A	N/A	N/A	N/A	* N/A	TBC	TBC	TBC	TBC
NI 141	Number of vulnerable people achieving independent living	CP1 AOF4	N/A	N/A	N/A	N/A	76.5%	TBC	TBC	TBC	TBC
Area Partner National Indicators:											

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* Targets not set as baseline is not currently known. This is a new National Indicator and is either still in development, or the protocols for collecting and sharing data are yet to be established.

| Ref[1] | Description | Corp. Plan Priority | Halton 2007/8 Actual | 2007/8 Quartiles (All England) | | | Halton 2008/9 Target | Halton 2008/9 Actual | Halton Targets | | |
				Top	Middle	Bottom			09/10	10/11	11/12
The indicators below form part of the new National Indicator Set introduced on 1st April 2008. Responsibility for setting the target, and reporting performance data, will sit with one or more local partners. As data sharing protocols are developed, baseline information and targets will be added to this section.											
NI 129	End of life access to palliative care enabling people to choose to die at home	CP1	N/A	N/A	N/A	N/A	N/A	TBC	TBC	TBC	TBC
NI 134	The number of emergency bed days per head of weighted population	CP1	N/A	N/A	N/A	N/A	N/A	TBC	TBC	TBC	TBC
NI 138	Satisfaction of people over 65 with both home and neighbourhood	CP1	N/A	N/A	N/A	N/A	N/A	TBC	TBC	TBC	TBC
NI 139	People over 65 who say that they receive the information, assistance and support needed to exercise choice and control to live independently	CP1	N/A	N/A	N/A	N/A	N/A	TBC	TBC	TBC	TBC

5.3 Data Quality Arrangements

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, establishes the key dimensions of good quality data and identifies five Key Corporate Objectives namely;

Objective 1

To provide assurance to all stakeholders that the quality of data used in decision making and in accounting for and reporting the performance of the authority, either directly or through partnership arrangements, is wholly fit for purpose.

Objective 2

That, through a rigorous process of monitoring, review and refinement, the authority's arrangements for securing data quality remain relevant, reliable and robust and that exemplary arrangements for securing data quality are achieved within the medium term

Objective 3

That arrangements for securing data quality are widely shared, communicated and understood by all of those with data quality responsibility and that relevant staff are provided with timely and appropriate guidance and support.

Objective 4

That all departments, partners and agencies that deliver services on behalf of the Council use complete, accurate and verifiable data which is collected and communicated in an effective and timely manner.

Objective 5

That all data used in the calculation of nationally prescribed performance indicators is definition compliant and verifiable and that no such indicators will be amended or qualified as a result of work undertaken by inspecting bodies.

In supporting the delivery of the corporate strategy the department 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.

In so doing the department will pay particular attention to the six key dimensions of good quality data i.e. that data is

- ***Accurate***   For its intended purpose;

- ***Valid***   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.

The Directorate has developed a Performance Management and Data Strategy, which is reviewed and updated on an annual basis. It outlines how the robust Performance and Information Technology management framework operates within the Directorate to provide transparent, accurate and timely services and information

The Strategy underpins the Health & Directorate's commitment to managing and providing IT services and performance information and complements and supports the: -

- Directorate Service Plans
- Corporate Quality Assurance Framework

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/plansand strategies

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 2008/09
- 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
- Adults and Working Age, 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

Objective Reference	High Risk Identified	Control Measure	Deadline	Responsible Officer
OPS1	Availability of specialist housing provision for older people with higher levels of need	• Strategic review of Housing Strategy; highlighting current gaps. • Action plan to be developed and implemented.	March 2010	Joint commissioning manager (Older People)
	Overall lead from the PCT- may not complete the therapy and long-term conditions service review within timescales.	• DM lead from OP/ILS to support the process and aim to complete within timescales	March 2010	DM (ILS)
	PCT may not prioritise negotiations for the responsibility for medication prompts.	• DM OP/ILS to negotiate with the PCT	March 2010	DM (Care management)
OPS2	Review of local arrangements for continuing health care is dependant on the national review being completed within timescales.	• DM (Care management) to work with the PCT to ensure implementation, once national review completed. • Options in relation to joint teams will be progressed	March 2010	DM (Care management)
	Evaluation of the joint service developed with Runcorn PBC is dependant on data availability from the PCT	• Steering group includes PBC rep and PCT rep.	March 2010	DM Care management
OPS3	Availability of suitable land and funding to develop extra care housing	• Development of alternative community services	March 2010	DM (Planning and commissioning)

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.