



**Safer Policy and Performance Board**

**Tuesday, 15 January 2013 at 6.30 p.m.  
Council Chamber, Runcorn Town Hall**

A handwritten signature in black ink that reads 'David Walsh'.

**Chief Executive**

**BOARD MEMBERSHIP**

<b>Councillor Shaun Osborne (Chairman)</b>	<b>Labour</b>
<b>Councillor Norman Plumpton Walsh (Vice-Chairman)</b>	<b>Labour</b>
<b>Councillor Susan Edge</b>	<b>Labour</b>
<b>Councillor John Gerrard</b>	<b>Labour</b>
<b>Councillor Robert Gilligan</b>	<b>Labour</b>
<b>Councillor Valerie Hill</b>	<b>Labour</b>
<b>Councillor Darren Lea</b>	<b>Labour</b>
<b>Councillor Martha Lloyd Jones</b>	<b>Labour</b>
<b>Councillor Margaret Ratcliffe</b>	<b>Liberal Democrat</b>
<b>Councillor Paul Nolan</b>	<b>Labour</b>
<b>Councillor Pauline Sinnott</b>	<b>Labour</b>
<b>Vacancy</b>	<b>Co-Optee</b>

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

*The next meeting of the Board is on Tuesday, 12 March 2013*

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

**Part I**

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<b>1. MINUTES</b>		
<b>2. DECLARATION OF INTEREST (INCLUDING PARTY WHIP DECLARATIONS)</b>		
	Members are reminded of their responsibility to declare any Disclosable Pecuniary Interest or Other Disclosable Interest which they have in any item of business on the agenda, no later than when that item is reached or as soon as the interest becomes apparent and, with Disclosable Pecuniary interests, to leave the meeting during any discussion or voting on the item.	
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<b>4. SSP MINUTES</b>		
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*In accordance with the Health and Safety at Work Act the Council is required to notify those attending meetings of the fire evacuation procedures. A copy has previously been circulated to Members and instructions are located in all rooms within the Civic block.*

**REPORT TO:** Safer Policy & Performance Board

**DATE:** 15 January 2013

**REPORTING OFFICER:** Strategic Director, Corporate and Resources

**SUBJECT:** Public Question Time

**WARD(s):** Borough-wide

### **1.0 PURPOSE OF REPORT**

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

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

**2.0 RECOMMENDED: That any questions received be dealt with.**

### **3.0 SUPPORTING INFORMATION**

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

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

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

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

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

#### **4.0 POLICY IMPLICATIONS**

None.

#### **5.0 OTHER IMPLICATIONS**

None.

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

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

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

6.3 **A Healthy Halton** – none.

6.4 **A Safer Halton** – none.

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

#### **7.0 EQUALITY AND DIVERSITY ISSUES**

7.1 None.

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

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

**REPORT TO:** Safer Policy and Performance Board  
**DATE:** 15 January 2013  
**REPORTING OFFICER:** Strategic Director, Communities  
**PORTFOLIO:** Communities  
**SUBJECT:** Rape and Sexual Assault Support Centre (RASASC)  
**WARDS:** All

## **1.0 PURPOSE OF REPORT**

- 1.1 To inform members of the advice, support and counselling services offered through RASASC for the benefit of men, women and young people affected by any form of sexual violence

## **2.0 RECOMMENDATION That members of the Board consider and comment on any aspect of this report.**

## **3.0 SUPPORTING INFORMATION**

- 3.1 The Safe Place Project successfully set up a Sexual Assault Referral Centre (SARC) for Cheshire, Halton and Warrington. SARC's are a national initiative and care for people who have suffered rape or serious sexual assault. The crisis service went live on 1 April 2011 and is located at St Mary's Hospital in Manchester and provided by Central Manchester University Hospitals NHS Foundation Trust.

The aftercare service is provided by the Rape and Sexual Abuse Support Centre. The Pan-Cheshire aftercare service is funded 50% by the local authorities and went live on 1 October 2010 covering Cheshire, Halton and Warrington.

- 3.2 The SARC is a dedicated facility staffed by specialist medical personnel and experienced support staff who provide crisis and aftercare services to anyone who has been raped or experienced serious sexual abuse whether now or in the past.

The SARC provide a comprehensive and co-ordinated forensic and counselling service to men, women and children.

The service includes

- Immediate crisis support
- A forensic medical examination
- Emergency contraception and pregnancy testing
- Information relating to infection and sexually transmitted diseases

- Support through the criminal Justice system
  - One to one counselling
  - 24 hour advice and information line
- 3.3 RASASC is the aftercare service offered to those aged 13 plus in Halton who have experienced sexual violence. RASASC accept self-referrals as well as referrals from other agencies.
- 3.4 The Independent Sexual Violence Advocates (ISVA's) are specially trained to work sensitively and support those who have experienced the trauma of rape or sexual assault, assisting them to consider several issues including:
- Reporting the incident to the police
  - Preservation of forensic evidence
  - Risk of HIV and access to early treatment intervention
  - Risk of sexually transmitted infections
  - Risk of pregnancy

The ISVA will help with health issues, such as GUM appointments as well as liaising with other social support agencies as required. They will provide advocacy and support through reporting to the Police and with any subsequent legal proceedings. As well as providing individuals with emotional support.

- 3.5 Individuals who have been affected by sexual violence may experience a wide range of short and/or long term emotional and physical effects which can have a negative impact upon their lives.

People respond to rape and sexual assault or abuse in many ways – these could include a sense of being numb; feeling of rage or anger; a sense of fear; confusion; guilt; and/or many other emotions. Physical effects may include injuries to the body; pregnancy; sexually transmitted diseases; etc.

Sexual violence can impact upon how individuals see themselves and how they relate to others. Each person has their own way of coping there is no right or wrong way to react to sexual violence.

- 3.6 RASASC offer a range of services including: Counselling; ISVA Support; Group work; Young Peoples Service; Confidence Building Courses; Advise; Information and Advocacy.

- 3.7 During the period 1<sup>st</sup> April 2012 – 28<sup>th</sup> September 2012 Halton RASASC received 95 new referrals, with 15 of those under the age of 17.

All SARC clients contacted within 24 hours of referral; all other clients contacted within 72 hours of referral. Where phone contact could not be made, a letter was sent to the client therefore the longest wait time for contact would be between 3-5 days.

74 initial meetings were arranged – 14 of the meetings were cancelled by



clients and rebooked with a DNA figure of 15.

ISVA hours for this quarter were 390; counselling hours were 353.

#### **4.0 POLICY IMPLICATIONS**

4.1 There are no policy implications contained within this report.

#### **5.0 IMPLICATIONS FOR THE COUNCILS PRIORITIES**

##### **5.1 A Healthy Halton**

To remove barriers that disable people and contribute to poor health by working across partnership to address the wider determinants of health such as unemployment, education and skills, housing, crime and environment.

Examples:

1. Preventable cause of death
2. Preventable cause of infant mortality
3. Preventable cause of mental health
4. Preventable cases presenting at A & E

##### **5.2 Employment, Learning and Skills in Halton**

To maximise an individual's potential to increase and manage their income and manage their income, including access to appropriate, supportive advice services assisting victims to develop better financial management skills and to address debt through appropriate sign posting.

##### **5.3 Children and Young People in Halton**

Children and young people in Halton are emotionally, physically and sexually healthy and Children and young people will feel safe at home, in school and in their communities. For example, ensuring homes are healthy safe environments through offering support to parents and providing access for aftercare support for victims of sexual violence whether a child or young person.

##### **5.4 A Safer Halton**

To understand and tackle the problem of domestic abuse and sexual violence in all its forms. For example, through ensuring adult victims have access to protective and supportive measures and the subsequent impact on the environment with regards to crime and ASB.

#### **6.0 RISK ANALYSIS**

6.1 It is important that the council continue to support after care service provision for individuals who have suffered the trauma of rape and/or sexual violence within Halton and continue to meet the needs of the

borough.

**7.0 FINANCIAL IMPLICATIONS**

7.1 No financial implications to note within this report.

**8.0 EQUALITY AND DIVERSITY ISSUES**

8.1 RASASC are fully committed to equal opportunities through all aspects of their work. The Organisation strives to create an inclusive and accessible environment that actively promotes an ethos of appreciating difference. RASASC are committed to challenging the myths and stereotypes, aiming to work in an anti-discriminatory way at all times.

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

9.1 None under the meaning of the Act

**REPORT TO:** Safer Policy and Performance Board

**DATE:** 15th January 2013

**REPORTING OFFICER:** Strategic Director Policy & Resources

**PORTFOLIO:** Resources

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

**WARDS:** Boroughwide

#### **1.0 PURPOSE OF REPORT**

**1.1** To consider and raise any questions or points of clarification in respect of performance management for the second quarter to September 2012.

**1.2** The report details progress against service objectives/ milestones and performance targets, and describes factors affecting the service for the below service areas within the remit of the Safer Policy & Performance Board:

- Communities Directorate – Community Safety, Drug & Alcohol Action Teams, Domestic Violence and Environmental Health ; and
- Area Partner indicators from the Police, Fire and Probation Services are stated where available.

Structured by key priorities as stated in section 3.2 below.

#### **2.0 RECOMMENDED: That the Policy and Performance Board**

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

#### **3.0 SUPPORTING INFORMATION**

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

3.2 In line with the revised Council's Performance Framework for 2012/13 (approved by Executive Board in 2012/13), the Policy and Performance Board has been provided with a Safer Priority Based report; which identifies the key issues arising from the performance in Quarter 2. This has been structured using the below priorities and key areas of focus, as stated in the Directorate Plan for 2012-15:

- Community Safety;
- Safeguarding & Dignity (including Consumer Protection and Substance Misuse); and
- Domestic Violence

3.3 The full Departmental quarterly reports are available on the Members' Information Bulletin to allow Members access to the reports as soon as they have become available within six weeks of the quarter end. This also provides Members with an opportunity to give advance notice of any questions, points or requests for further information that will be raised to ensure the appropriate Officers are available at the PPB meeting. The Departmental quarterly monitoring reports are also available via the following link

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

#### **4.0 POLICY IMPLICATIONS**

4.1 There are no policy implications associated with this report.

#### **5.0 OTHER IMPLICATIONS**

5.1 There are no other implications associated with this report.

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

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

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

#### **7.0 RISK ANALYSIS**

7.1 Not applicable.

**8.0 EQUALITY AND DIVERSITY ISSUES**

8.1 Not applicable.

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

9.1 There are no background papers relevant to this report.

## Safer Policy & Performance Board Priority Based Report

**Reporting Period:** Quarter 2 – Period 1<sup>st</sup> April 2012 to 30<sup>th</sup> September 2012

### 1.0 Introduction

This report provides an overview of issues and progress against key service area objectives and milestones and performance targets during the second quarter of 2012/13; for service areas within the remit of the Safer Policy and Performance Board.

The report has been structured by the following key priorities for Safer PPB, as identified in the Directorate and Corporate Plans:

- Community Safety
- Safeguarding and Dignity (including Consumer Protection and Substance Misuse)
- Domestic Violence

The way in which the Red, Amber and Green, (RAG), symbols have been used to reflect progress to date is explained at the end of this report.

### 2.0 Key Developments

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

#### **The Integrated Safeguarding Unit**

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

The Safeguarding Annual Report, describing how organisations and individuals across all sectors are working together to safeguard vulnerable people has been published. As well as reporting on the HSAB's work over the past twelve months, the Annual Report explains the national context in which we are all currently operating and lists the Board's priorities for the coming year.

#### **Safe Around Town**

Safe in Town is a scheme which has been developed by the Council to ensure vulnerable people feel safe and confident in our shopping centres. The whole idea is that individuals will be able to access help quickly if and when it is needed. The scheme will offer telephone facilities to vulnerable people who are in trouble or distress around town.

Shops and businesses will display window stickers to show that they are part of the scheme. Users of the scheme will carry key contact numbers on cards. The scheme's logo has been agreed by Halton's People's Cabinet.

### **Scrutiny Review – Domestic Abuse**

Domestic abuse options have been considered by the Topic Group and a report will then go to the PPB, and then onto Executive Board for final approval.

### **Public Health**

The Public Health function will be fully operational in Halton Borough Council post April 2013; it is now established in shadow format. A self-assessment report has been submitted to the Local Government Association. A Memorandum of Understanding between Public Health and Halton Clinical Commissioning Group (CCG) has been agreed to support Halton CCG. A Memorandum of Understanding is also being established with Merseyside Commissioning Unit for support they will provide to Halton Public Health Team in terms of health information. Emergency planning testing has commenced. Legacy documents are being produced.

### **Environmental Health**

The Food Standards Agency is reviewing how local authorities and port health authorities undertake activities to monitor and secure business compliance with food law. The review will evaluate how effective the current delivery model is and consider the scope for making improvements. The Food Standards Agency (FSA) are gathering evidence to assess the current system. An initial report is due in March 2013 with consultation on options between September 2013 and March 2014. Any implementation phase would begin in April 2014.

## **3.0 Emerging Issues**

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

### **Thresholds Guidance**

Since its establishment, the Integrated Safeguarding Unit (ISU) have developed an operational Thresholds Guidance document. This guidance is directed at providers/practitioners and aims to ensure all adult protection issues and concerns are reported and investigated at the appropriate level and to broker consistency of approach across agencies. New documentation for investigating cases has been created and is currently being benchmarked against recent cases to ensure it is fit for purpose prior to being approved. Implementing this guidance will help to strengthen procedures, promote consistency of approach across all agencies as well as ensuring the ISU are fully informed of all safeguarding investigations to enable thorough monitoring to take place.

### **Environmental Health**

From April 2013 the Government intends to formalise changes to both Health & Safety Executive (HSE) and local authorities in relation to regular health & safety inspections. These changes include programmed inspections in high risk businesses or businesses involved in accidents or poor performance only. This forms part of the Government 'Red Tape Challenge' to slash the burden of legislation on businesses. In practice, all inspections and action is already risk based and prioritised on this basis.

The focus in health & safety planning in recent years has already moved away from blanket programmed inspections in lower risk premises to projects lead nationally by the HSE or by

local issues and needs, high risk inspections and the investigation of accidents or complaints received about health & safety problems.

#### **4.0 Risk Control Measures**

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

As a result, monitoring of all relevant 'high' risks has been undertaken and progress reported against the application of the risk treatment measures. This is included in each of the quarterly monitoring reports by Department. No high risks were identified for areas falling within the remit of this PPB, where progress is uncertain or not met for each of the high risks.

#### **5.0 Progress against high priority equality actions**

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

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




## 6.0 Performance Overview

The following information provides a synopsis of progress for both milestones and performance indicators across the key priorities that have been identified for Safer PPB, as stated in the Directorate and Corporate Plans.

### 1 COMMUNITY SAFETY (P McW)











#### Key Objectives / Milestones





Ref	Milestones	Q2 Progress
CCC1	Review Community Safety Team in line with reductions in funding arrangements <b>Mar 2013</b> (AOF9 & 11)	

#### Supporting Commentary

The review has been completed and approved by the Council's Executive Board on 12<sup>th</sup> July, 2012. This means that the service is now well positioned to deliver the Councils' objectives and fit for purpose ahead of the appointment of the Police Crime Commissioner in the Autumn of 2012.

#### Key Performance Indicators

Ref	Measure	11/12 Actual	12/13 Target	Q2	Current Progress	Direction of travel
CCC 24 SCS / HH1a & SH10	Reduce Alcohol related hospital Admissions (Previously NI 39) (per 100,000 population)	2922.4	3027	1297.8 Sept 2012		
CCC 25 (SCS / SH1)	Reduce the Actual Number of ASB incidents recorded by Cheshire Police broken down in youth and adult incidents (Previously NI 17)	7434	8463	3710		
CCC 26 SCS / SH2	Arson incidents (Previously NI 33 - Total deliberate fires per 10,000 population)	46.77	41.72	16.37		
CCC 33 SCS / SH11	Reduce the re-offending rates of repeat offenders (RO's in the Navigate IOM Scheme – NEW) (Formerly NI 30) PPO – Priority offenders RO – Repeat offenders	PPO: 77.13% reduction RO: 36.73% reduction Shift in offence type	To maintain & reduce offending rates for PPO:40% reduction and RO's:4% reduction	PPO: 85.52% reduction RO: 60.38% reduction		
CCC 34 SCS / SH13	Reduce the use of custody (Ministry of Justice proposal) (New measure)	11	To maintain or improve on 2011/12 outturn 11	4		

Ref	Measure	11/12 Actual	12/13 Target	Q2	Current Progress	Direction of travel
CCC 35 SCS / SH14	Reduce the proportion of individuals within the navigate cohort whose offending is substance misuse related. (New measure)	New measure	Target to be set once baseline established	Refer to comment	Refer to comment	N/A
CCC 36 SCS / SH16	Reduce Serious acquisitive crime rate (per 1000 population) (Previously NI 16) from: <ul style="list-style-type: none"> <li>• Domestic Burglary</li> <li>• Theft of motor vehicle</li> <li>• Theft from motor vehicle</li> <li>• Robbery (personal and business)</li> </ul>	1548 (rate 13.10 per 1,000)	1652	568 (4.81 rate per 1000)		
CCC 37 SCS / SH17	New Revised Measure: Assault with injury crime rate (per 1000 population) (Previously NI 20)	804 (6.8 rate per 1,000)	1074	378 (3.2 rate per 1000)		

### Supporting Commentary

**CCC24** – At the end of September alcohol admissions were fewer than expected 1297.8, rate per 100,000 compared to 1440.9 at the same time last year.

**CCC25** – During April to September 2012 a total of 3710 incidents relating to Anti-Social Behaviour were reported to Cheshire Constabulary from the Halton Area equating to a 3.3% reduction when compared to the same period during the previous year (3836 to 3710).

**CCC26** – The direction of travel for deliberate fires in Halton is positive, with projected year-end figures suggesting outturn positively below target by at least 10%. This trend continues across the whole of Cheshire and can, in part, be contributed to poor weather conditions recently.

**CCC33** – Data available one quarter in arrears from the Cheshire Constabulary Data Delivery team, thus position at 30<sup>th</sup> June is stated.

**CCC34** – The YOT submits data following the Youth Justice Board data guidance and Quarter 2 data will be submitted at the end of October 2012. However for the period 1<sup>st</sup> July to 31<sup>st</sup> August, 2 young people from Halton were sentenced to custody. We are working with accommodation provider staff in terms of ensuring young people have appropriate accommodation in the community. All YOT staff are trained in court procedures and we enjoy a very good working relationship with our local courts.









**CCC35** – New measure to monitor the navigate cohort whose offending is substance misuse related. This service due to commence in February 2012 and data to support the measurement of this outcome is in the process of being identified.












**CCC36** – The cumulative figure for the period April 2012 to September 2012 is 4.81 for Halton per 1,000 population which equates to 568 incidents, of which; 340 incidents were in Widnes and 228 incidents in Runcorn. Compared to Q2 last year the serious crime rate has decreased from 6.41, showing a steady improvement.

**CCC37** – The cumulative Assault with injury Crime rate for the period April 2012 to September 2012 is 3.20 for Halton per 1,000 population which equates to 378 incidents, of which; 183 incidents were in Widnes and 195 incidents in Runcorn. Compared to Q2 last year the cumulative figure for Assault with Injury crime has reduced from 439 incidents to 378, showing a steady improvement.

## 2 SAFEGUARDING AND DIGNITY (SWB, PMcW)

### Key Performance Indicators

Ref	Measure	11/12 Actual	12/13 Target	Q2	Current Progress	Direction of travel
<b>PA 5</b>	Percentage of VAA Assessments completed within 28 days (Previously PA 8)	85.78%	82%	81.94%		
<b>PA 6</b>	Percentage of VAA initial assessments commencing within 48 hours of referral(Previously PA 9)	84.80%	64%	75.68%		
<b>PA 8</b>	Percentage of existing Halton BC Adult Social Care staff that have received Adult Safeguarding Training, including e-learning, in the last 3-years. (Previously PA 11)	46%	48%	43%		N/A
<b>PA 9</b>	Number of Halton BC Adult Social Care staff that have received Adult Safeguarding Training, including e-learning (Previously PA 12)	127	130	70		N/A
<b>PA 10</b>	Number of external Adult Social Care Staff that have received Adult Safeguarding Training, including e-learning (Previously PA 13)	581	250	186		N/A
PA 22	The Proportion of People who use services who feel safe – Adult Social Care Survey (ASCOF 4A) (Previously PA 35)	66.2%*	54%	Reported annually (2011/12 outturn)*	N/A	

Ref	Measure	11/12 Actual	12/13 Target	Q2	Current Progress	Direction of travel
PA 23	The Proportion of People who use services who say that those services have made them feel safe and secure – Adult Social Care Survey (ASCOF 4B Previously PA 36)	79.1%*	79.1%	Reported annually (2011/12 outturn)*	N/A	
<b>PA 25</b>	a) % of scheduled Local Air Pollution Control audits carried out	81%	93%	37%		N/A
	b) % of Local Air Pollution Control Audits being broadly compliant.  (Previously PA 18)	85%	78%	88%		N/A
<b>PA 27</b>	<b>a)</b> % of high risk Health & Safety inspections undertaken <b>b)</b> Number of unrated premises (and premises not currently high risk) subject to targeted interventions and risk rated under new statutory risk rating system (Previously PA 20)	100%	100%	Reported annually		
		268	200	Reported annually		
<b>PA 28</b>	Placeholder: Overarching Trading Standards Measure (TBC)	New measure	New measure	Refer to comment	N/A	N/A
CCC 29 SCS / SH7a & HH 12	Increase the % successful completions (Drugs) as a proportion of all in treatment 18+ (New measure)	13%	14.9% (Above NW Average)	12%		
CCC 30 SCS / SH7b & HH12	Increase the % successful completions (Alcohol) as a proportion of all in treatment 18+ (New measure)	New measure	Target to be set once baseline established in 2012/13	N/A	N/A	N/A
CCC 31 SCS / SH8a	Reduce the number of individuals re-presenting within 6 months of discharge (Drugs) (New measure)	11%	13.1%	5.9%		

Ref	Measure	11/12 Actual	12/13 Target	Q2	Current Progress	Direction of travel
CCC 32 SCS / SH8b	Reduce the number of individuals re-presenting within 6 months of discharge (Alcohol) (New measure)	New measure	Target to be set once baseline established	N/A	N/A	N/A

### Supporting Commentary

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

**PA 6** - This target has been exceeded.

**PA 8** - This information is obtained by matching the Communities Directorate Staffing list to training records to determine the percentage receiving training. Training includes: Safeguarding Referrers (7 sessions delivered), Investigators (2 sessions delivered), Chaining Skills (sessions planned for 2<sup>nd</sup> part of the year) & Basic Awareness via e-learning. This was a new indicator last year therefore no comparable data available.

**PA 9** - Obtained 2012-13 training registers to date and produced e-learning report, identified HBC staff that have attended courses or completed the e-learning. Training includes, Safeguarding Referrers, Investigators, Chaining Skills & Basic Awareness via e-learning. All HBC Services areas are accessing this training.

**PA10** - Obtained 2012-13 training registers to date and produced e-learning report, identified external staff that have attended courses or completed the e-learning. Training includes, Safeguarding Referrers, Train the Trainer & Basic Awareness via e-learning. Providers that have accessed the training during this period included:

5 Boroughs NHS Foundation Trust	Just Care	Ryan Care
Arena Housing Options	Lilycross	United Response
Croftwood	Liverpool Housing Trust	HBC - Sure Start to Later Life
Halton Goals	Millbrow	Home Instead Senior Care
Halton MIND	PSS (Personal Service Society)	Homecare Support
HBC - Agency Temp (over 12 wks in placement)	RARS	
HBC - Student Social Worker	Riverside Housing	

**PA 22** - Performance increased from 2010/11 51.3% to 2011/12, 66.2% of those who responded to the Adult Social Care survey in 2011/12 reported 'I feel as safe as I want'.

**PA 23** - 79.1% of those who responded to the Adult Social Care survey for the first time in 2011/12 reported that support services helped them to feel safe. This indicator reflects directly whether the support services that Halton Borough Council provides has an impact on an individual's safety. This is in comparison to PA21 which is a general measure of whether an individual feels safe – which could be as a result of a multitude of factors. A higher figure is better.

**PA 25** – The % of audits carried out is slightly below target. Work on going to ensure target is achieved. This was a new indicator during 2011/12 and was reported annually, so there is no comparable data. However, it will now be monitored quarterly.

**PA26** - This is an annual measure and progress is reported at end of the year. However, from inspections undertaken to date, we are on target to ensure food establishments in the area are broadly compliant with food hygiene law.

**PA27** - This is an annual measure and progress is reported at the end of the year. However, from inspections undertaken to date, we are on track to achieve the target by year end.

**PA28** - Measure under discussion with the Department.

**CCC29** – Latest data is rolling 12 months to August 2012. Due to the low number of discharges in the last quarter of 2011/12 (handover to new Service Provider), the percentage is below target. The number of successful completions would need to increase from 68 to 85/568 (+17) in order to achieve the target percentage. This compares to Q2 2011/12 where the discharge rates were 14.18% from the NTA April – Sept 2011. Thus, it is uncertain at this stage if the target will be achieved due to the low numbers discharged to date.



**CCC30** – Data not available in this format, however, work is underway to develop datasets in line with local and national treatment agency requirements.

**CCC31** - Latest data is rolling 12 months to August 2012. 0/13 Problem Drug User opiates (PDU) and only 2/21 non PDU represented during this period, making 2/34 (5.9%) in total. Due to the low numbers involved, an increase of one in the overall total would result in the percentage figure increasing from 5.9% to 8.8%, compared to higher number in 2011/12.

**CCC32** – Data not available in this format, however, work is underway to develop datasets in line with local and national treatment agency requirements.

### 3 DOMESTIC VIOLENCE (PMcW)

#### Key Objectives / Milestones

Ref	Milestones	Q2 Progress
CCC1	Conduct a review of Domestic Violence Services to ensure services continue to meet the needs of Halton residents <b>Mar 2013</b> (AOF11)	
CCC1	Introduce specialist support provision for victims of a serious sexual offence <b>Mar 2013</b> (AOF11)	

#### Supporting Commentary

##### Review of Domestic Violence Services

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

##### Sexual Assault Referral Centre

The Cheshire SARC is the result of discussions between key agencies as to how best to provide high quality care and services to victims of rape and sexual assault living in the

area. The service is funded jointly between the Cheshire Constabulary, local authorities and Primary Care Trusts.


The Cheshire SARC service is being jointly delivered by the St Mary's SARC in Manchester together with Rape and Sexual Abuse Support Centre (RASASC) in Cheshire. St Mary's SARC provides forensic examinations for clients of all ages while RASASC provides aftercare services for those aged 13 and over including counselling, support and access to an Independent Sexual Violence Advisor (ISVA) who provides support through the criminal justice system. Children under the age of 13 and their families receive support from the SARC Child Advocate and the NSPCC in Cheshire. RASASC continue to provide ISVA services to those over the age of 13 with effective referral pathways and communication between the SARC and RASASC ISVAs.

The commissioning arrangements include provision of Child Advocacy services to support children and families. The NSPCC offers a therapeutic service to children under the age of 13 where required locally in Cheshire.

Client feedback has been overwhelmingly positive, with little concern in relation to distance to attend the SARC. The majority of referrals are via the police and feedback from police officers on the service has also been positive. There have been occasional access issues at peak times. A double rota of doctors and crisis workers has been established at peak times to reduce waiting times for examination services.

RASASC have received 38 new referrals have been made this quarter, with 9 of those under the age of 17. All SARC clients contacted within 24 hours of referral; all other clients contacted within 72 hours of referral. Where phone contact could not be made, a letter was sent to the client therefore the longest wait time for contact would be between 3-5 days. The longest waiting time for initial meeting has been three weeks due to client being on holiday. 19 initial meetings were completed – 17 of the meetings were cancelled by clients and rebooked with a total of 16 failing to attend altogether. ISVA hours for this quarter were 142; counselling hours were 194.

### Key Performance Indicators

Ref	Measure	11/12 Actual	12/13 Target	Q2	Current Progress	Direction of travel
CCC 28 SCS / SH6	Reduce repeat incidents of domestic abuse within the MARAC Cohort (Formerly NI 32)	27.6%	27%	34%	?	

### Supporting Commentary

**CCC28** – Halton MARAC has a current rolling NI 32 performance level of 34% compared with 26% in quarter 2 last year. 76 cases were discussed in quarter 2 compared to the same period last year (65) with 30 repeats seen this quarter compared to 20 in Q2 last year. The number of children involved - 105 this quarter is 29% higher than the 81 recorded in Q2 last year.

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

## 7.0 Financial Statements

### Commissioning and Complex Care

#### Revenue Budget as at 30th September 2012

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

**Comments on the above figures:**



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

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

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

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

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

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

### **Capital Projects as at 30th September 2012**

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

## Prevention and Assessment Services

Revenue Budget as at 30th September 2012

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

Comments on the above figures:

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

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

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

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

### Contribution to Intermediate Care Pooled Budget

#### Revenue Budget as at 30<sup>th</sup> September 2012

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




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

#### **Comments on the above figures:**

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




## 8.0 Explanation of Symbols

Symbols are used in the following manner:

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

### Direction of Travel Indicator

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

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

### Operational Director Initials

**PMcW** - Paul McWade – Operational Director Commissioning & Complex Care  
**SWB** - Sue Wallace Bonner – Operational Director Prevention and Assessment

**REPORT TO:** Safer Policy & Performance Board  
**DATE:** 15 January 2013  
**REPORTING OFFICER:** Strategic Director Policy & Resources  
**PORTFOLIO:** Resources  
**SUBJECT:** Business Planning 2013-2016  
**WARDS:** Borough wide

1. **PURPOSE OF THE REPORT**

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

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

3. **SUPPORTING INFORMATION**

- 3.1 Each Directorate of the Council is required to develop a medium term business plan, in parallel with the budget, that is subject to annual review and refresh.

- 3.2 PPB input to the business planning process and the setting of priorities for the Directorate is an important part of this process. Key priorities for development or improvement in 2013-16 were agreed by Members at a briefing meeting on 13<sup>th</sup> November 2012. These are:

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

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

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

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

#### **4.0 POLICY IMPLICATIONS**

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

#### **5.0 OTHER IMPLICATIONS**

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

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

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

#### **7.0 RISK ANALYSIS**

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

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

## **8.0 EQUALITY AND DIVERSITY ISSUES**

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

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

9.1 There are no relevant background documents to this report.



**Communities  
Directorate**

**DRAFT  
DIRECTORATE PLAN**

**April 2013 to March 2016**



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## 1.0 FOREWORD

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

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

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

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

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

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

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

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



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

Dwayne Johnson  
Strategic Director, Communities Directorate

## 2.0 INTRODUCTION

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

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

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

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

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

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

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

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

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

### 3.0 KEY MESSAGES

#### Overall Directorate Strategic Direction

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

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

#### Strategic priorities and challenges facing the Directorate

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

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

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

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

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

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

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

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

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

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

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

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

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

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

### 3.1 **Prevention and Early Intervention**

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

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

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

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

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

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

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

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

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

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

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

### 3.4 **Public Health**

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

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

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

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

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

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

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

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

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

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

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

### 3.5 Safer Halton Priorities

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

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

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



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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

### 3.7 **Enhancing Residents' Quality of Life**

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

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

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

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

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

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

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

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

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

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

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

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

#### 4.0 FACTORS AFFECTING THE DIRECTORATE

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

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

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

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



## 5.0 ORGANISATIONAL INITIATIVES

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

### 5.1 Equality, Diversity and Community Cohesion

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

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

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

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

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

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

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

## 5.2 Environmental Sustainability

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

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

The GHG emissions figure for 2011/12 was 23,917 tonnes CO<sub>2</sub> which was a 7.3% reduction on the 2010/11 figure. This total figure breaks down as follows:-

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

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

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

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

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

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

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

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

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

### 5.3 Risk Management

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

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

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

### 5.4 Arrangements for managing Data Quality

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

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

- 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 as far as is possible.

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

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

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

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

## **6.0 ORGANISATIONAL & DIRECTORATE STRUCTURE**

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

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

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

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

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

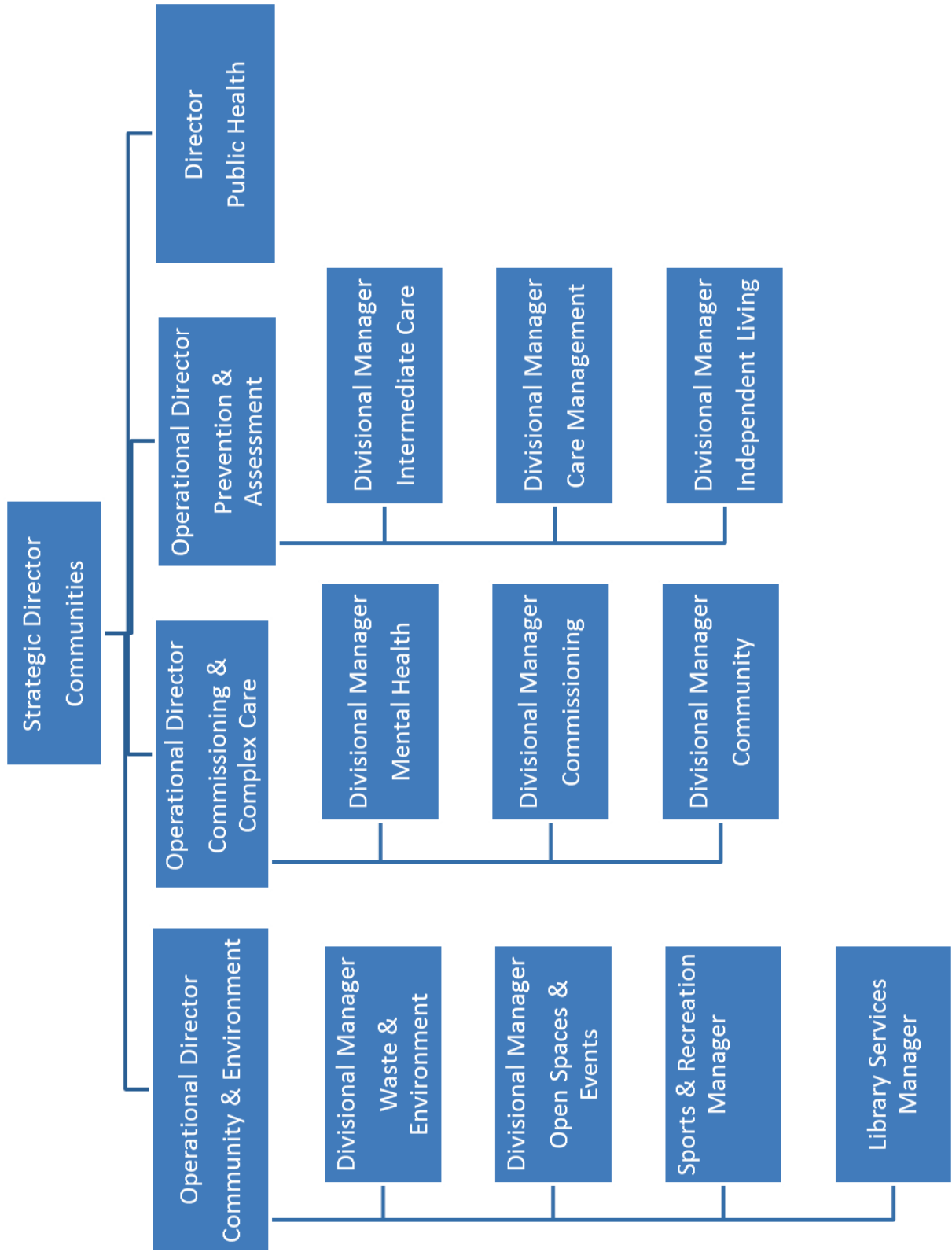
Lead Officers are identified to drive and direct corporate initiatives to bring together elements of the Councils activities which, for the purposes of day to day management, may sit within all or any of the different Directorates.

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

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

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

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



## ***Who are the services for?***

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

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

## ***What are we for?***

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

### **6.1 Community and Environment Services**

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

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

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

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

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

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

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

### **6.2 Commissioning and Complex Needs**

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

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

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

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

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

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

### **6.3 Prevention and Assessment Department**

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

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

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

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



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

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

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

### **6.4 Public Health**

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

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

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

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

<b>7.0 RESOURCES</b>
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## 7.1 Budget Summary &amp; Service Costs

**COMMUNITIES DIRECTORATE**  
Revenue Budget 2013-14

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

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

**COMMUNITIES DIRECTORATE**  
**Revenue Budget 2013-14 – Departmental Analysis**

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

**COMMUNITIES DIRECTORATE**  
**Capital Programme 2013-14**

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

## 7.2 Human Resources

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

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

## 7.3 ICT Requirements

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

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

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

## **7.4 Property Requirements**

The Property requirements/developments across the Directorate include:-

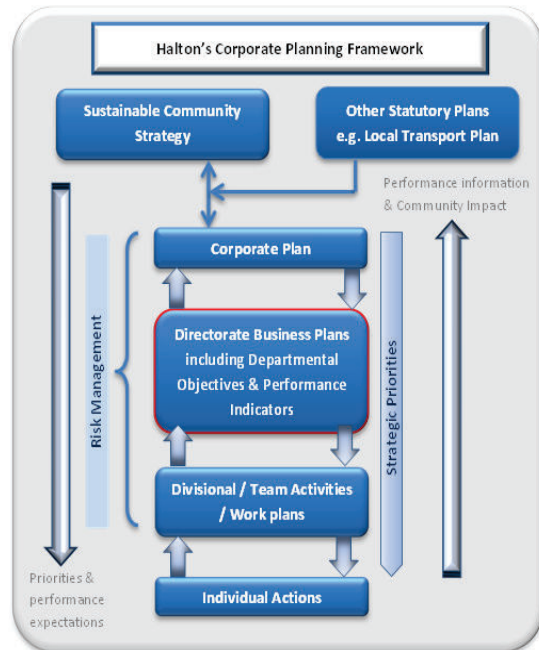
- Widnes Cemetery has only 5 years capacity remaining and existing cremators are now life-expired. Extra capacity (15 years) has been created at Runcorn through an extension of the existing facility. Following the work carried out by a working group a site has been identified for a new cemetery at Widnes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

## 8.0 BUSINESS PLANNING

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

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

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



### Performance Monitoring and Reporting

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

As a result Departmental progress will be monitored through:

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

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

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

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

**Community & Environment Services**

**Service Objectives/Milestones/Performance Indicators:**

**2013 – 2016**

**DRAFT**

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



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

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

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

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

<b>Corporate Priority</b>	<b>Environment and Regeneration in Halton</b>					
<b>Key Area Of Focus</b>	<p><b>AOF 18</b> – Provide a high quality built environment that is sustainable, affordable and adaptable to meet the needs and aspirations of all sections of society.</p> <p><b>AOF 19</b> – Conserve, manage and enhance public spaces for leisure and recreation and foster conservation by protecting key areas</p>					
<b>Service Objective:</b>	<b>CE 5 - Continue to improve Parks, Sports Grounds, Open Spaces and Local Nature Reserves.</b>					
Key Milestone(s) (13-14)	<ul style="list-style-type: none"> <li>• Runcorn Hill Park (Parks for People bid) – Deliver project (Subject to success of second round) - <b>March 2014</b>.</li> <li>• Woodland Expansion - Additional 200m<sup>2</sup> of Woodland planted Borough wide - <b>March 2014</b>. Create a new cemetery in Widnes, <b>March 2014</b>.</li> </ul>					
Key Milestone(s) (14-15)	<ul style="list-style-type: none"> <li>• Woodland Expansion - Additional 200m<sup>2</sup> of Woodland planted Borough wide - <b>March 2015</b>.</li> </ul>					
Key Milestone(s) (15-16)	<ul style="list-style-type: none"> <li>• Woodland Expansion - Additional 200m<sup>2</sup> of Woodland planted Borough wide - <b>March 2016</b>.</li> </ul>					
<b>Risk Assessment</b>	<b>Initial</b>	Medium	<b>Responsible Officer</b>	Divisional Manager Open Space Services	<b>Linked Indicator(s)</b>	CE LI 13, 18, 19, 20
	<b>Residual</b>	Low				

<b>Corporate Priority</b>	<b>Environment and Regeneration in Halton</b>					
<b>Key Area Of Focus</b>	<b>AOF 20</b> – Improve environmental quality by tackling climate change, minimising waste generation and maximising reuse, recycling, composting and energy recovery.					
<b>Service Objective:</b>	<b>CE6 Implementation of actions to ensure the Council achieves its targets and objectives relating to waste and climate change.</b>					
Key Milestone(s) (13-14)	<ul style="list-style-type: none"> <li>Implement new operational arrangements as determined by the outcome of the review of waste and recycling collection systems - <b>September 2012.</b></li> <li>Continue to assess the waste and recycling operations and review relevant policies to ensure that all financial and service related targets are met. <b>March 2014.</b></li> <li>Continue to review and assess the effectiveness of projects and initiatives to help improve energy and efficiency and reduce CO<sub>2</sub> emissions. <b>March 2014.</b></li> <li>Develop and publish a Waste Communications Plan and implement actions arising from the Plan - <b>March 2014.</b></li> </ul>					
Key Milestone(s) (14-15)	<ul style="list-style-type: none"> <li>Continue to review and assess the effectiveness of projects and initiatives to help improve energy efficiency and reduce CO<sub>2</sub> emissions - <b>March 2015.</b></li> <li>Develop and publish a Waste Communications Plan and implement actions arising from the Plan - <b>March 2015.</b></li> </ul>					
Key Milestone(s) (15-16)	<ul style="list-style-type: none"> <li>Continue to review and assess the effectiveness of projects and initiatives to help improve energy efficiency and reduce CO<sub>2</sub> emissions - <b>March 2016.</b></li> <li>Develop and publish a Waste Communications Plan and implement actions arising from the Plan - <b>March 2016.</b></li> </ul>					
<b>Risk Assessment</b>	<b>Initial</b>	Medium	<b>Responsible Officer</b>	Divisional Manager Waste & Environmental Services	<b>Linked Indicator(s)</b>	CE LI 14, 15, 16
	<b>Residual</b>	Medium				

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

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



**Cost & Efficiency**

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

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

**Service Delivery**

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

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

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

# **Commissioning & Complex Care Services**

## **Service Objectives/Milestones/Performance Indicators:**

**2013 – 2016**

**DRAFT**

## Departmental Service Objectives

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

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

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

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

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

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



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

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

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

<b>Risk Assessment</b>	Initial	Medium	<b>Linked Indicators</b>	CCC1
	Residual	Low		

## Departmental Performance Indicators

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

### Cost & Efficiency

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

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

<sup>1</sup> Key Indicators are identified by an **underlined reference in bold type**.

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

**Service Delivery**

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

<sup>2</sup> Key Indicators are identified by an **underlined reference in bold type**.

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

**Fair Access**

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

<sup>3</sup> Key Indicators are identified by an **underlined reference in bold type**.

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

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

<sup>4</sup> Key Indicators are identified by an **underlined reference in bold type**.

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

<sup>5</sup> Key Indicators are identified by an **underlined reference in bold type**.



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

# **Prevention & Assessment Services**

## **Service Objectives/Milestones/Performance Indicators:**

**2013 – 2016**

**DRAFT**

## Departmental Service Objectives

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

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

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

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

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

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

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

## Departmental Performance Indicators

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

### Cost and Efficiency

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

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

<sup>6</sup> Key Indicators are identified by an **underlined reference in bold type**.

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

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

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

<sup>8</sup> Key Indicators are identified by an **underlined reference in bold type**.

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



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

### Service Delivery

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

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

<sup>9</sup> Key Indicators are identified by an **underlined reference in bold type**.

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

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

### Quality

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

<sup>10</sup> Key Indicators are identified by an **underlined reference in bold type**.

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

# **Public Health**

## **Key Priorities/Milestones/Performance Indicators:**

**2013 – 2016**

**DRAFT**

## Departmental Service Objectives

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

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

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

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

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

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

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

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

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



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

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

## Departmental Performance Indicators

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

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

<sup>12</sup> Key Indicators will identified by an **underlined reference in bold type**.

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

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

<sup>13</sup> Key Indicators will identified by an **underlined reference in bold type**.

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

**Outcomes**

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

<sup>14</sup> Key Indicators will identified by an **underlined reference in bold type**.

## NATIONAL POLICY GUIDANCE/DRIVERS

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

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

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

**REPORT TO:** Safer Policy & Performance Board

**DATE:** 15 January 2013

**REPORTING OFFICER:** Strategic Director Policy & Resources

**PORTFOLIO:** Resources

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

### **1.0 PURPOSE OF REPORT**

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

### **2.0 RECOMMENDED THAT:**

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

### **3.0 SUPPORTING INFORMATION**

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

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

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

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



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

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

#### **4.0 CONCLUSION**

- 4.1 The Sustainable Community Strategy for Halton, and the performance measures and targets contained within it will remain central to the delivery of community outcomes. It is therefore important that we monitor progress and that Members are satisfied that adequate plans are in place to ensure that the Council and its partners achieve the improvement targets that have been agreed.

## **5.0 POLICY IMPLICATIONS**

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

## **6.0 OTHER IMPLICATIONS**

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

## **7.0 IMPLICATIONS FOR THE COUNCIL'S PRIORITIES**

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

## **8.0 RISK ANALYSIS**

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

## **9.0 EQUALITY AND DIVERSITY ISSUES**

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

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

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



**The Sustainable Community  
Strategy for Halton  
2011 – 2016**

**Mid-year Progress Report  
01<sup>st</sup> April – 30<sup>th</sup> Sept 2012**

**Document Contact  
(Halton Borough  
Council)**







Hazel Coen  
(Divisional Manager Performance & Improvement)  
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This report provides a summary of progress in relation to the achievement of targets within Halton's Sustainable Community Strategy 2011 - 2016.

It provides both a snapshot of performance for the period 1<sup>st</sup> April 2012 to 31<sup>st</sup> September 2012 and a projection of expected levels of performance to the year-end.

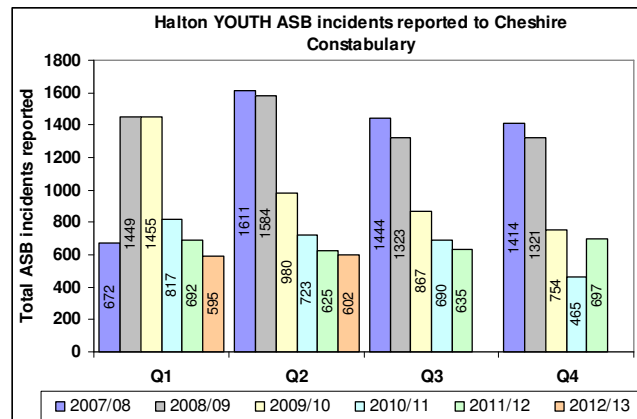
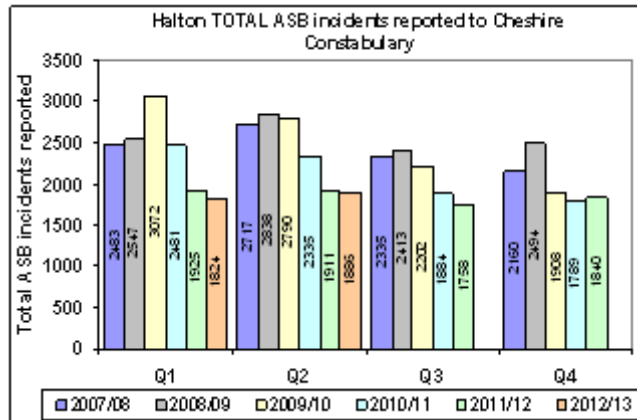
The following symbols have been used to illustrate current performance as against the 2012 – 13 targets and as against performance for the same period last year.

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

Page	Ref	Descriptor	2012 / 13 Target	Direction of travel
4	SH 1	Reduce Actual Number of ASB incidents recorded by Cheshire Police broken down into youth and adult incidents.		
6	SH 2	Reduce the number of Deliberate Fire incidents (NI33)		
8	SH 3	Reduced perception by Residents of antisocial behaviour (NI 17)	N/A Survey in 2013/14	 2011/12 Survey
10	SH 4	Safeguarding Children: Reduce the Number of Young People who repeatedly run away in Halton (New Measure)	N/A	
11	SH 5	Vulnerable Adults – Safeguarding: Increase the percentage of VAA Assessments completed within 28 days.		
12	SH 6	Reduce repeat incidents of domestic abuse within the MARAC Cohort (NI32)		
14	SH 7	a) Increase the percentage of successful completions (Drugs) as a proportion of all in treatment (over 18)		
15		b) Increase the percentage of successful completions (Alcohol) as a proportion of all in treatment (over 18)	New Measure	N/A
16	SH 8	a) Reduce the number of individuals re-presenting within 6 months of discharge (Drugs) [New Measure]		
17		b) Reduce the number of individuals re-presenting within 6 months of discharge (Alcohol) [New Measure]	New Measure	N/A
18	SH 9	Reduce the rate of young people (0-18) admitted to hospital due to substance misuse (will include alcohol)		
19	SH 10	Reduce Alcohol related hospital admissions (NI 39)		
21	SH 11	Reduce the re-offending rates of repeat offenders (RO's in the Navigate IOM scheme) (Formerly NI 30)		
23	SH 12	Reduce the number of first time entrants to the Youth Justice System (formerly NI111).		
25	SH 13	Use of Custody (New Measure)		
26	SH 14	Reduce the proportion of individuals within the Navigate cohort who's offending is substance misuse related. (Placeholder New Measure)	New Measure	N/A
27	SH 15	Reduce the re-offending rate of young offenders (Formerly NI 19)	New Measure	N/A
28	SH 16	Reduce serious acquisitive crime (Formally NI16)		
30	SH 17	Reduce Assault with Injury crime rate (Formerly NI 20) New Revised Measure		

## SCS / SH1

## Reduce Actual Number of AASB incidents recorded by Cheshire Police broken down into youth and adult incidents



2011/12 Actual	2012/13 Target	2012/13 Qtr 2	2012/13 Qtr 4	Current Progress	Direction of Travel
7434	8065	3710		<input checked="" type="checkbox"/>	

## Data Commentary:

Actual number of antisocial behaviour (ASB) incidents reported to the Cheshire Police, cumulatively in the year.

## Performance Commentary:

During April to September 2012 a total of 3710 incidents relating to Anti Social Behaviour were reported to Cheshire Constabulary from the Halton Area equating to a 3.3% reduction when compared to the same period during the previous year (3836 to 3710). Projected year end estimated volumes equate to 7420 incidents based on current half year count, therefore, we are likely to achieve the 2012/13 target.

With regard to Youth related Anti Social Behaviour the Halton Area reported 1197 incidents during April to September 2012 equating to a 9.1% reduction when compared to the same period during the previous year (1317 to 1197).

*(Data as provided is not split by Adult and Youth related incidents – the youth element is retrieved via using the QAL qualifier within data extraction and a common word search with reference to youth)*

## Summary of Key activities taken or planned to improve performance:

Working closely with the ASB Housing and Enforcement Officer has resulted in a significant reduction of anti-social behaviour suffered particularly in areas identified in the Tasking Coordination Meeting -Problem Profiles. Cases are also discussed in the Multi Agency Meeting and vulnerable victims and witnesses have received re-assurance visits from PCSOs and the officers engaged with the Tasking Vehicle when it is deployed.

The ASB victim and Witness Support Service have also worked closely with the Youth Offending Team to ensure the views and opinions of victims and witnesses of Anti-Social Behaviour are canvassed and where appropriate they are given the opportunity to participate in Referral Panels

(attending panel meetings), Restorative Conferences and other community/restorative disposals.

Considerable reductions have occurred across Runcorn in Qtr. 1 (117 less incidents) and Qtr. 2 (47 less incidents); however, Widnes has shown an increase in Qtr. 1 (20 more incidents) and Qtr. 2 (22 more incidents). Hotspots will continue to be monitored and addressed noted in April, May and June most marked in Broadheath and Riverside wards, with increases occurring more on a Saturday evening from 20hrs -23hrs in Broadheath and a Tuesday and Sunday between 16-21hrs in Riverside. Increases were also noted in Youth ASB in the wards of Broadheath and Ditton during July and Birchfield and Hough Green in August.

Feedback was received on a bid to secure continuation funding submitted to the "lottery" feedback on 19<sup>th</sup> July 2012 and will be re-submitted in November 2012 by the service, to secure continuation funding via the National Lottery.

Thirty four referrals were made between April 2012 to September 2012 to the Victim & Witness Co-ordinator and sixty individuals are currently receiving support at the end of Quarter 2.

Training of five volunteer panel facilitators was completed on 23<sup>rd</sup> June 2012 and the first Neighbourhood Resolution Panel was convened on 13<sup>th</sup> September 2012 following the Official launch of the project on August 20th 2012, with articles published in the Local press.

A briefing was also made to local schools on October 1<sup>st</sup> 2012 and the Safer Policy and Performance Board, updated with a presentation and position statement on 18th September 2012.

## SCS / SH2 Reduce the number of Deliberate Fire incidents (NI33)

	2011/12 Actual	2012/13 Target	2012/13 Qtr 2	2012/13 Qtr 4	Current Progress	Direction of Travel
Primary	6.96	3.18	2.86		✓	↑
Secondary	39.81	19	13.51		✓	↑
Total	46.77	22.18	16.37		✓	↑

**Deliberate Fires Halton 2009/10 - 2012/13**

Year	Actual Primary	Actual Secondary	Target Primary	Target Secondary	Total Target
2009/10	9.43	48.34			
2010/11	8.10	44.67			
2011/12	6.96	39.81			
2012/13	2.86	13.51			

Legend:

- Halton Actual (Deliberate Primary Fires)
- Halton Actual (Deliberate Secondary Fires)
- Halton Target (Deliberate Secondary Fires)
- Halton Target (Deliberate Primary Fires)
- Halton Target (Total Deliberate Fires)

**Data Commentary:**

Data relates to all fire incidents deemed to have been caused by deliberate ignition, between 1 April and 30 September 2012.

It is the number of deliberate :

- primary and
- secondary fires per 10,000 population.

This is an APACS indicator: SPI 7.1 deliberate fires.

- Deliberate fire is any fire where the cause of fire is suspected non-accidental.
- Primary fire is any fire involving casualties OR any fire involving property (including non-derelict vehicles) OR any fire where at least 5 fire appliances attend.
- Secondary fires are reportable fires that were not involving property; were not chimney fires in buildings; did not involve casualties; were attended by four or fewer appliances. An appliance is counted if either the appliance, equipment from it or personnel riding in it, were used to fight the fire. Derelict building or derelict vehicle fires are secondary fires.

**Performance Commentary:**

The direction of Travel for deliberate fires in Halton is positive, with projected year-end figures suggesting an outturn positively below target by at least 10%. This trend continues across the whole of Cheshire and can, in part, be contributed to poor weather conditions recently.

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

Highlights during the last 6 months include:

- Youth engagement activities including: RESPECT, the Phoenix Project, 2 X Fire Cadet units, Princes Trust and Fire Station Community Garden at Runcorn.

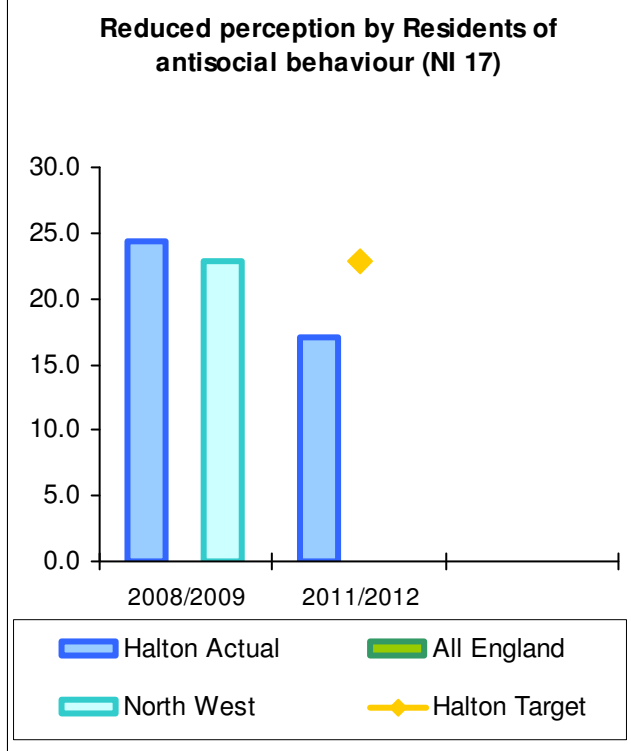
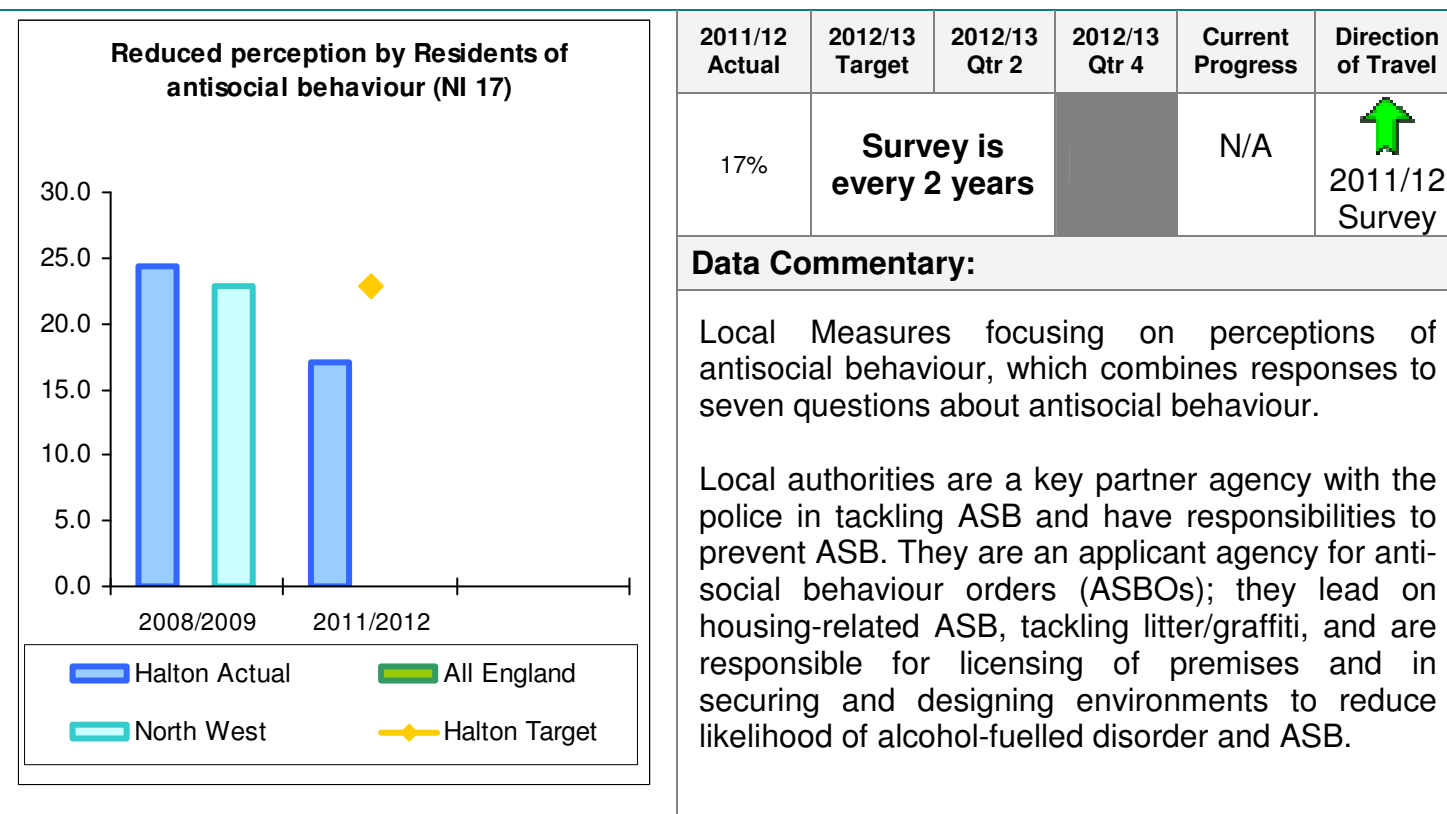


- Established Police Notification Reporting (PNR) process so deliberate fire information and intelligence gathered by fire crews is user friendly and accessible between partners. This working relationship has supported numerous convictions for arson during last 6 months.
- Fire stations in Halton produce a monthly arson report to identify trends and peaks in arson activity which is shared with partners from the Borough Community Safety Team and the Halton Tasking and Coordination Group.
- Fire stations have dedicated 'arson routes' which are reviewed monthly to encompass the areas of greatest anti-social fire activity. Crews patrol the areas in their fire appliances to act as a deterrent and provide reassurances to the community. They actively knock on doors and remind residents to stow away bins and likewise, businesses to arrange for skips to be removed once full.
- Advertising/ Marketing on fire appliances ref crime and arson prevention.
- Fitting of Domestic Fire Retardant Letter box covers to the vulnerable.
- Fire Safety Enforcement activity in areas of high risk for arson.
- Joint SMART Water/crime prevention/home fire safety initiatives with Police and Partners.
- The concept and development of Phoenix Cadets – this is an addition to the current Phoenix Project in Halton to extend the Fire Cadets out to primary age children in schools within the community.

**Future Activities During Next 6 Months:**

- Multi-agency Halloween and Bonfire initiative comprising Elimination, Education, Engagement & Enforcement activities.
- Fitting Wheelie Bin Locks in areas of high activity or to vulnerable households

## SCS / SH3 Reduced perception by Residents of antisocial behaviour (NI 17)

**Performance Commentary:**

From the 2011 resident's survey a figure for NI17 is 17%, showing improvement, a reduced perception by residents of Antisocial behaviour. However this comes with a number of caveats.

- It cannot be directly compared to the 2008 place survey, carried out by MORI (24.8% Halton, NW Average 22.9%), due to changes in methodology between the two surveys. Therefore should now act as a benchmark figure for future resident surveys.

There is no North West comparison figure available and is unlikely to be in the future. This is because there is no statutory requirement for Local Authorities to collect NI17 information.

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

In the absence of a nationally prescribed survey (previously the Place Survey), a residents survey undertaken in October 2011 to capture community perceptions and satisfaction levels.

This includes the following questions:

- 1) How much of a problem respondents feel 'Teenagers hanging around the streets' 'Vandalism, graffiti and other deliberate damage to property and vehicles' 'People using or dealing drugs' 'abandoned or burnt out cars' and 'people being drunk or rowdy in public spaces' to be a very big or fairly big problem within their local area
- 2) Respondents experience of the above in the last 12 months

- 3) How safe respondents feel 'inside your home' 'in your local area during the day' and in your local area after dark'
- 4) Confidence in the police in respondent's local area.

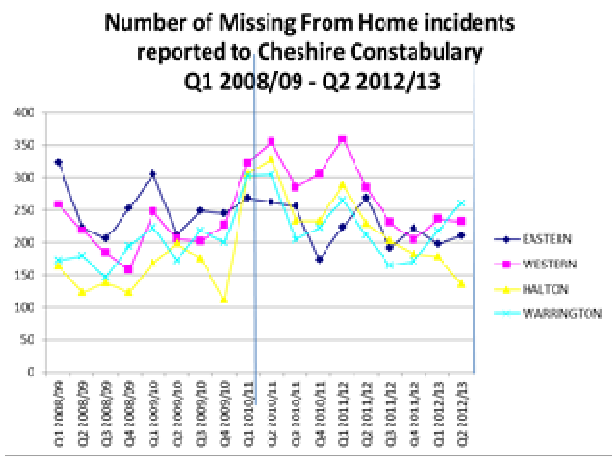
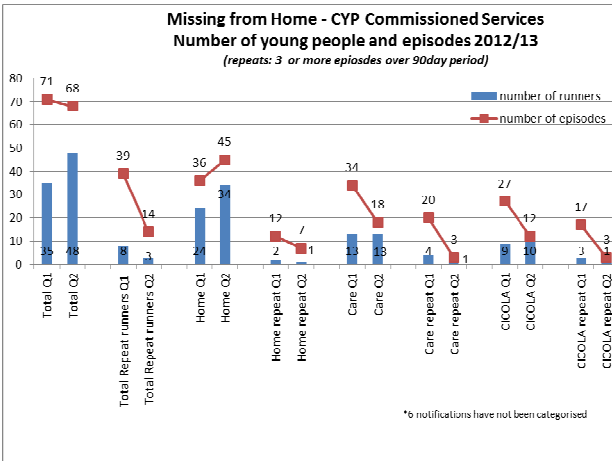
During February 2012, the Research & Intelligence team reported on the results of the residents' survey. About 1,800 residents returned filled in forms, sufficiently covering all wards and Area Forums to give a representative sample of the borough. The response rate was better than the previous survey carried out by MORI.

The full results of the survey are available from [www.halton.gov.uk/research](http://www.halton.gov.uk/research).

It is intended to undertake future surveys every two years. In addition to the resident's survey measures, the previous NI 17 (Reduced perception of antisocial behaviour) measure will also be reported to inform perceptions of anti-social behaviour. It will then be determined as to whether future targets will be set based on NI 17 or a selection of indicators as established and a baseline captured in 2011.

**SCS / SH4 Safeguarding Children: Reduce the Number of Young People who repeatedly run away in Halton (New Measure) – repeatedly: 3 or more episodes over a 90 day period**

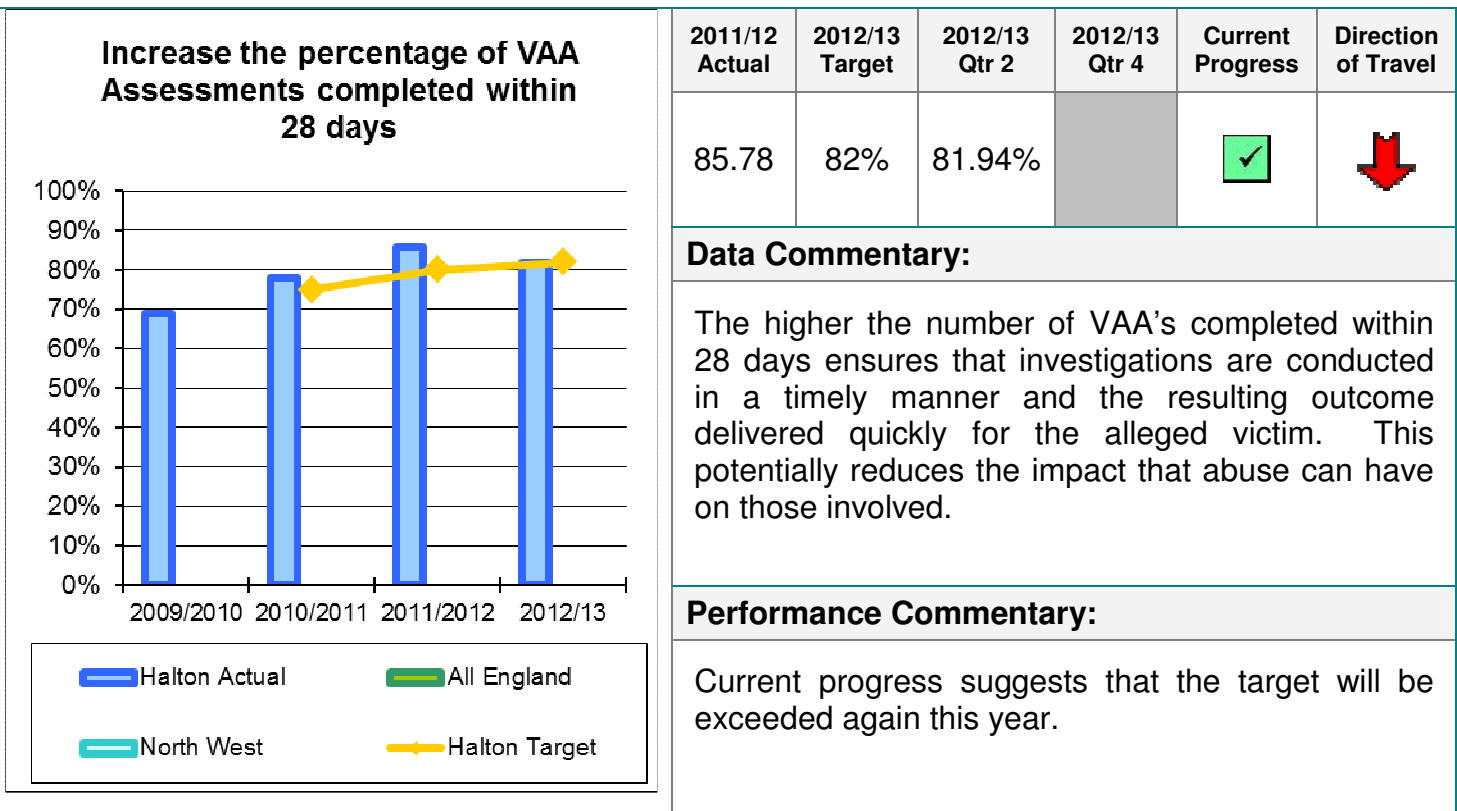
	2011/12 Actual	2012/13 Target	2012/13 Qtr 1	2012/13 Qtr 2	Current Progress	Direction of Travel
Previous commission ed service no comparable data		TBC	8 repeat runners 39 episodes	3 repeat runners 14 episodes	N/A	↑
Cheshire Constabulary reported incidents Q& Q2: 519		TBC	179	137	N/A	↑
<b>Data Commentary:</b>						
Data obtained from Children and Enterprise commissioned service. Targets to be determined with the New provider Pan Cheshire.						
<b>Performance Commentary:</b>						
<p>Young People who have reported missing on <b>3 or more</b> occasions from their Home Environment, Care Homes and CICOLAS have all reduced this quarter (using commissioned Service data). Young People who have reported missing <b>less</b> than 3 occasions have however increased.</p> <p>Commissioned data is considered alongside Cheshire Constabulary Data in order to ensure that numbers correlate. However, Constabulary data does include both Adult and youth incidents, restrictions in the data quality prevent separation, numbers should therefore be viewed as an indicator only. Incident numbers reported to Cheshire Constabulary have reduced significantly this quarter for Halton.</p> <p>There will be further work undertaken in the next couple of months with the commissioned service to analyse data in more detail.</p>						



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

A Pan Cheshire 24 hour helpline has been implemented. Key links have also been made with schools, youth provision and residential providers within the borough. A group of young people that have used the service are also going to undertake some quality assurance exercises around the service. Plans are also being developed around preventive work with targeted groups of young people and doing direct work with families and the risk and dangers of going missing.

**SCS / SH5 Vulnerable Adults – Safeguarding: Increase the percentage of VAA Assessments completed within 28 days.**

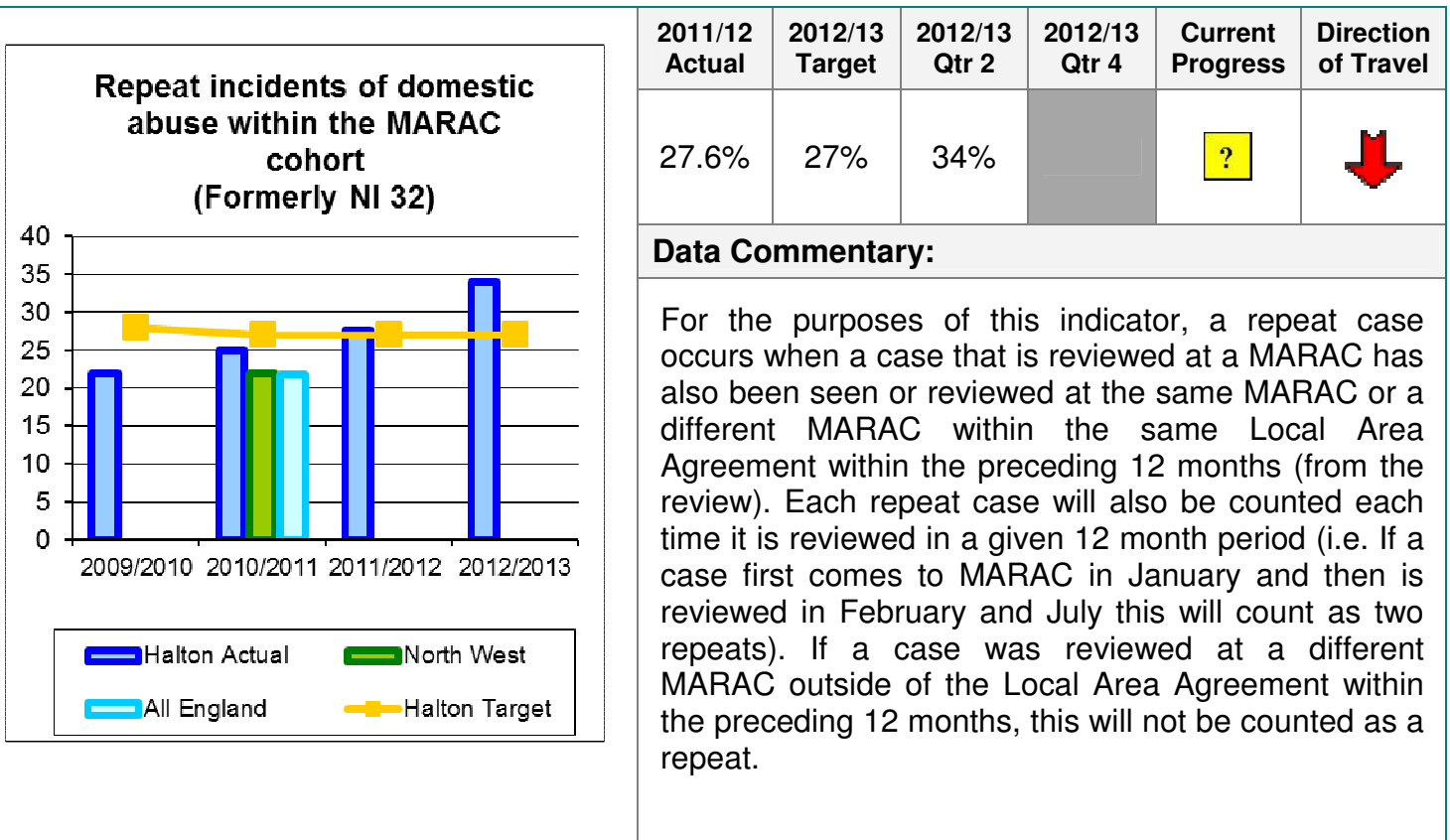


**Summary of Key activities taken or planned to improve performance:**

The reconfiguration of adult social care and the establishment of an integrated safeguarding unit has further enhanced the capabilities of the care management teams to investigate referrals and ensure positive outcomes for alleged victims. This has been further supported by the use of IT systems and risk management processes.

Since its establishment, the Integrated Safeguarding Unit (ISU) have developed an operational Thresholds Guidance document. This guidance is directed at providers/practitioners and aims to ensure all adult protection issues and concerns are reported and investigated at the appropriate level and to broker consistency of approach across agencies. New documentation for investigating cases has been created and is currently being benchmarked against recent cases to ensure it is fit for purpose prior to being approved. Implementing this guidance will help to strengthen procedures, promote consistency of approach across all agencies as well as ensuring the ISU are fully informed of all safeguarding investigations to enable thorough monitoring to take place.

## SCS / SH6 Reduce repeat incidents of domestic abuse within the MARAC Cohort (NI32 )

**Performance Commentary:**

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

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

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

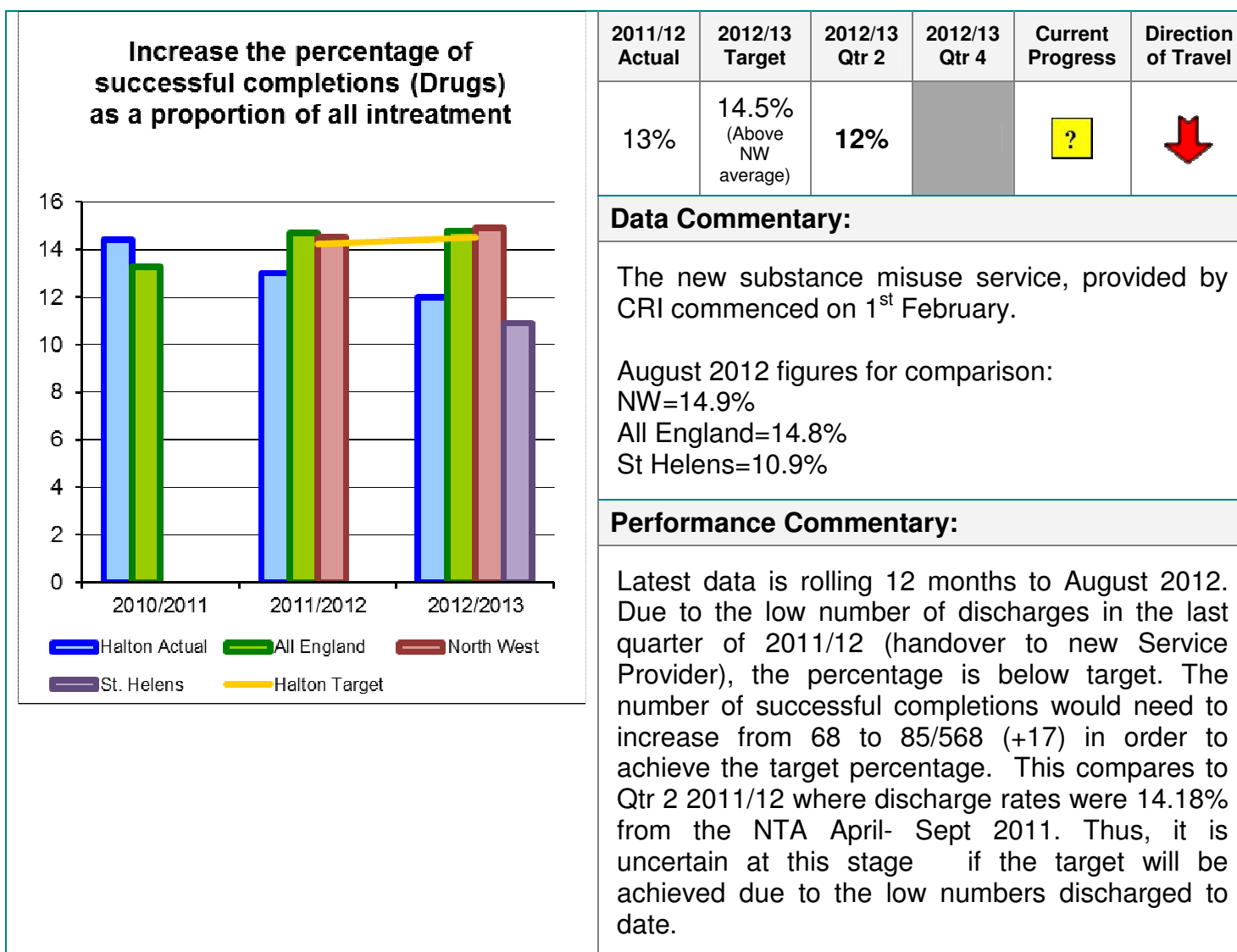
Coordinated Action Against Domestic Abuse (CAADA) recommend for an area the size of Halton, taking into account local demographics and contextual data indicate that the repeat rate would be in the range of between 28-40%, for more mature MARAC. A higher rate may also indicate that more agencies are able to identify a repeat victim and that victims have the confidence to disclose further incidents possible suggesting a good experience of MARAC the first time.

Given the increase in repeats, Halton MARAC members met and jointly completed the CAADA self-assessment tool. By accessing the Halton MARAC in detail it will enable Halton to locally improve the outcomes of the MARAC process in the following ways:-

- a) Manage MARAC practice - providing the opportunity for agencies represented at the MARAC to raise issues of concern they have about the MARAC's practice, processes and resourcing, and contribute to how they are addressed;
- b) Identify risks in practice, processes and resourcing that the MARAC is not [yet] sighted on;
- c) Highlight to the MARAC's local strategic bodies issues such as the resourcing of the IDVA service, potential lack of engagement from key agencies, high volume of cases, under representation or poor response to BME victims etc;
- d) Following from point c), the self-assessment will provide the basis for a business case for the MARAC unit and
- e) Evidence proactive continuous improvement which will bear up under scrutiny in Domestic Homicide Reviews, Ofsted inspections and Serious Case Reviews.

CAADA have visited Halton and attended a MARAC. They are due to provide Halton with report that will then be used to complete the self-assessment. A full report is expected to be published in January 2013.

**SCS SH7<sup>1</sup>a / Increase the % of successful completions (Drugs) as a proportion of all in treatment (18+) New Measure**



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

Key activities are as follows:

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

<sup>1</sup> SCS / SH7a is also replicated under Healthy Halton as SCS / HH 11a  
 Safer Halton SCS Mid-Year Progress Report 2012/13

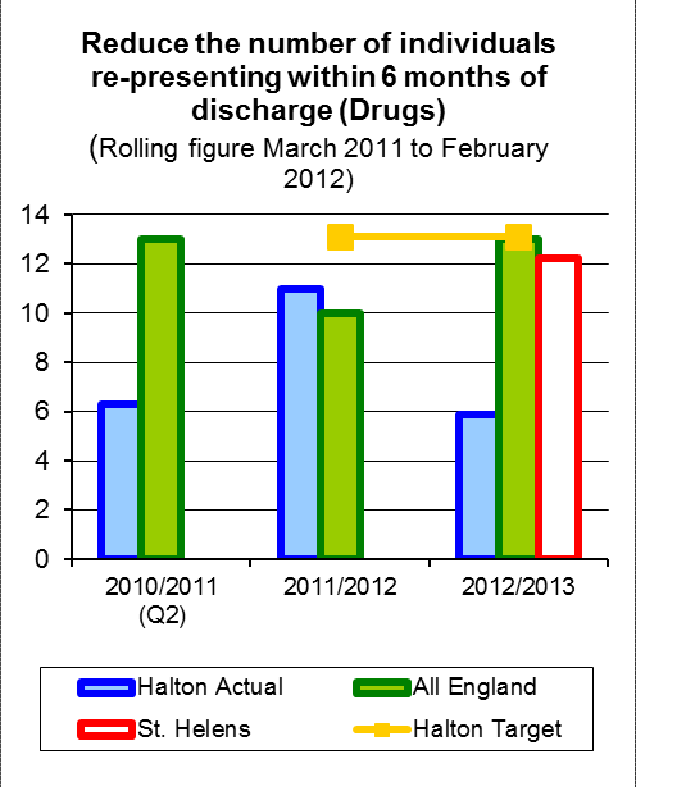


**SCS / SH7<sup>2b</sup>** / **Increase the percentage of successful completions (Alcohol) as a proportion of all in treatment (over 18)**

Placeholder 2012/13	2011/12 Actual	2012/13 Target	2012/13 Qtr 2	2012/13 Qtr 4	Current Progress	Direction of Travel
	New Indicator		Baseline to be established			New Measure
<b>Data Commentary:</b>						
The aim of this service is to increase the % of successful completions as a proportion of all people in treatment for an alcohol addiction. It is a measure of how successful the Tier 3 Community Service is, in treating alcohol dependency and ensuring that the in-treatment population does not remain static.						
<b>Performance Commentary:</b>						
Targets will then be set following the collection of data in year 2012/13 and a baseline established.						
<b>Summary of Key activities taken or planned to improve performance:</b>						
Data is not yet available in this format, however work is underway to develop data sets in line with local and National Treatment Agency requirements.						

<sup>2</sup> SCS / SH7b is also replicated under Healthy Halton as SCS / HH 11b.  
Safer Halton SCS Mid-Year Progress Report 2012/13

**SCS / SH8a Reduce the number of individuals re-presenting within 6 months of discharge (Drugs) [New Measure]**

	2011/12 Actual	2012/13 Target	2012/13 Qtr 2	2012/13 Qtr 4	Current Progress	Direction of Travel
<p><b>Reduce the number of individuals re-presenting within 6 months of discharge (Drugs)</b> (Rolling figure March 2011 to February 2012)</p>  <p>Legend:  <span style="color: blue;">█</span> Halton Actual    <span style="color: green;">█</span> All England  <span style="color: red;">█</span> St. Helens    <span style="color: yellow;">█</span> Halton Target</p>	11%	13.1%	5.9%		?	↑
<b>Data Commentary:</b>						
<p>Re-presentations indicates the number of clients who have successfully completed treatment who have re-presented for treatment within six months.</p>						
<b>Performance Commentary:</b>						
<p>Latest data is rolling 12 months to August 2012. 0/13 Problem Drug User opiates (PDU) and only 2/21 non opiate PDU represented during this period, making 2/34 (5.9%) in total. Due to the small numbers involved, an increase of one in the overall total would result in the percentage figure increasing from 5.9% to 8.8%.            Comparison figures for August 2012 to St Helens: 12.2% and all England: 13%.</p> <p>The direction of travel is positive. The area of concern is that the percentage figures above can be impacted on greatly due to the small numbers of individuals that have successfully completed treatment.</p>						
<b>Summary of Key activities taken or planned to improve performance:</b>						
<p>There is currently an action plan being developed by the new provider CRI to improve performance. This includes staff training, systems and procedures and review of current workloads within the service to ensure long term outcomes for that's discharged from the drug service.</p>						

**SCS / SH8b Reduce the number of individuals re-presenting within 6 months of discharge (Alcohol) [New Measure]**

	2011/12 Actual	2012/13 Target	2012/13 Qtr 2	2012/13 Qtr 4	Current Progress	Direction of Travel
Placeholder 2012/13	New Indicator	Target to be set once baseline established	Refer to comment		New Measure	N/A

**Data Commentary:**

Re-presentations indicates the number of clients who have successfully completed treatment who have re-presented for treatment within six months.

This provides an indication of the numbers of individuals who have left treatment and are managing to sustain their recovery in the longer term.

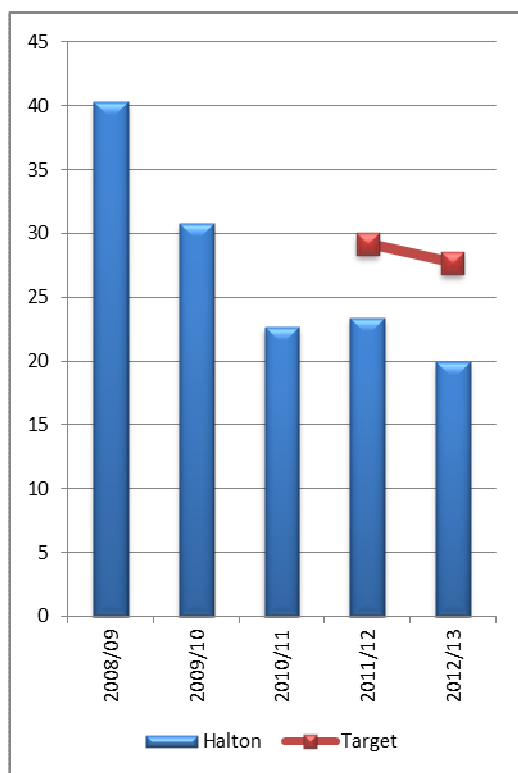
**Performance Commentary:**

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

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

Work continues with CRI to develop optimal Alcohol pathways which will encourage safe discharge and robust aftercare, in order to maintain treatment gains and avoid repeat admissions.

Work has begun in relation to linking the Community Service CRI into the Whiston Alcohol Nursing Scheme in order to identify people with high need who may represent at differing access points within the treatment system.

**SCS / SH9 Reduce the rate of young people (0-18) admitted to hospital due to substance misuse (will include alcohol)**


2011/12 Actual	2012/13 Target	2012/13 Qtr 2	2012/13 Qtr 4	Current Progress	Direction of Travel
23.4	27.7	11.66 (mid-year)		<input checked="" type="checkbox"/>	

**Data Commentary:**

Please note there have been some changes to data source over the past two years. This data measures the number of hospital admissions for 0-16 year olds where substance misuse is coded as a reason for admission per 10,000 0-18 year olds. The target represents a year on year reduction of 5%.

Data given above details the Q2 position, however as this measure is cumulative the chart shows the forecast position should numbers remain stable for the full year.

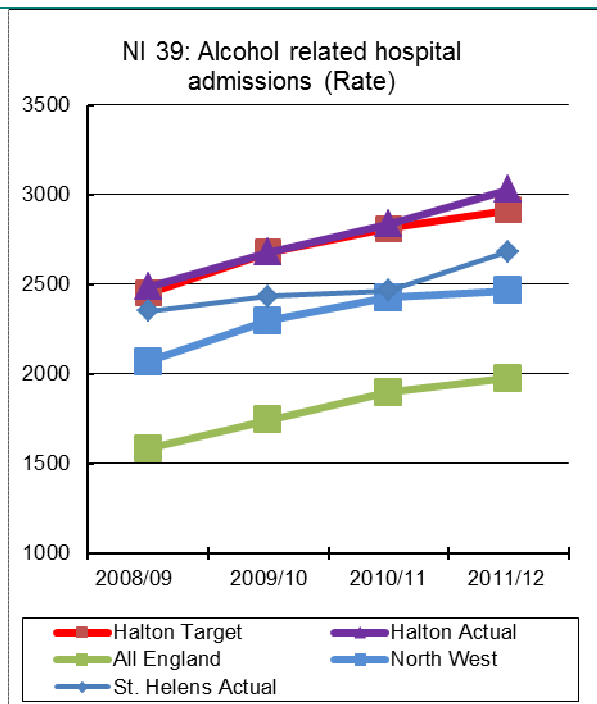
**Performance Commentary:**

Halton continues to reduce the number of 0-18yr olds being admitted to hospital for substance misuse and is forecasted to be below the target rate of 27.3 in 2012/2013.

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

- Further embed referral processes and working relationships with A & E and acute wards within surrounding hospitals.
- Ensured 100% of workers, volunteers, and young leaders directly working in drug and alcohol services are working towards Drug and Alcohol National Occupational Standards (DANOS) through service provide contract monitoring processes and the Integrated Youth Support Service (IYSS) workforce development plan.
- Promoted Provision within Community Centres, Locality Teams, Children Centres, GP surgeries and further establish referrals/screening systems into universal, targeted and specialist provision.

Used the VRMZ outreach bus in hotspot areas on Friday and Saturday nights to provide young people with information and advice reducing substance misuse.

**SCS / SH10<sup>3</sup> / Reduce Alcohol related hospital admissions (NI 39)**


2011/12 Actual	2012/13 Target	2012/13 Qtr 2	2012/13 Qtr 4	Current Progress	Direction of Travel
2922.4	3027	1297.8			

**Data Commentary:**

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

**Performance Commentary:**
**Comments on alcohol related admissions (All fractions):**

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

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

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

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

**2. Contract transition**

Work is underway to ensure that contracts with services which aim to reduce alcohol harm are fit for

<sup>3</sup> SCS / SH10 is also replicated under Healthy Halton as SCS / HH 1

purpose, value for money and that care/business continuity will be maintained when responsibility for alcohol misuse prevention and treatment transfers to Public Health in the Local Authority in April 2013.

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

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

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

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

- Reduced hospital attendances, admissions and re-admissions for alcohol related harm
- Reduced length of stay for alcohol related admissions
- Reduction in the number of people drinking above the NHS guidelines<sup>4</sup> and consequently improved health/less dependency on services.
- Improvements in the number of people living drug/alcohol free lives in St Helens.
- Improve the health and well being of individuals sustaining recovery, their families and the wider community.
- Early identification and treatment of alcohol misuse disorders.

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

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



### 4. Alcoholic Liver Disease

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

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

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

**SCS / SH11 Reduce the re-offending rates of repeat offenders (RO's in the Navigate IOM scheme) (Formerly NI 30)**

	2011/12 Actual	2012/13 Target	2012/13 Qtr 2	2012/13 Qtr 4	Current Progress	Direction of Travel
<b>Placeholder measure in 2011/12</b>	PPO: 77.13% reduction. RO: 36.73% reduction. Shift in offence type	To maintain and reduce offending rates for PPO's and RO's from the 2011/12 Baseline PPO: 40% reduction. RO: 4% reduction	PPO: 85.2% reduction. RO: 66.38% (Qtr 1 2012/13)			

**Data Commentary:**

Data is only available from Cheshire Constabulary data delivery team.

**Performance Commentary:**

Figures from Quarter 1 indicate a 85.52 reduction in re-offending for PPO offenders and 60.38 reduction for Repeat Offenders.

**Summary of Key activities taken or planned to improve performance:**
**Bank Accounts**

The team has now forged collaboration with the Halifax Building Society to assist offenders on the Scheme to open bank accounts. Historically some offenders have been unable to open accounts because they have not possessed the correct identification. However, the Manager of the Halifax has agreed to take evidence from the team as a proof of identity.

**Student social worker**

Karen Garner has now completed her placement with the team but having enjoyed her time with us she has remained as a volunteer within Ashley House working with the Peer mentoring scheme and operation stay safe.

**Intervention Schemes:**

Offenders on the Scheme have been referred to a charitable organisation called Rotters. The organisation offers interventions such as sports training and preparation for work within the catering industry.

**Early Intervention Scheme**

By the time offenders come onto our Scheme their offending and associated behaviours are already significantly problematic. Whilst at the early stages of development the aim of the intervention will be to identify offenders whose behaviour does not yet meet the threshold for entry as a PPO or Repeat Offender and offer them a brief intervention to address their behaviour before it deteriorates

**Housing**

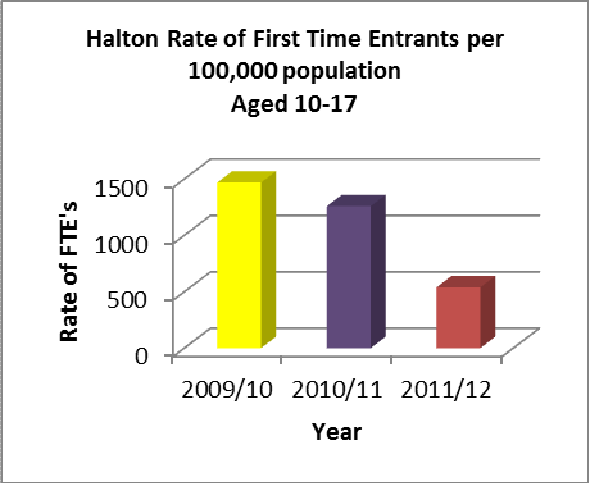

Housing has historically taken up a significant period of time for Police and Probation staff. The deployment of a worker from Housing Solutions for one afternoon per week has alleviated some of this workload. However, due to the constraints within the criteria for housing offenders via Property Pool Plus problems still remain. This issue is being discussed at a strategic level.

**Peer Mentoring**

CRI who are responsible for drug and alcohol services within Ashley House have implemented a Peer Mentoring Scheme. Training to become a peer mentor involves a 15 month course which includes some classroom work and voluntary work within Ashley House. To meet the criteria for consideration individuals must be stable within their recovery from drug/alcohol misuse themselves or have a family member who has/had alcohol/substance misuse dependency. It is hoped that some of those offenders on the Scheme will be in a position to access this.



**SCS / SH12 Reduce the number of first time entrants to the Youth Justice System (formerly NI111).**

	2011/12 Actual	2012/13 Target	2012/13 Qtr 2	2012/13 Qtr 4	Current Progress	Direction of Travel
		64	64	32		
<b>Data Commentary:</b>						
<p>From April 2011 this measure will be reported by Police National Computer (PNC) to Ministry of Justice (MoJ) who will publish the figures. Official Police National Computer First Time Entrants figures are published quarterly on a 12 month rolling process and will always be 6 months behind. These figures will be reported when available including the rate per 1,000 aged 10-17 local population.</p>						

**Performance Commentary:**

Juveniles are mapped to individual local authority areas using their home address or post code recorded on the Police National Computer. Current performance is 12 months rolling as of March 2012. From 2009/10 FTE's have reduced by 64%

The FTE rate is taken from the Office for National Statistics mid-year population estimates and using the rate per 100,000 aged 10-17 year olds.

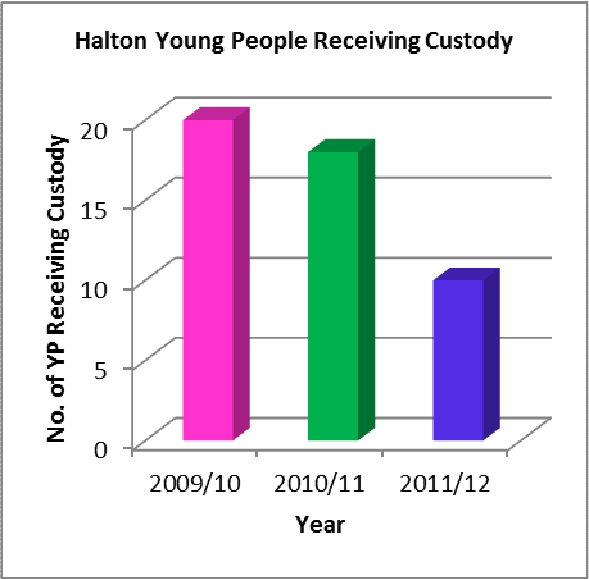

**Summary of Key activities taken or planned to improve performance:**

In Halton, the Diversion Project is a scheme provided by Halton & Warrington Youth Offending Team developed in 2008 and currently funded by the Department of Health. The project consists of two Diversion Workers, one with a Social Care background and the other a seconded CAMHS Advanced Nurse Practitioner. The CAMHS worker is a significant part of the scheme and is able to assess young people for Mental Health, Communication needs and where appropriate link them directly and swiftly into appropriate health services. The key aim of the project is to divert children and young people with specific health needs or learning difficulties away from the Youth Justice System, by providing appropriate and professional support at the earliest stage. The referrals for this scheme come directly from Cheshire Police and the scheme is currently available to all young people who are at risk of becoming first time entrants with future scope looking at providing such a process for children and young people who are already involved in the YJS. As part of the process, upon receiving a referral, one of the Diversion workers will undertake an assessment with the young person which will identify any concerns and further refer to the appropriate services and/or provide a package of support. Contact will also be made with any services including Children's Social Care who the young person is open to glean any further information and also make agencies aware that the child or young person is currently under the Diversion scheme. A full comprehensive feedback form is then provided to Cheshire Police ahead of the child or young person answering bail with a view that any identified concerns or difficulties will be taken into consideration by the Police with the matter potentially having no further action taken (NFA) and the young person diverted away from the

YJS. Halton & Warrington Youth Offending Team are also provided with a fortnightly report from Cheshire Police of all children and young people who have received a Police Restorative Justice disposal. In similarity to the diversion scheme all children & young people who have received an RJ disposal will be offered a Diversion assessment and further intervention and support if the assessment identifies a need.

Halton & Warrington YOT's Diversion Scheme was one of 6 pilot areas. The University of Liverpool evaluated the scheme across the 6 pilot areas between 2008-2011 using control sites. Following the completion of the evaluation report in 2011 HWYOT became one of 37 pathfinder sites. Due to the previous limited findings HWYOT are now in the process of undertaking our own local reports on performance and reporting into HWYOT Management Board.

## SCS / SH13 Use of Custody (New Measure)

	2011/12 Actual	2012/13 Target	2012/13 Qtr 2	2012/13 Qtr 4	Current Progress	Direction of Travel
	10	10	4		<input checked="" type="checkbox"/>	
<b>Data Commentary:</b>						
<p>This is a new measure for 2011/12 established to look at the number of young people sentenced to custody as a figure and also represented as a rate per 1,000 aged 10-17.</p>						
<b>Performance Commentary:</b>						
<p>The number of young people sentenced to custody has dropped by 50% between 2009/10 and 2011/12 from 20 to 10 young people. The YOT has introduced a number of internal measures to help with the reduction. These are outlined in the section below.</p> <p>HWYOT submits data as a whole service that covers Halton &amp; Warrington, therefore the rate per 100,000 10-17 population covers both local authority areas as follows:-</p>						

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

All Pre-Sentence Reports/Breach Reports (PSR/BRs) are gate-kept by an Operational Manager or Senior Practitioner.

The Youth Offending Service (YOS) will not recommend a custodial sentence to the Court in a PSR/BR but will always propose a Community Order, including requesting an Intensive Supervision and Surveillance (ISS) Requirement as a direct alternative to custody.

An Operational Manager will review all cases where a young person receives a custodial outcome to ensure all options have been considered to avoid incarceration.

The YOS introduced their 'Compliance Procedures' in November 2011 which has introduced a number of measures (including a Pre-Breach Meeting chaired by a Manager) to try ensure that the young person does not breach their Order/Licence.

**SCS / SH14 Reduce the proportion of individuals within the Navigate cohort who's offending is substance misuse related. (Placeholder New Measure)**

	2011/12 Actual	2012/13 Target	2012/13 Qtr 2	2012/13 Qtr 4	Current Progress	Direction of Travel
Placeholder 2012/13	New Indicator	TBA	Refer to comment		New Measure	N/A

**Data Commentary:**

To reduce the proportion of individuals within the Navigate cohort who continue to demonstrate offending behaviour related their substance misuse. The Police and Drug Team are working together to reduce this. The service commenced in February 2012 and data to support the measurement of this outcome is in the process of being identified. Targets will be linked to the service specification and outcomes for this new service.

Data will also be required to inform this target , which will be generated in partnership with CRI as in part, it relates to early intervention by CRI to avoid the need for individuals to be nominated on to the Navigate Scheme.

**Performance Commentary:**

New measure – Service due to commence in February 2012 and data to support the measurement of this outcome is in the process of being identified.

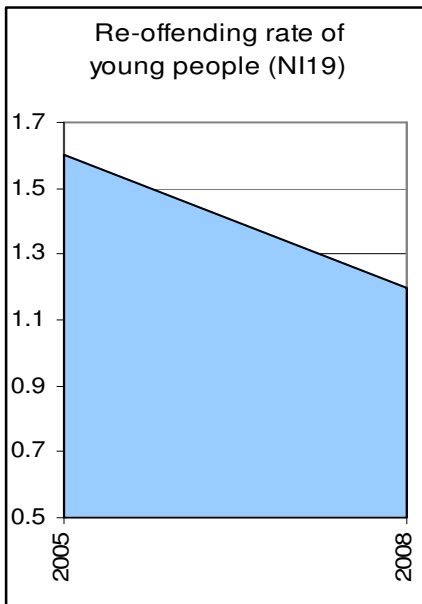
The current Strategic Navigate Report includes data for those on the Scheme where offending is influenced by substance misuse. However, it does not capture specific data in relation to a reduction in offending because drug use has reduced or ceased. A meeting will be arranged in November between the Navigate leads, CRI Managers and the Substance Misuse Commissioner to ensure that the wording of the target reflects the joint working between Navigate and CRI and to devise a data collection method which will enable us to report on the target.

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

Offenders on the Scheme are referred as appropriate to drug services within Ashley House which includes group and one to one intervention. Navigate staff work closely with colleagues there to ensure timely assessment, treatment and regular update on progress to ensure individual needs are met and any deterioration is identified and acted upon so that offending behaviour does not increase.

The Navigate Scheme are in the early stages of developing and Early Intervention Scheme as by the time offenders come to us their offending and associated behaviours are already significantly problematic. The aim of the Early Intervention Scheme will be to identify offenders whose behaviour does not yet meet the threshold for entry as a PPO or Repeat Offender and offer them a brief intervention to address their behaviour before it deteriorates. The high correlation between drug use and offending will mean that early intervention will be a positive initiative to meet the target.

## SCS / SH15 Reduce the re-offending rate of young offenders (Formerly NI 19)



2011/12 Actual	2012/13 Target	2012/13 Qtr 2	2012/13 Qtr 4	Current Progress	Direction of Travel
New measure	Baseline to be established	Refer to comment		New Measure	N/A

**Data Commentary:**

The YOT have now ceased reporting on the old NI19 – Reoffending Rate of Young Offenders. From April 2011, a new unified reoffending measure will be reported to the Ministry of Justice directly from Police National Computer data.

In its place the YOT aim's to work closely with young people on the Integrated Offender Management (IOM) scheme to reduce the rate of re-offences.

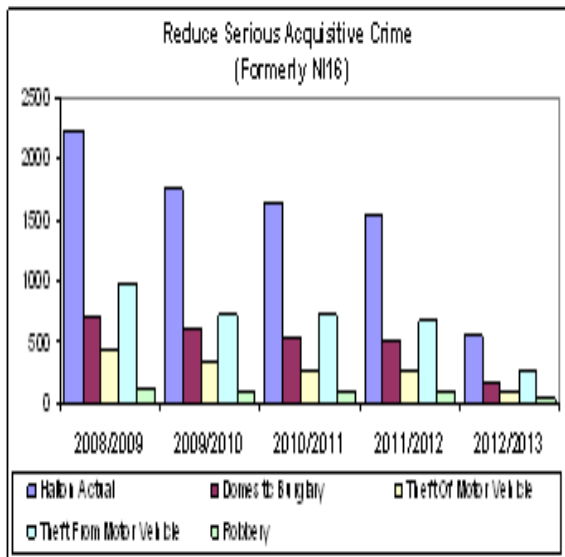
**Performance Commentary:**

Rate of proven re-offending by young offenders in IOM cohort to be agreed with the Safer Halton Partnership once a baseline is established. The YOT will track people who entered the Integrated Offender Management (IOM) cohort between January 1<sup>st</sup> to March 31<sup>st</sup> 2011 to measure re-offending rates including frequency and seriousness 12 months prior to nomination.

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

Discussions are on-going with the Youth Offending Team and Navigate IOM scheme to monitor and report on reoffending rates of repeat offenders, which will now encompass young people, given that data is now sourced from the Police National Computer.

## SCS / SH16 Reduce serious acquisitive crime (Formally NI16)



\* 2012/13 volume provided within chart above is for the 6 month period April to September 2012 period only.

2011/12 Actual	2012/13 Target	2012/13 Qtr 2	2012/13 Qtr 4	Current Progress	Direction of Travel
1548 (13.10 rate per 1,000)	1652 (14.00 rate per 1000)	559 (4.81 rate per 1000)			

**Data Commentary:**

This measure covers the following acquisitive crime rates;

- Domestic burglary
- Theft of motor vehicle
- Theft from motor vehicle
- Robbery (personal and business)

It is calculated as follows:

Number of recorded serious acquisitive crimes/total population x 1,000

**Performance Commentary:**

During April to September 2012 a total of 559 Serious Acquisitive Crimes were recorded to Cheshire Constabulary from the Halton Area equating to a 26.5% reduction when compared to the same period during the previous year (761 to 559).

Projected year end estimated volumes equate to 1118 crimes based on current half year count, therefore, we are likely to achieve the 2012/13 target as provided above (TBC).

During April to September 2012 a total of 175 Household Burglary Crimes were recorded to Cheshire Constabulary from the Halton Area equating to a 30.6% reduction when compared to the same period during the previous year (252 to 175).

During April to September 2012 a total of 90 Theft Of Vehicle Crimes were recorded to Cheshire Constabulary from the Halton Area equating to a 38.8% reduction when compared to the same period during the previous year (147 to 90).

During April to September 2012 a total of 258 Theft From Vehicle Crimes were recorded to Cheshire Constabulary from the Halton Area equating to a 21.3% reduction when compared to the same period during the previous year (328 to 258).

During April to September 2012 a total of 36 Robbery Crimes were recorded to Cheshire Constabulary from the Halton Area equating to a 5.9% increase when compared to the same period during the previous year, albeit relating to 2 additional crimes (34 to 36).

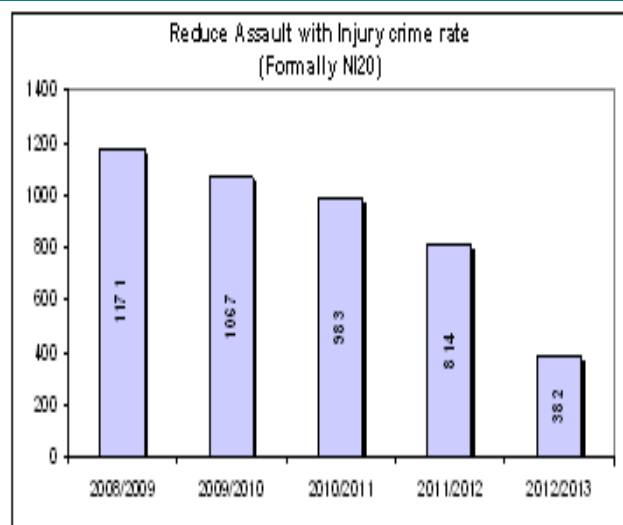
**Summary of Key activities taken or planned to improve performance:**

Partnership Task and Coordination continues to work in a focused way with the Partnership Inspector and key partner agencies rotating the chair.

The group continues to target the emerging trends and seasonal patterns to address hot spots in the area. Profiles are discussed in detail and actions agreed by all parties recorded and reported back upon until the problem has been solved or dissipated. The profiles provide visibility and audit trails and document any potential spending allocated to a profile.

Business Robbery: A trend is emerging with 8 business robberies in Halton since mid-August. Premises have been contacted and joint visits by Phil Buckley and Environmental Health HBC (Health & Safety legislation / powers) are being carried out. An extensive briefing document has also been compiled by Phil and T/DCI Blackwell has been informed of activities and measures to prevent lone working and work by NPU's to enhance PCSO cover during vulnerable times at vulnerable locations.

SCS / SH17

**Reduce Assault with Injury crime rate (Formerly NI 20) New Revised Measure**

\* 2012/13 volume provided within chart above is for the 6 month period April to September 2012 period only.

2011/12 Actual	2012/13 Target	2012/13 Qtr 2	2012/13 Qtr 4	Current Progress	Direction of Travel
814 (Rate per 1,000 6.48)	1074	382 (3.2 rate per 1000)			

**Data Commentary:**

This is the number of 'assaults with injury' (including racially and religiously aggravated) offences per 1,000 population as a proxy for alcohol related violent offences. *\*We do not include inflicting grievous bodily harm or malicious wounding (including racially and religiously aggravated)*

The APACS indicator: SPI 5.3 Assaults with less serious injury rate is no longer recorded.

Population adjusted and rates restated for 2011/12

**Performance Commentary:**

During April to September 2012 a total of 382 Assault with Injury Crimes were recorded to Cheshire Constabulary from the Halton Area equating to a 5.7% reduction when compared to the same period during the previous year (405 to 382).

Projected year end estimated volumes equate to 764 crimes based on current half year count, therefore, we are likely to achieve the 2012/13 target as provided above.

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

Alcohol licensing enforcement and related wider partnership activity continues to develop and has recently been renamed the Alcohol Harm Reduction Group in recognition of the greater role that Health have to play in this area.

The team is starting to develop more activities around harm prevention and make greater use of prevention referrals that are "upstream" of the offences in order to deal with root cause issues. The borough's licensing team has been in place since 2008 and consists of both police and civilian licensing officers with linked PCSOs from the two local Neighbourhood Policing Teams. The co-located team has a close working relationship with the local legal department and licensing committee. The team have regular meetings with key partners to collectively address problem premises and improve working practices. The team reports monthly to the alcohol harm reduction group which is a multi-agency group. The focus of alcohol related enforcement activity is aimed towards the night time economy, and targeting multi agency activity towards limiting the alcohol supply to young and vulnerable children.



**REPORT TO:** Safer Policy and Performance Board

**DATE:** 15 January 2013

**REPORTING OFFICER:** Strategic Director, Communities

**PORTFOLIO:** Community Safety

**SUBJECT:** Hate Crime and Harassment Reduction Strategy Review

**WARD(S):** Borough-wide

### 1.0 PURPOSE OF REPORT

1.1 To inform members of the current review of the Safer Halton Hate Crime and Harassment Reduction Strategy.

**2.0 RECOMMENDED: That the report be noted and Members comment on the report.**

### 3.0 SUPPORTING INFORMATION

3.1 Hate crime is the targeting of individuals, groups and communities because of their identify and it can have a devastating and psychological effect on its victims. While it is often perceived that hate crime affects a small number of individual victims, the nature of hate crime is that it is based on prejudice, hostility or hatred towards a particular group in society, and therefore it has a wider impact on the confidence and cohesion of the wider community.

3.2 Hate crime is widely accepted amongst public authorities to be under reported, where many perpetrators target victims at a level that will not be reported. Some victims do not even realise that they have been a victim of a hate crime, and will not report the incident as they either do not know how to or feel they will not be taken seriously. Hate crimes are unfortunately often tolerated by victims, even when they suffer repeated attacks.

3.3 Hate crime can breed mistrust, alienation, and exclusion.

*“Hate incidents not only impact negatively on the lives of victims and their families but also damage cohesion in the wider community. People who are more vulnerable to hate incidents are also likely to have a greater fear of crime. It is therefore essential that public authorities and local communities work in partnership to tackle this problem in their local area as no single agency or group can accomplish this alone.” (The Equality and Human Rights Commission)*

3.4 A **hate crime** is targeted victimisation which can include a range of offences such as:

- **Physical attacks** - such as physical assault, damage to property or pets, offensive graffiti and arson;
- **Harassment**
- **Criminal damage** to property or a place of residence
- **Threats** – including offensive letters, abusive or obscene telephone calls, groups hanging around to intimidate and unfounded, malicious complaints
- **Arson**
- **Verbal abuse, insults and other offensive behaviour**- offensive leaflets and posters, abusive gestures, dumping of rubbish outside homes or through letterboxes, and bullying at school or in the workplace.
- **Bullying**

3.5 As well as resulting in physical injury, hate crime can affect people's mental health and quality of life, and increase their fear of crime. It can lead to anger, insecurity, stress and depression, and can leave some people afraid to leave their home.

### 3.6 **Defining and Identifying Hate Crime and Harassment**

The Safer Halton Partnership uses the Home Office/Association of Chief Police Officers (ACPO) definitions of hate crimes and hate incidents:

- **A hate crime** is any incident which constitutes a criminal offence that is perceived by the victim, or any other person, as being motivated by prejudice or hate.
- **A hate incident** is any incident which may or may not constitute a criminal offence that is perceived by the victim, or any other person as being motivated by prejudice or hate.

It is important to recognise the difference between a hate crime and a hate incident. All hate crimes are incidents, but not all hate incidents are crimes.

3.7 Hate crimes and incidents are motivated by hate on the basis of:-

- **Disability related hate**– crimes/incidents motivated by disability, including learning difficulties
- **Race hate** – crimes/incidents motivated by ethnic origin, nationality, asylum seeker status.
- **Belief or Faith hate** – crimes/incidents motivated by religious belief or lack of religious belief.
- **Homophobic hate**– crimes/incidents motivated by sexual orientation.
- **Transphobic hate**– crimes/incidents motivated by gender identity.

3.8 It is a statutory responsibility to produce a Hate Crime Reduction Strategy and Action plan and the current version for Halton was adopted in June 2011. This Hate Crime and Harassment Reduction Strategy is now being reviewed and the Action Plan updated, following the launch of the Government's Plan to tackle hate Crime (*'Challenge it, Report it, Stop it: The Government's Plan to Tackle Hate Crime'*) published in March this year <http://www.homeoffice.gov.uk/publications/crime/hate->

[crime-action-plan/action-plan?view=Binary](#). This document follows the ‘Hidden in plain sight Inquiry into disability-related harassment,’ and the later ‘Out in the Open Tackling Disability related harassment ‘A manifesto for change, both published by the Equality and Human Rights Commission’.

#### **4.0 CHALLENGE IT, REPORT IT, STOP IT: THE GOVERNMENT’S PLAN TO TACKLE HATE CRIME**

4.1 Challenge it, report it, Stop it, sets out the aims of the Coalition to tackle hate crime in all its forms. The document provides an overview of all the activity either already underway or proposed by various Whitehall departments. The plan calls on all Government departments to support councils, the police and other local agencies to meet three key objectives:

#### **4.2 *Challenging the behaviours and attitudes that foster hatred and encouraging early intervention to reduce the risk of incidents escalating***

This section sets out the steps being taken by the Government to prevent hate crime from occurring by challenging the bigotry and prejudice that foster hatred. These include:

- Publishing an analysis of hate crime data as a supplement to the British Crime Survey.
- Working with schools and voluntary sector partners to increase the resources available to help tackle bullying in schools.
- Developing a new cross-Government Disability Strategy, which will include action on changing attitudes and behaviour.

It also sets out its aims on early intervention to minimise the risk of incidents escalating. Of greatest relevance to local authorities are plans to place Safeguarding Adult Boards on a statutory footing by the end of the year. This is intended to increase the awareness, detection and prevention of abuse of adults in vulnerable circumstances.

#### **4.3 *Encourage more victims to come forward and report hate crime***

In this section the most relevant measures for councils, set out in the plan to improve reporting are:

- The Home Office and the Association of Chief Police Officers (ACPO) will be working with councils, police forces and housing providers to improve the handling of public calls about anti-social behaviour so that hate crime victims can be better identified.
- The Home Office will be collecting best practice examples of work carried out by Community Safety Partnerships to tackle hate crime. These will be published in due course.

#### **4.4 *Improving the response to hate crime by better identifying and managing cases.***

This section of the report focuses on the Government's goals and actions for the criminal justice system so that operational responses to hate crime are made more effective and offenders are dealt with more robustly. It highlights the legislative changes that are being introduced – amendments to the Criminal Justice Act 2003 will ensure that murders motivated by hatred or hostility towards disabled or transgender victims have a sentencing starting point of 30 years, in line with murders motivated by race, religion or sexual orientation – as well as other measures in place to encourage better identification and management of hate crime cases among the police, the Crown Prosecution Service, prisons and probation.

- 4.5 It also calls on councils and other local partners to work jointly with the criminal justice system to bring offenders to justice by, for example, making available information on hate crime and local support services.

## 5.0 **NEXT STEPS**

- 4.5 Cheshire Constabulary is also responding to the above Government's Plan to tackle hate crime by updating their Hate Crime Action plan. We are working with Cheshire Constabulary to ensure that the revised Halton Action Plan for hate Crime is aligned with the work they are doing.

- 4.6 This revised strategy Hate Crime and Harassment Strategy for Halton will continue to promote effective and coordinated action against hate crime. We are working with the Safer Halton Partners, including the police, voluntary sector support groups and the council to gain a better understanding of reported incidents within Halton and how we can better support victims by developing confidence in the criminal justice system to bring perpetrators to justice, more alliance of services and reporting mechanisms and more importantly preventing hate crime from occurring in the first place.

## 6.0 **POLICY IMPLICATIONS**

- 6.1 There are no direct policy implications from the review of the Hate Crime and Harassment Strategy and Action Plan.

## 7.0 **IMPLICATIONS FOR THE COUNCILS PRIORITIES**

### 7.1 **A Healthy Halton**

Hate crime has a significant impact on the victim's physical and mental health, so bringing offenders to justice and supporting victims of hate crime will positively impact on victim's health.

### 7.2 **Employment, Learning and Skills in Halton**

Hate crime negatively impacts on the lives of victims destroying their confidence. This makes it difficult for victims to gain employment and access training. Hate crime can also occur in the work environment, with victims leaving employment to escape their abusers. Tackling hate crime will have a positive impact on this priority.

### **7.3 Children and Young People in Halton**

Hate crime impacts negatively on the lives of young people leaving victims afraid and destroying their self- confidence. Hate incidents and crimes can occur in schools, on the internet and in their neighbourhoods, often giving victims no escape from the abuse and having a long lasting impact on victim's lives. Preventing hate crime and educating young people will have a positive impact on their lives.

### **7.4 A Safer Halton**

Hate crime is a criminal offence taken seriously by the police and is a priority for the Safer Halton Partnership. Partners are working together to bring offenders to justice, support victims and encourage reporting and most importantly prevent incidents from occurring in the first place.

### **7.5 Environment and Regeneration**

Hate crime has a negative impact on communities, making residents fearful and can be accompanied by criminal damage, hate graffiti and anti-social behaviour, sometimes creating no-go areas or areas where people avoid in the evenings or after dark. By tackling and preventing hate we will also have a positive impact on environment and regeneration.

## **8.0 RISK ANALYSIS**

8.1 By not working with partners to tackle hate crime and incidents we would risk perpetrators not being brought to justice, incidents going un reported and victims suffering abuse which would be likely to escalate.

## **9.0 FINANCIAL IMPLICATIONS**

9.1 No direct financial implications.

## **10.0 EQUALITY AND DIVERSITY ISSUES**

10.1 Hate crime is based on prejudice and targets victims based on their identity, therefore tackling hate crime has a positive impact on equality and diversity.

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

11.1 None under the meaning of the Act.

**REPORT TO:** Safer Policy and Performance Board  
**DATE:** 15 January 2013  
**REPORTING OFFICER:** Strategic Director, Communities  
**PORTFOLIO:** Community Safety  
**SUBJECT:** Domestic Abuse and Violence Prevention Programmes  
**WARDS:** All

## **1.0 PURPOSE OF REPORT**

- 1.1 To provide the Safer Halton Policy and Performance Board with an awareness of the increasing acknowledgement that initiatives aimed at ending domestic abuse and violence also need to target and engage with men as the primary perpetrators of abusive behaviour.

## **2.0 RECOMMENDATION That members of the Board consider and comment on any aspect within this report.**

## **3.0 SUPPORTING INFORMATION**

- 3.1 The widespread nature of domestic abuse and violence calls for preventative approaches that aim to change attitudes, values and behavior at the level of the individual, the community and professional.

When one relationship ends most perpetrators have other relationships creating new adult and child victims. One of the most common requests from survivors is for someone to work with their partner, to help them change and keep them safe from further abuse.

Domestic Violence Prevention Programmes are well placed to assist agencies to fulfill their statutory duties by working with men who are applying for child contact as well as those who may be a danger to their children or to the child's mother.

- 3.2 Using Walby's\* cost calculator for domestic abuse in conjunction with the British Crime Survey Inter-personal Violence, the cost of domestic abuse has been estimated for Halton. The true cost is likely to be higher than these estimations, given the higher levels of deprivation in Halton

The costs provided in the table below, are based on the population figure of 70,080 which is the proportion of Halton residents currently recorded as between the ages of 16-59.

Overall Breakdown	£M	Overall Breakdown	
Services	£5,308,560	Services	25%
Economic Output	£2,548,109	Economic Outputs	12%
Human and Emotional Cost	£13,377,571	Human and Emotional Cost	63%
<b>Total</b>	<b>£21,234,240</b>	<b>Total</b>	<b>100%</b>

The cost of domestic abuse per person living in Halton has been identified as **£303** (of the population aged between 16-59) including Human and Emotional Costs or **£112** when focusing solely on service and economic output costs.

The table below, using the BCS IPV research, demonstrates how the prevalence for Halton of Domestic Abuse victims was calculated. The BCS IPV suggests the level of Domestic Abuse by gender in a 12 month period for any domestic abuse as 3.9% for males and 6.3% for females. The estimate of likely prevalence of Domestic Abuse for Halton is **3,600** victims in a 12 month period.

Risk Category	Estimated Prevalence	Percentage Allocation
Standard	1116	31%
Medium	1512	42%
High	936	26%
Not stated	36	1%
<b>Total</b>	<b>3600</b>	<b>100%</b>

*\* Costs have been calculating from 'The Cost of Domestic Violence' 2008 Professor Silvia Walby.*

- 3.3 There are two types of Domestic Violence Prevention Programmes available, criminal justice programmes and community based programmes.

Criminal justice based programmes are run locally by probation; they take mandated referrals from the criminal courts as part of a sentence for conviction for a violent or abusive incident.

Community based programmes are usually run by a voluntary sector organisation or part of a voluntary/statutory sector partnership, they take self-referrals as well as referrals from Children's Services, from the family courts and a range of other services.

- 3.4 During the first three quarters of 2011-12 (Quarter four data not available), Cheshire Probation received 25 requirements for domestic abuse

offenders to attend the criminal justice mandatory Domestic Violence Prevention Programme; 27 offenders completed the programme and the average wait was two months.

- 3.5 Activities of a Domestic Violence Prevention Programmes include a range of services which are necessary in order to make sure that the programme is run as safely as possible and with the maximum possible chance of supporting change. These include: assessment; risk assessment and management; multi-agency working; group work with perpetrators; individual and group support for victims as well as advocacy for victims.

Unless communities engage directly with perpetrators, domestic abuse will not stop.

Domestic Violence Prevention Programmes are usually 26 weeks courses and can vary in size, number of clients, model of work and organisational setting. However, all programmes which are members of Respect are committed to delivering services in accordance with the Respect Accreditation Standard. They:

- Provide proactive partner contact for current, former and new partners of programme participants via a dedicated Integrated Support Service (ISS)
- Carry out risk assessments and case management to protect victims and children.
- Deliver group work programmes of sufficient length and quality to ensure the best possible opportunities for change.
- Take referrals from family courts, social services, health professionals, voluntary sector and perpetrators themselves.
- In addition, to direct client work, staff from the Domestic Violence Prevention Programmes and the ISS also works in partnership with other statutory and voluntary sector organisations as part of a coordinated community response.

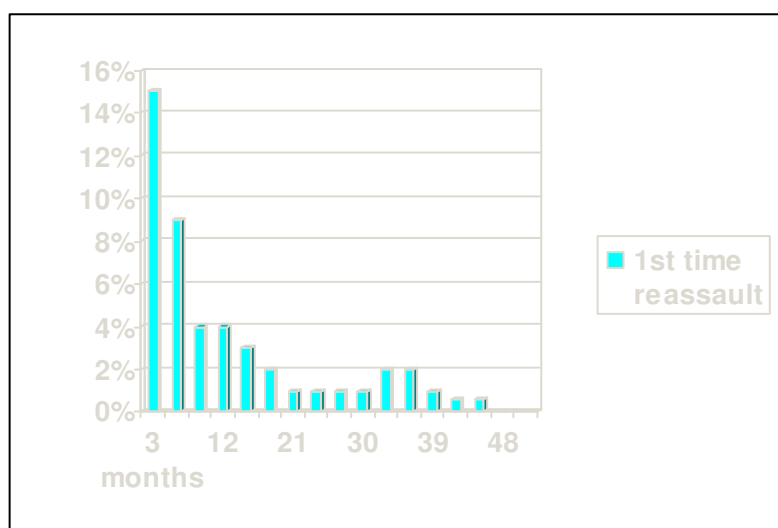
Currently, almost all UK Domestic Violence Prevention Programmes are for male perpetrators who have female partners, reflecting the fact that the majority of domestic violence, particularly dangerous and on-going domestic violence, is perpetrated by men against women. However, many organisations offer individual sessions to female perpetrators who have male partners and for people in same sex relationships and the aim is to develop more specialist services as resources allow.

- 3.6 Research\* into the effectiveness of community based perpetrator programmes, based on established programmes that met accreditation conclude that Domestic Violence Prevention Programmes are an effective mechanism by which to facilitate change in perpetrator behavior and to increase the safety of victims compared to men who drop out of the



programme at an early stage.

- Men who are required to attend were more likely complete the programme and stop using violence.
- The majority of men were no longer using violence at four years after the programme and had not done so for at least a year.
- Men who completed the programme were more likely to stop using violence compared to men who had dropped out of the programme at an early stage.
- Whilst most men did use some violence again after starting the programme, almost all did so a very few times and the gaps between violence incidents grew wider.
- The majority of women said that they felt much safer and attributed this to the man's participation in the programme.
- The quality of life for the majority of women was much improved.
- The changes were made and sustained with the integration of the programmes to a coordinated community response to domestic abuse and violence.



\*Gondolf (2002) – Widely accepted as the most reliable study into the effectiveness of perpetrator programmes.

- 3.7 Halton when giving consideration to commissioning a domestic abuse and violence perpetrator programme must ensure that provision is robust and has a strong evidential basis. One such programme is the REPAIR programme delivered in Devon which has been comprehensively evaluated over a three year period. The programme incorporated a whole family intervention model. The programme cost £186,390 per year to run across three geographies. Had the families not been worked with the total cost to society would have been £345,280 meaning the net benefit to society would be £158,890\*. This programme was delivered through an Invest to Save model (ISB) and, although there were lessons learned, it yielded positive outcomes in relation to a significant reduction in men's

abusive behaviours, improvements in risk reduction and increasing self-esteem. The programme was most effective with men who completed both one to one work and group work. Women who received support through the programme reported a decline in abusive behaviour and an improvement in their well-being. Women reported how communication between workers with the men and themselves enhanced their sense of support and confidence in the programme. Young people supported through the programme experienced positive improvements in emotional literacy, improved relationships with mother and siblings, decreased anxiety, stress and anger and less disturbed sleep.

\*<http://www.devon.gov.uk/adva-repair-full-report.pdf>

- 3.8 Respect if the UK membership association for domestic abuse perpetrator programmes and associated support services suggest that for every £1 spent on perpetrator provision £10 will be saved.
- 3.9 The lack of Domestic Violence Prevention Programmes provision in Halton is well documented locally, as a significant gap in service provision.

If Halton is to have a measurable reduction in the impact of domestic abuse on victims and children, consideration must be given to providing an integrated, coordinated whole system approach with local domestic abuse provision that is equipped to support and empower victims; challenge the behaviour, values and attitudes of perpetrators and support them to make step change; as well as, provide recovery and behaviour change programmes for children and young people affected by domestic abuse and violence.

#### **4.0 POLICY IMPLICATIONS**

- 4.1 There are no policy implications contained within this report.

#### **5.0 IMPLICATIONS FOR THE COUNCILS PRIORITIES**

##### **5.1 A Healthy Halton**

To remove barriers that disable people and contribute to poor health by working across partnership to address the wider determinants of health such as unemployment, education and skills, housing, crime and environment.

Examples:

1. Preventable cause of death
2. Preventable cause of infant mortality
3. Preventable cause of mental health
4. Preventable cases presenting at A & E

## 5.2 **Employment, Learning and Skills in Halton**

Domestic abuse has a detrimental impact on employment. Among employed women who suffered domestic abuse in the last year 21% took time off work and a further 2% lost their jobs.

To maximise an individuals potential to increase and manage their income and mange their income, including access to appropriate, supportive advice services assisting victims to develop better financial management skills and to address debt through appropriate sign posting.

## 5.3 **Children and Young People in Halton**

Children and young people in Halton are emotionally, physically and sexually healthy and Children and young people will feel safe at home, in school and in their communities. For example, ensuring homes are healthy safe environments through offering support to parents and providing access for aftercare support for victims of sexual violence whether a child or young person.

## 5.4 **A Safer Halton**

To understand and tackle the problem of domestic abuse in all its forms. For example, through ensuring adult victims have access to protective and supportive measures reduces the level of domestic incidents and the subsequent impact on the environment with regards to crime and ASB.

## 6.0 **RISK ANALYSIS**

6.1 Failure to provide a local intervention for perpetrators will result in the continuation of the current situation whereby, we to have no facility available for perpetrators that will assist them in changes their behaviour. Agencies have no other available options to them when attempting to work with perpetrators beyond the criminal justice Community Domestic Violence Perpetrator Programme ran by Probation, when a criminal conviction is required in order to access the programme.

- Perpetrators will not be encourages to take responsibility for addressing their behaviour.
- Victims will continue to at risk of harm.
- The violence and abuse will continue to affect the wellbeing of our local children.

If we don't hold people using domestic violence accountable for their behaviour it distorts our response to DV and beyond.

## 7.0 **FINANCIAL IMPLICATIONS**

7.1 Preliminary costings have been sort and voluntary perpetrator programme

run to the same rigorous standards as the statutory programme, authenticated by Respect, the National Association for Domestic Violence Perpetrator Programme if delivered in a local context for Halton residents would be a in the region of £80,000. Relate have suggested they could offer a service for 40 referrals per year, this is the minimum contract Relate would consider offering.

## **8.0 EQUALITY AND DIVERSITY ISSUES**

8.1 The service needs to give specific regard to generally under- represented groups such as:

- Those aged over 60 years
- Male victims
- Those aged 16-25 years
- Those from black, minority ethnic and refugee communities
- Those with no recourse to public funds
- Those identifying as disabled
- Those identifying as Gay, Lesbian, Bisexual or Transgender
- Those whose preferred language may not be English

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

9.1 None under the meaning of the Act

<b>REPORT TO:</b>	Safer Policy & Performance Board
<b>DATE:</b>	15 January 2013
<b>REPORTING OFFICER:</b>	Strategic Director, Communities
<b>PORTFOLIO:</b>	Health and Adults
<b>SUBJECT:</b>	Homecare in the Borough
<b>WARD(S)</b>	Borough-wide

### 1.0 **PURPOSE OF THE REPORT**

1.1 To update the board on the current home care provision borough Wide.

2.0 **RECOMMENDATION:** That The contents of the report are noted

### 3.0 **SUPPORTING INFORMATION**

3.1 There are different options of purchasing domiciliary care in Halton. People can buy care through a direct payment or a commissioned care route. When people opt for the commissioned route, they can be reassured that all the care providers are monitored by the Quality Assurance Team (QAT) and are registered by Care Quality Commission (CQC).

3.2 There are currently eleven domiciliary care providers who have contracts in Halton. The QAT monitors the quality by assessing a number of areas including consultation feedback, safer recruitment, medication records, training, and recording etc.

3.3 To deliver commissioned domiciliary care in Halton, the providers must be registered with the care regulators CQC who are responsible for monitoring and ensuring the minimum care standards are met.

3.4 The annual consultation carried out by the QAT & Research & Intelligence Unit in October/November 2012 concluded the following:

- 232 respondents sent back their forms in November.
- 99% of the respondents felt safe and secure with their care worker
- 96% of the respondents felt their care worker does things in a way which they want things to be done.
- Almost every respondent felt their care worker is polite and respectful with them.

- 9 out of 10 respondents felt comfortable to raise a concern or complaint about the service they receive.

3.5 Of the services monitored, two are rated as adequate (amber) and the remaining is green (good).

Adequate rated services will receive additional monitoring and spot checks to improve standards. None of our existing services are rated as red (poor).

3.6 There were 3 safeguarding referrals received across domiciliary care services between April – December 2012. Only one of these referrals was substantiated as a safeguarding matter.

3.7 Feedback forms are sent to the QAT by stakeholders including social work teams, family members etc. These are low level issues and are not complaints. Very often these are resolved quickly to prevent further escalation into complaints and safeguarding referrals.

The number of feedback forms received during April – December are:

Carewatch – 3  
Caring Hands – 15  
Castlerock – 15  
Homecare Support – 45  
I Care – 11  
Just Care – 16  
Local Solutions – 27  
M-Power – 1  
Premier Care – 9  
Victoria Community Care – 1  
**Total – 143**

The feedback forms are evaluated weekly and action is taken with providers where necessary.

The providers with the highest number of care hours are Homecare Support and Local Solutions; this is reflective in the number of feedback issues we receive.

#### 4.0 **POLICY IMPLICATIONS**

4.1 None

#### 5.0 **OTHER/FINANCIAL IMPLICATIONS**

5.1 None

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

**6.1 Children & Young People in Halton**

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

**6.3 A Healthy Halton**

6.3.1 The providers are working on a pilot in nutrition and hydration which will promote the health and wellbeing of vulnerable adults in their own home. In addition the care calls help to reduce social isolation for vulnerable older people.

**6.4 A Safer Halton**

6.4.1 The domiciliary care packages enable people to live in their communities for longer. Following the recent consultation, 99% of the respondents felt safer having care in their own homes.

**6.5 Halton's Urban Renewal**

**7.0 RISK ANALYSIS**

7.1 The monitoring of domiciliary care reduces risks to the Council when purchasing statutory care on behalf of vulnerable adults.

**8.0 EQUALITY AND DIVERSITY ISSUES**

8.1 All contracted providers are required to comply with the Equality Act 2010 as stated in the domiciliary care contracts 2009-13.

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

None under the meaning of the Act.

## Domiciliary Care Providers

Provider Information from 1st April 2012 to 7th Decmeber 2012

Provider Name	HBC Visit Date	HBC RAG Rating	Commnets
Carewatch (North Cheshire)	03.07.12, 1 meeting.		
Caring Hands Cheshire Ltd	16.07.12, 02.10.12, 2 meetings.		
Castlerock Recruitment Group Ltd	19.04.12, 26.07.12		
Direct Health (Warrington)	The service does not have any HBC commissioned clients.		HBC will only carry out a desk top if they are not providing care to our clients
First Call Healthcare (Sale) (Passhall Ltd)	The service does not have any HBC commissioned clients.		HBC will only carry out a desk top if they are not providing care to our clients
The Human Support Group Ltd - Merseyside	24.07.12, 03.09.12, 3 meetings.		There has been issues highlighted in the number of changes in its management arrangements and medication errors
I Care (GB) Ltd	22.05.12, 30.10.12, 02.11.12, 07.12.12		There has been issues reported around medication errors and poor rota management
Just Care (The Old Police Station)	23.08.12		



Local Solutions Prescott Branch	14.06.12, 06.08.12, 2 meetings.		
M-Power	The service does not have any HBC commissioned clients.		HBC will only carry out a desk top if they are not providing care to our clients
Premier Care (Cheshire) Ltd (Solway Community Services)	13.08.12		

Total Number of Contracted Domiciliary Care Providers:	<b>11</b>
Total Dom Care Provider Visits and Meetings for period:	<b>23</b>

CQC Comments	CQC Report Date
	07.02.12
	23.03.12
	01.11.12
	10.10.12
	07.09.12
	Not Yet Inspected
	Not Yet Inspected
	27.05.11

	05.03.12
The provider did not have an effective system to regularly assess and monitor the quality of service that people received.	22.11.12
	14.11.12

**REPORT TO:** Safer Policy and Performance Board

**DATE:** 15 January 2013

**REPORTING OFFICER:** Strategic Director – Communities

**PORTFOLIO:** Community Safety

**SUBJECT:** Police and Crime Commissioner (PCC)  
Update

**WARDS:** Borough Wide

### **1.0 PURPOSE OF THE REPORT**

- 1.1 To update the Safer Halton Policy and performance Board on the newly elected Police and Crime Commissioner

### **2.0 RECOMMENDATION: That the report be received and noted.**

### **3.0 SUPPORTING INFORMATION**

- 3.1 The Policing & Social Responsibility Act 2011 contained legislation which shifts the decision-making on the strategic management of policing to elected Police and Crime Commissioners in England.
- 3.2 The first elections of Police and Crime Commissioners took place on the 15 November 2012. The new PCC officially took office on the 22nd November 2012.
- 3.3 The conservative candidate John Dwyer was duly elected as the Police Crime Commissioner for Cheshire. He received a total of 48,591 votes. The turnout of voters in Cheshire was 14.08%, which equated to 111,335 papers counted.
- 3.4 The PCC will commission policing services from the chief constable (**or other providers** - in consultation with the chief constable). These services will be set out in the plan where their objectives and funding will be publicly disclosed. The plan must be published and remain a public document including any updates or amendments made during the five year period.
- 3.5 At the end of the financial year the PCC will publish an annual report, which will set out progress made by the PCC against the objectives set out in the plan. Alongside the annual report the PCC will publish annual financial accounts, including showing how resources were consumed in respect of priorities and how value for money was secured.

3.6 PCCs will also exercise regional power and influence over the development and work of local Community Safety Partnerships (CSPs) via powers and duties. These are:

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

3.7 In 2012/13 there will be a new and un-ringfenced Community Safety Fund (CSF) which will be paid to PCCs. The exact size and basis for allocation of this fund have yet to be determined, however an announcement was expected to be made on the 5<sup>th</sup> of December 2012. The CSF will replace the vast majority of existing drugs and crime funding provided by the Home Office.

3.8 From 2014/15 onwards the Home Office intend to roll CSF funding into Police Main Grant. Again the amount of funding has yet to be decided. In his letter, Nick Herbert makes it clear that that the Home Office has no intention of ring-fencing Police Main Grant, nor the setting of a minimum or maximum amount that PCCs must or should spend on community safety activity. It will be up to the PCCs to decide how to use all of the resources at their disposal in pursuit of local priorities.

#### **4.0 Preparations for the PCC nationally**

4.1 The newly elected Police and Crime Commissioners now have their own dedicated website hosted by the Association of police and Crime Commissioners. It's aim is to provide essential national support functions for elected PCCs and all policing governance bodies in England and Wales. It also contains useful information around the new role and the manifesto of the individual commissioners as well as recent news updates. The website can be accessed via the following link [Association of Police and Crime Commissioners](#).

#### **5.0 Preparations for the PCC in Cheshire and Halton**

5.1 **Safer Halton Partnership** has developed a "Welcome Pack" for the PCC. The Leader of the Council and the Chief Executive met with John Dwyer (PCC) on the 26<sup>th</sup> November 2012 and discussed the content of the "Welcome Pack". A copy of the information is enclosed as appendix 1 for information.

This provided useful background for the PCC and will identify:

- The current operating arrangement in Halton.
- The community safety architecture in Halton.
- The key players and partners involved directly and indirectly in crime and community safety in Halton.
- The current crime and community safety priorities for Halton based on the JSNA, research and data.

It is has been produced to provide the new PCC with a quick and comprehensive guide to Halton. This will enable the PCC to quickly understand Halton's needs and aspirations in respect of crime and community safety. In so doing this should encourage the PCC to invest in Halton, thereby maintaining and building on the progress made by the Police and SHP to prevent crime, tackle crime, punish offenders and rehabilitate.

5.2 **Halton and St Helens VCA**, working with Warrington VA, CVS Cheshire East and Chester Voluntary Action is the local broker for the Cheshire Safer Future Communities Network. The network aims to support frontline VCSE (Voluntary, Community and Social Enterprise) organisations in working with the new PCCs from November 2012, through more effective working between the Sector, Community Safety Partnerships, PCCs and other statutory agencies that impact upon community safety. By engaging with a diverse range of partners, this project aims to ensure that the breadth of Home Office community safety issues (crime, anti-social behaviour, re-offending, substance misuse, violence against women and girls, youth crime) are properly represented in the new local commissioning landscape. Following three events held across Cheshire for interested groups, the Cheshire Network is now established with a membership of over 70 groups. The Network is represented on the Transition Board Partnership and Commissioning Sub Group. A mapping exercise is underway to identify the relevant services that the voluntary sector currently delivers across Cheshire.

5.3 The CST is also developing separate and distinct Business Plans for each of Halton's priority community safety activities. Once again this should provide the PCC with clear evidence of the community safety benefits of investing in what we are doing in Halton.

## 6.0 **Police and Crime Panel update**

6.1 The Cheshire Police and Crime Panel will cover the area served by Warrington; Cheshire East (Alsager, Congleton, Crewe, Knutsford, Macclesfield, Middlewich, Nantwich, Poynton, Sandbach, Wilmslow); Cheshire West and Chester (Chester City, Winsford, Northwich, Ellesmere Port, Sandbach); and Halton (Widnes and Runcorn). Warrington Borough Council has taken the lead on this work area.

Financial arrangements, protocols, equality impact assessment and an induction pack for members of the Panel are being developed. A web site for the new panel arrangements and associated information is live and is currently hosted on Warrington Borough Council's website [http://www.warrington.gov.uk/info/200727/crime\\_support\\_and\\_prevention/893/police\\_commissioners\\_and\\_crime\\_panels/2](http://www.warrington.gov.uk/info/200727/crime_support_and_prevention/893/police_commissioners_and_crime_panels/2) ).

- 6.2 The panel has been made up of ten local councillors, representing the four borough councils in Cheshire, and represent, as far as practicable, the political make up of the four councils. The Cheshire Police and Crime Panel has asked for two people from Cheshire to serve as co-opted independent members for a four year term. The panel may co-opt additional members including extra councillors provided the panel does not exceed 20 members and the Home Secretary agrees to the increased size of the panel. A Shadow inaugural meeting of the Cheshire Police and Crime Panel was held on 17<sup>th</sup> July 2012 and the next scheduled meeting was due taken place on 11<sup>th</sup> September. Cllr Shaun Osborne and Cllr Dave Cargill were at the inaugural meeting representing Halton.

## **7.0 POLICY IMPLICATIONS**

- 7.1 The policy implications of the review relate primarily to the Safer Halton priority as set out below, however this is a cross cutting work area which has wider implications on other areas of council business.

## **8.0 RISK ANALYSIS**

- 8.1 The future funding implications for non mainstreamed services may seriously impact on the Local Authorities delivery of community safety services and safeguarding issues. Further Briefings will be provided as we receive notification of the final changes to legislation.

## **9.0 IMPLICATIONS FOR THE COUNCIL'S PRIORITIES**

### **9.1 Children and Young People in Halton**

The work of the Community Safety Team links very closely with that of the council's Children's' and Enterprise Directorate and the Youth Offending Team. They provide a valuable role in addressing anti social behaviour and promoting positive behaviour by young people.

### **9.2 Employment, Learning and Skills in Halton**

The Community Safety Team work closely with the Probation service and YOT, supporting offenders to change their behaviour and to access training and employment opportunities.

**9.3 A Healthy Halton**

Addressing anti-social behaviour and crime is the key function of the Community Safety Team and without this work it is likely that both will increase having a significant impact on resident's health.

**9.4 A Safer Halton**

Should funding for community safety no longer be available, there will be an impact on crime and anti-social behaviour with both likely to rise, having a negative impact on residents quality of life.

**9.5 Environment and Regeneration**

If anti-social behaviour and crime are not fully addressed in Halton this is likely to lead to a deterioration in the quality of the environment and a corresponding reduction in confidence of the public and business in the borough.

**10.0 EQUALITY AND DIVERSITY ISSUES**

None.

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

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



**REPORT TO:** Safer Policy and Performance Board

**DATE:** 15 January 2013

**REPORTING OFFICER:** Strategic Director, Communities

**PORTFOLIO:** Communities

**SUBJECT:** The Cheshire Police and Crime Plan – Making Cheshire an even safer place to live

**WARDS:** Borough Wide

### **1.0 PURPOSE OF THE REPORT**

- 1.1 To brief Members on the draft Police and Crime Plan for Cheshire 2013 – 2016 - Making Cheshire an even safer place to live

### **2.0 RECOMMENDATION:**

- 2.1 That members note and make comments on the draft Police and Crime Plan for Cheshire 2013 – 2016 Making Cheshire an even safer place to live Plan

### **3.0 SUPPORTING INFORMATION**

- 3.1 Under the Police Reform and Social Responsibility Act 2011, Police & Crime Commissioners must produce a Police & Crime Plan for their area for the term in which they will be in office.
- 3.2 Following the Police and Crime Commissioner elections in November 2012, the draft Police and Crime Plan has been developed for Cheshire and sets out the Commissioner's objectives during his period of office for consultation.
- 3.3 The development of the Plan has taken into account a range of information regarding local and national priorities through a stakeholder analysis. The stakeholder analysis pulls together information from a number of sources in order to meet the statutory requirements for producing the plan, including:
- Public priorities (beat meeting priorities, focus groups, formal Consultation processes and public surveys);
  - The Constabulary's' Strategic assessment (including an assessment Of current demand, performance levels, risk and environmental scanning);
  - Partnership priorities; and
  - National drivers including legislation, e.g. Home Office Strategies and

Strategic Policing Requirement issues.

3.4 Information regarding financial and other resources and crime and disorder reduction grants has not yet been included, as the police grant announcement was only made by the Home Office on 19 December 2012.

3.5 Actions will also be included under each of the Commissioner's objectives identified within the Police and Crime Plan. These actions are currently under development and will be included in the final version of the police and crime plan.

#### **4.0 Draft Police and Crime Plan**

4.1 The PCC sets five key objectives within the draft Police and Crime Plan and for each of these objectives a number of performance measures are proposed to monitor progress. These are listed below, however there is further detail on the background information which has led to the objectives in the full document attached in Appendix 1.

#### **4.2 Objective 1 - Enhance frontline policing to enable the Constabulary to prevent and further drive down crime.**

4.2.1 First and foremost the Constabulary is here to provide policing to the communities of Cheshire. This policing service needs to be flexible and adaptable to respond to the wide and varied range of crimes and incidents that affect you as residents. As part of this priority, the PCC will work with the Chief Constable to develop the way we deal with the issues presented by anti-social behaviour, business crime and rural crime and to make our roads safer.

##### 4.2.2 Suggested performance measures

- Total number of recorded crimes;
- Proportion of staff resources allocated to frontline duties;
- Total number of anti-social behaviour incidents;
- Total number of rural crimes;
- Total number of business crimes;
- Proportion of people who perceive ASB to be a problem in their area;
- Number of people killed or seriously injured in road traffic collisions; and
- Proportion of people to perceive drug use or dealing to be a problem in their area.

#### **4.3 Objective 2 - Protect Cheshire's communities from harm**

4.3.1 Crime is on the decline, however there are still sections of our community who are more vulnerable to becoming the victim of crime. The PCC wants to ensure that the Constabulary continues to develop services which protect these most vulnerable people and communities as well as tackling the more serious and organised crimes and civil emergencies which we may need to be able to respond to on a local, regional and national basis.

#### **4.3.2 Suggested performance measures**

- Recorded number of rape offences;
- Recorded number of sexual assault offences;
- Number of repeat incidents of domestic abuse that are case managed; through a Multi- Agency Risk Assessment Conference;
- Measure to possibly be added regarding human trafficking; and
- Measure to possibly be added re child sexual exploitation.

#### **4.4 Objective three - Support victims and witnesses of crime and take a robust stance in tackling those who continue to re-offend.**

4.4.1 The PCC wants to ensure that victims and witnesses of crime are at the centre of the criminal justice system and are able to help develop the services needed not only to support them but to improve services for the future. Many offenders who continue to commit crimes within our communities have underlying factors which, if tackled, would help to prevent them from committing further crimes. These factors can range from alcohol and drug abuse to housing and social care problems as well as health related problems such as mental health. By taking a robust stance not only will we seek out the right criminal justice outcomes but also work in partnership to design and tailor individual solutions which will help to prevent further re-offending.

#### **4.4.2 Suggested performance measures**

- % of crimes solved;
- % of offenders dealt with who have been dealt with by the police previously (in the last two years);
- Percentage of users satisfied with the service they received; and
- % of victims of anti-social behaviour satisfied with the action taken in response to their Incident.

#### **4.5 Objective four - Continue to build on the strong partnership between the police and the communities of Cheshire.**

4.5.1 The success of the Police and Crime Commissioner will depend on his understanding of those issues that are important and helping to shape the police service to address those issues. In doing this the PCC is committed to being an accessible Commissioner who will hold regular surgeries and public meetings as well as embracing technology to undertake as many on-going conversations with residents as possible. The PCC will work with the Constabulary to ensure that the tremendous work undertaken by Neighbourhood Policing Teams continues and we build strong community relationships and encourage participation in the development of local services.

#### **4.5.2 Suggested performance measures**

- The proportion of respondents that state that the police are interested in the issues that concern people living in this area;
- The proportion of respondents that state that the police in this area successfully solve problems in the long term; and
- Total number of complaints and the number of complaints upheld.

#### **4.6 Objective five – Ensure the delivery of an efficient and effective police service. This will include building on the use of innovative technology to deliver better services to the communities of Cheshire**

4.6.1 One of the PCC core functions will be to ensure that the Constabulary provides not only a responsive policing service for the residents of Cheshire but one that is also as efficient and effective as possible. The PCC will work with the Constabulary to focus on where and how the PCC can work in partnership with other police forces or other agencies to drive down the costs of buying products and services. The PCC will look for ways to reduce bureaucracy to ensure officers are on the street and not behind a desk, ensure that we find the most cost-effective ways of delivering all of our services and look at ways to increase income streams all to help in closing the funding gap. The PCC is committed to seeking out more innovative ways to use technology and will also look at ways to maximise income generation in order to offset the impact of cuts to police funding.

#### *4.6.2 Suggested performance measures*

- The cost of delivering policing in Cheshire per head of population; and
- Average working days lost due to sickness.

### **5.0 Consultation Process**

5.1 Consultation on the Police & Crime Plan is required under section 14(3) of the Police Reform and Social Responsibility Act 2011.

5.2 The closing date for comments on the draft Police and Crime Plan is the 25th January 2013.

5.3 Following the consultation, an updated Police and Crime Plan will be presented to the Police & Crime Panel in February who will report/ make recommendation(s) to the Commissioner on the Plan. The Commissioner is scheduled to consider the Panel's report/recommendations at the Decision Meeting on 26 February 2013 and must provide the Panel with the response.

5.4 During March 2013, arrangements will then be made for an executive summary to be produced and for the Plan to be published and disseminated.

### **6.0 POLICY IMPLICATIONS**

- 6.1 There are implications for community safety work from the draft Police and Crime Plan, however we will require the further detail on financial and other resource allocations and the action plan to be able to fully comment on the implications for Halton.

## **8.0 OTHER IMPLICATIONS**

- 8.1 At this stage of the Plan there are no other direct implications.

## **9.0 IMPLICATIONS FOR THE COUNCIL'S PRIORITIES**

### **9.1 Children and Young People in Halton**

The Police and Crime Plan will impact on the Children and Young People as it includes anti-social behaviour as a priority

### **9.2 Employment, Learning and Skills in Halton**

The Police and Crime Plan will tackle offending as a priority so working with other partners to provide training and get offenders into work will be essential

### **9.3 A Healthy Halton**

Drug and alcohol abuse and supporting vulnerable people are key objectives within the Police and Crime Plan, as is supporting victims of crime all of which will impact on health.

### **9.4 Environment and Urban Renewal**

The quality of life in Halton is directly influenced by crime and the fear of crime, so providing safe neighbourhoods, roads and town centres will positively impact on the environment and regeneration of the borough

### **9.5 A Safer Halton**

The Police and Crime Plan directly supports delivery of the Safer Halton priority and will influence the work of the community safety team. Whilst the objectives cover the priorities for Halton, identified within our Sustainable Community Strategy, we need the detail on financial and other resource allocations and the action Plan, before we can fully understand the direct implications for Halton

## **10.0 RISK ANALYSIS**

- 10.1 Not applicable.

## **11.0 EQUALITY AND DIVERSITY ISSUES**

- 11.1 Not applicable.

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

12.1 None under the Meaning of the Act

**Police & Crime Plan 2013 - 16**

**Making Cheshire an even  
safer place to live**

DRAFT

## Police & Crime Plan 2013 - 16

# Foreword

As your Police & Crime Commissioner, my vision is to make Cheshire an even safer place to live. I recognise that this isn't something that the police and I can do alone – we need to work closely in partnership with a range of organisations to tackle issues at a local, regional and national level. This work will reflect the views of the people of Cheshire.

2012 marked a year of major change for the police service with the introduction of Police and Crime Commissioners, replacing the role of Police Authorities. This change sees a reduction in the Government's hold and direction over policing and puts the mandate for what needs to be done locally to drive the fight against crime in the hands of the public. I have been elected as Police & Crime Commissioner for Cheshire on the basis of the priorities I set out in my manifesto. During my campaign and since being elected, I have been working hard to listen to the public to understand the key issues that are important to you and that you feel need addressing over the coming year. Alongside this, I have also taken into account those key areas of policing that will protect communities, especially those most vulnerable, and keep them safe from harm.

By using this information and working with key partners from across Cheshire, I have developed my first Police and Crime Plan for 2013-16, in which I have set out my objectives for the coming year and beyond. From these objectives you, the public, will be able to hold me to account for my performance over the coming years.

I have sworn an oath of impartiality to represent all sections of the public without fear or favour, ensuring that the police are able to cut crime and protect the public. I will work with the Chief Constable to protect the principle of operational independence and will not dictate to any officer regardless of rank on how they must use their police powers. Decisions I make will be transparent and made visible so that I may be properly held to account.

If you are interested in my work and want to find out more then please visit my website [www.cheshire-pcc.gov.uk](http://www.cheshire-pcc.gov.uk), follow me on Twitter @cheshirepcc, or contact my office on Tel: 01606 364000.

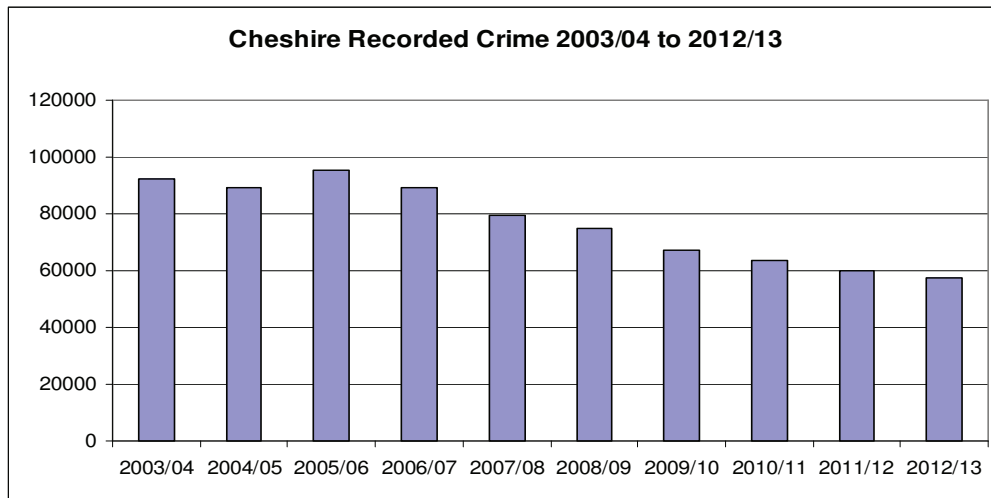
John Dwyer  
Police & Crime Commissioner for Cheshire



## Police & Crime Plan 2013 - 16

# Making Cheshire an even safer place to live

Cheshire is already a fantastic place to live with low crime rates which have fallen by 38% over the last decade.



I want to provide a strong voice for policing in Cheshire to build upon this success. I will be relentless in ensuring that police officers are free from bureaucracy and are able to do what they do best instead – policing.

## Key facts about Cheshire.....

- 450,000 households
- Population of over a million people
- Pockets of extreme wealth contrasting with areas which are amongst the most deprived 10% of locations across the country
- Areas of great diversity, with large rural expanses, areas of extensive heavy industry, a number of urban areas including Chester and Warrington
- More than 200 miles of motorway and the West Coast Mainline railway also runs through the county
- The international airports of Manchester and Liverpool within close proximity

## Police & Crime Plan 2013 - 16

### How does this impact on the way we police in Cheshire

Cheshire's position in the North West region means that as residents you have access to the beautiful rural landscape that makes up large parts of the county as well as being easily placed to travel outside of the area to the metropolitan locations of Greater Manchester and Merseyside for leisure and employment. However, our close proximity to these areas also has an impact on the patterns of criminality within Cheshire. Travelling criminals use the extensive road networks to enter and exit the county to commit crime, some of which is of a serious nature, providing a constant challenge to the way that the Constabulary needs to police the area.

I will work with the Chief Constable to develop policing services which are adaptable and responsive to the diverse landscape that makes up Cheshire.

In developing these services, I will ensure that the police remain responsive to the needs of different communities and know that equality, diversity and human rights are central to providing excellent public services. I will strive to develop innovative ways that we can advance equality and good community relations across Cheshire. I will also maintain oversight of the Chief Constable in his requirement to adhere to the general and specific equality duties and will make sure that information is published which evidences the work being completed.

I recognise that my role as your Commissioner is one of great responsibility, ensuring that the resources are in place in the most effective way to deliver the objectives that I have set out in this Plan. As part of this responsibility I will work with the Constabulary to ensure we have a robust joint risk management framework in place to identify any potential factors preventing me from achieving these objectives or help identify any opportunities to implement them more effectively.

## How I have developed this Plan

In developing this Police & Crime Plan and the key areas I intend to focus on, I have taken into account a range of information, including:-

- Those priorities that the public have stated are important to them which have been sought via various forms of consultation with communities, including victims of crime and businesses.
- A strategic assessment carried out by the Constabulary which outlines key opportunities and challenges to policing in Cheshire, alongside analysis of current demand and performance information.
- Those issues which are important in protecting the most vulnerable people of Cheshire as well as those wider issues where the police service needs to ensure that sufficient capabilities are in place to respond to serious and cross border criminality (the Strategic Policing Requirement) .
- A Cheshire wide analysis of community safety issues and priorities which have arisen from our partners' plans.
- Those issues included in my manifesto upon which I have been successfully elected.

Below is a short summary which highlights the key issues raised within each of these areas.

## The issues you see as important.....

I spent a lot of time during my campaign and since coming to office to seek out and more fully understand the issues that are important to you. This is a vital part of my role if I am to be able fulfil my duty to you as Commissioner and ensure that you regularly have a say in how policing is run in Cheshire.

I have set out below a summary of the key issues that you have raised as a priority; these have been collected in a number of ways including roadshows, focus groups with diverse communities and surveys.

## Police & Crime Plan 2013 - 16

### What you have said.....

- Anti-social behaviour remains your number one priority
- Improving road safety
- Tackling alcohol related crimes and incidents including anti-social behaviour as well as violent incidents
- Reducing theft
- Targeting drug dealers
- More engagement with communities including more visible foot patrols and increased PCSO numbers
- Reducing unnecessary paperwork
- **Overall – reduce crime**

I will be accessible as your Commissioner, so you can raise your issues or let me know how the Constabulary are doing. Your feedback will be key if I am to develop the services needed by the public. This approach is more important than ever as budgets continue to tighten and new ways of delivering services are sought.

I will work with the Constabulary to ensure that communication processes are in place for communities to have access to information regarding the delivery of policing and about how they can express their views, needs, expectations, compliments and where necessary disappointment in the services provided.

I will ensure that the Constabulary continues to arrange beat meetings which are at the heart of neighbourhood policing, allowing those officers working in the community to fully understand your local concerns.

## Police & Crime Plan 2013 - 16

### Constabulary's Strategic Assessment

The strategic assessment is undertaken annually by the Chief Constable in order to better understand those issues which have the potential to cause harm to communities or have the biggest impact on the police service as a whole. The current assessment has highlighted the following major issues which I have taken into account when developing my objectives for inclusion in this Plan:

#### **Key issue – Spending**

As all public services prepare to enter the third year of the Coalition Government's spending review, the challenge to align shrinking resources with my clear commitment to provide frontline services to communities will be faced. I will be playing a lead role in ensuring that the services provided by the Constabulary are as efficient and effective as possible.

#### **What I am committed to doing**

I committed in my manifesto to instigate a root and branch review of the Constabulary to look for more efficient ways of working. I have set up a task force to look at the range of proposals in my manifesto and have asked them to report to me early in the year on their implementation. The savings found by this exercise will be made available to the Chief Constable for frontline policing. I will seek to build partnerships with neighbouring police forces and other agencies to drive down the costs of buying products and services. Where possible I will ensure that effective commissioning arrangements are in place to ensure the efficient use of public funds and to help achieve the objectives set out within this Plan.

#### **Drugs and Alcohol**

Drugs and alcohol use are clearly recognised as key causes of harm within our communities, leading to increased levels of crime, family breakdown and poverty. The impact can vary from being a victim of crime, living in an area where drugs and alcohol are creating anti-social behaviour or living with someone who is dependent on one or both of them, causing misery and pain to individuals and families and undermining communities.

#### **What I am committed to doing**

I will seek to reduce drug-related crime within Cheshire whilst nationally the National Crime Agency will lead the fight against organised crime and enhance the security of our borders. Joint Strategic Assessments with our partners have highlighted that this is a key issue and my role will help to further foster the relationships needed to deliver improvement for example with drug rehabilitation services to help offenders to break the cycle of dependence on drugs and alcohol. Where this does not work, I will ensure that robust targeted activity is undertaken when it is needed.

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Preventative activity and getting messages across to those groups who are vulnerable to the influences of alcohol and drugs is a key way of tackling this issue. Schools and Health & Well Being Boards will be key partners in helping the Constabulary and me to tackle these issues and we will work together to develop new and innovative ways to get the message across regarding the dangers of drugs and alcohol.

### **Protection of the vulnerable**

Protecting vulnerable people and identifying and managing the risks that exist within our communities is a central role that lies at the heart of our approach to policing Cheshire. This is an area of activity which has also been consistently highlighted from our partners as we all strive together to ensure the protection of vulnerable people.

The Constabulary provide strong specialist support at both a local policing level and with partners to protect vulnerable individuals, families and communities from serious harm. Providing services which cover safeguarding children and adults, domestic abuse, stalking and harassment, honour based abuse, mental health, missing persons, human trafficking, and potentially dangerous persons to name just a few.

### **What I am committed to doing**

I recognise the work that the Constabulary already undertakes in this area in close partnership with others and I will help to build on these partnerships that are essential to meet the needs of our local people throughout the diverse communities of Cheshire. I will work with the Constabulary to ensure that processes are in place to identify vulnerability at the earliest point of contact so that the most appropriate response can be given.

### **Virtual Communities/Cyber Crime**

Technology is a central part of most people's lives and in most cases brings a very positive and welcome addition to many of us on a daily basis. The use of computers, mobile phones and the internet provides us with previously unimaginable access to information and services. The Constabulary has made huge advances over the last few years to make best use of this technology both in terms of the systems it uses internally to share and process information and also in the way that it communicates with communities. Facebook and Twitter provide instant access to information that can be used to help make Cheshire a safer place and also provide a mechanism to gain your views on the services being provided.

### **What I am committed to doing**

I have pledged that I will continue to embrace these advances in technology for the benefits of the public and will be looking for new and innovative ways to improve the services that are provided. Unfortunately there remains a small section of our society who, as with all forms of crime, use these advances for their own gain.

## Police & Crime Plan 2013 - 16

I continue to hear from parents who are worried about their children using on-line chat rooms and social networking sites and through my Youth Ambassador, will work with the Constabulary to ensure that messages about internet safety are provided not only to schools but are also available to parents so we can ensure as many people as possible are aware and acting to prevent any potential crimes.

I will seek to develop a free smart phone application which you will be able to use to report crimes and send in pictures and videos which can be reviewed by the police.

### Strategic Policing Requirement

Policing is an issue that crosses many boundaries, not only within Cheshire with our public service partners, but also regionally and nationally. We continue in our fight to tackle some of the more organised elements of crime such as large scale drugs supply and also those incidents where we are required to join resources in ensuring that the police service nationally can tackle issues. These include incidents such as the riots across London and other large cities in the summer of 2011 and more positively in providing the policing response to the Olympics and Paralympics in 2012. Forces often need to work collaboratively, and with other partners or national agencies such as the Borders Agency and Trading Standards to ensure such threats are tackled effectively.

In helping us to prepare for these issues the Home Secretary has issued a Strategic Policing Requirement. The Home Secretary has engaged with policing and other partners to develop the Strategic Policing Requirement which sets out the Government's views of the national threats that the police must address and the appropriate national policing capabilities they believe are required to counter those threats.

### Key Threats.....

The current Strategic Policing Requirement has identified the following threats:

- Terrorism
- Organised crime
- Public disorder
- Civil emergencies, and;
- Cyber threats

These issues can impact at a local level where harm can be felt and escalate to a national level (often incredibly quickly and dynamically as seen with the riots during

## Police & Crime Plan 2013 - 16

2011). They often require a response that is rooted in local policing understanding issues at a neighbourhood level. Police forces also need to be able to come together to play a part on a local, regional and national basis to address threats.

I will work with the Constabulary to plan and prepare our response to these national threats. I will work in collaboration to ensure that the Constabulary is able to contribute in the most efficient and effective manner in order to maintain sufficient resources to meet these operational needs if so required. I will work with the Chief Constable to ensure that the most appropriate training, assessment and accreditation of key specialist roles are in place and that good working arrangements exist with those national agencies that help tackle those cross border and national threats that have the potential to impact on our communities. I will also seek to build upon the existing excellent collaboration work within the North West region and which Cheshire has undertaken with others.

### Other key areas of importance .....

The following section of the Plan details some further areas of activity which I believe are important in progressing in order to achieve my overall aim of making Cheshire an even safer place to live. These key issues reflect a number of my manifesto pledges and priorities from other partner organisations.

#### Neighbourhoods at the heart of policing

As your Police and Crime Commissioner, for the first time, you will be able to hold a single directly elected individual to account for policing in Cheshire. I am dedicated to bringing communities closer to policing, building confidence and restoring justice in the policing and criminal justice system.

I often hear from residents in Cheshire that greater visibility and engagement within communities is one of those key issues.

I will be a strong voice for policing in Cheshire and have promised to be as accessible to you as possible through regular surgeries and public meetings as well as embracing modern forms of technology so I can establish and maintain an on-going dialogue with you.

I will support the Constabulary to build on the great work that has already been done to embed neighbourhood policing. This model of policing has already helped to address many of those incidents of crime that impact on you at a community level but we need to ensure that this is embraced further to ensure that local policing provides the right outcomes for victims and the community.



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### Special Constabulary and Volunteers

We are fortunate in Cheshire to have a wide range of volunteers who bring their skills and experience to different roles and enhance policing. The Cheshire Special Constabulary has 358 Special Constables as at the end of December 2012. The Constabulary also has over seventy police support volunteers who assist officer and staff in a number of activities.

My Office also appoints fifty three independent Custody Visitors who check on the welfare of detainees at the Constabulary's custody suites. In addition, three Dog Welfare Visitors are responsible for reporting on the conditions under which police dogs are kept, transported and deployed. Sixteen volunteers audit the services and information provided at police station front desks and act as critical friends in ensuring that public contact points are accessible and deliver a good standard of service.

The Constabulary currently has sixteen cadets attending a Police Cadet Programme which aims helps young people develop skills and social responsibility and facilitates links between the police and young people. I will work with the Constabulary to review the programme and increase the number of young people who benefit from participating in it.

I intend to expand the opportunities for volunteering, both to add to the Constabulary's skill base and to enable local people to make a positive contribution to policing. The total number of volunteers in the roles outlined above stands at 435, and I intend to significantly increase the number of volunteers in the Cheshire police family over the period of this Plan.

### Victims

Being a victim of crime can be a traumatic and life changing experience and too often we hear stories where the offender is given greater priority than those of the victim or witness of those crimes.

In developing this Plan, I have specifically sought the views of victims of crime, which has provided this key group an opportunity to help shape how policing services are to be delivered in the future.

In addition, the Government intends that from 2014, I will be responsible for a large part of the associated budgets that are currently in place for victims' services. Over the next twelve months, I will carry out a stock take of victims' services within

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Cheshire. I will work with victims to ensure that the services that are commissioned from 2014 onwards are as responsive to the needs of victims and witnesses as possible and focus on prevention, coping with the experience and helping them to recover from being a victim or witness. I will seek to develop a good working relationship with the Government's new Victims Commissioner to ensure any available national support is directed to Cheshire.

As part of my manifesto, I have committed to establishing a Sentencing Unit within my own office to help improve the confidence that communities have in every step of the criminal justice system. This Unit will closely monitor sentences passed by the courts and ensure that all opportunities to influence sentencing are taken. I will also engage with the National Sentencing Council to achieve the best possible outcomes for Cheshire.

### Young People

Young people are an important part of our communities. Often when people try to involve communities in decision making, it is mainly adults who get involved. But it's important to make sure that young people are able to influence decision making too. Young people can bring very valuable experience and a different perspective on the issues communities face.

I set out in my manifesto my commitment for more effective engagement with the young people across Cheshire. I believe that engaging early and providing a bridge between young people and the police will help in the fight to prevent people from offending in the first place which is far more effective than dealing with the consequences once it has happened. I will appoint a Youth Ambassador to ensure that our young people have a point of contact to register their views as well as a champion to communicate key messages regarding issues such as internet safety and the dangers of drugs and alcohol.

In addition to this, I will also work with the Youth Justice Boards and local Youth Services to influence the commissioning of services and programmes which will help to prevent and reduce youth crime and anti-social behaviour.

### Anti-Social Behaviour

I have made clear my intention get tough on the yobbish behaviour that at times blights all our lives. Drunkenness, graffiti, littering and allowing dogs to foul footpaths are all unacceptable. These crimes will only increase if we accept or ignore them.

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I will work in partnership with the Constabulary and other agencies and communities to provide diversionary activities and resilience. Furthermore, I will encourage a restorative approach so that the message is clear to offenders of the impact of their actions and what they can do to retrieve the situation and improve their behaviour in the future.

### Tackling re-offending

All too often, large numbers of crimes are committed by small groups of people and the common denominators are often drugs and alcohol.

Offenders who carry on committing crimes time after time create more victims and damage the communities where they live or where they are committing their crimes. If we are to have safer and stronger communities then we need to minimise re-offending, support people to pay back constructively for their crimes and build better lives for themselves, their families, and their communities.

I am committed to supporting and encouraging effective multi agency work to target and case manage offenders who become problematic due to substance misuse or other crime related factors. The Constabulary have already seen excellent results from this approach and I will be working closely with them to build on this success through the introduction of a '100 Team' for those offenders who are committing the most crime. The team will bring together partners from the Borough Councils, Drug Rehabilitation, Probation, Housing Officers, the Courts, mental health organisations, GPs' and the police to develop tailored solutions for those individuals.

### Policing the roads

As members of the community most of you will be affected by the road network on a daily basis either as a driver, passenger, cyclist, motorcyclist or pedestrian. Whilst the number of road traffic collisions in Cheshire has declined over the last ten years there are still too many fatal and serious injuries on our roads.

I will ensure we continue to focus on highways policing to encourage users to be considerate of others on the road. In tackling many of the road related issues, the Constabulary will not be able to address them alone, and I will encourage continued partnership working in order to promote the 'safer roads' message to all drivers.

Drink driving is already unacceptable but I also want to take a strong stance against those people who also drive under the influence of drugs. During my term in office, I will be lobbying the Government to develop technology and introduce legislation

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which will assist the police in determining whether a driver is under the influence of drugs.

### Rural Crime

Crime can have a devastating impact on the community in which it happens. However, crime in a rural area can bring the community to a halt, especially where this is committed against a rural business as they may not be able to work as effectively as usual. The rural community often feel vulnerable due to the remote nature of their location and broad nature of criminality that affects them.

I have already mentioned the increased use of volunteers and Special Constables. Special Constables linked to small villages will play a key role in the battle against rural crime. I also see the importance of encouraging more representation from rural communities on local criminal justice boards and community safety partnerships. I will also seek to ensure that the Constabulary tackles any wildlife crimes which occur in Cheshire and work effectively with the national Wildlife Crime Unit.

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### Working together.....

Working in partnership remains critical to the delivery of effective outcomes in reducing crime, as is the need for all public services to better understand, and further embrace the culture in which we can all operate more effectively. At present work is underway across all public services to reduce any waste, duplication, and inefficiency which may exist, for example, where there is handover between individual organisations, so that processes are more aligned to a whole “public service system”.

With even greater challenges to public finances anticipated in the years to come, effective partnerships can provide one of few opportunities to reduce cost without reducing the quality of service that is provided to the public.

As Police and Crime Commissioner it will be a central part of my role to further foster these relations with key partners to provide community leadership and ensure that we are all working to achieve common and effective outcomes for the public. In particular I intend to work with those public services that can help address the root causes of policing demand around drugs, alcohol, mental health and family breakdown amongst others.

As part of this role I will have available to me a Crime Reduction Fund which I will use in order to award grants and/or commission services from other partners to help me in achieving my vision of making Cheshire an even safer place to live. Where these agreements are put in place I will ensure that key delivery objectives are agreed in advance. This will ensure partners are clear on what information I need in order to be able to monitor their performance and be able to hold them to account.

The Constabulary already has established working arrangements with a range of partners including:

- Borough, Parish and Town Councils
- Probation Service
- Crown Prosecution Service
- Prison Service
- Health Trusts
- Youth Offending Teams
- Housing Associations
- Jobcentre Plus
- Drug and alcohol action teams
- Voluntary sector

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Considerable work continues to progress across the region to develop more opportunities for police collaboration, building on to those already working successfully and delivering results. I will build on this strong platform of activity to ensure that wherever possible the capacity and capability of policing operations is increased and any cost savings realised.

In addition, I will also work in partnership to seek opportunities to align processes to ensure the consistency of approach and improved connectivity between forces and other partner agencies.

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### What I want to achieve – My objectives for 2013/14

I have already set out the range of information which has helped me in developing the objectives that I am committed to achieving during my term in office as your Commissioner. Whilst developing this Plan I have consulted with the public, victims of crime, the Chief Constable and with other key community safety partners.

This Plan, and the objectives contained within it, will be the key document that I will use to set the strategic direction for the Constabulary. It will also be the mechanism by which I will communicate my intentions with you the public as well as other key partners and stakeholders. Detailed below are the objectives and those measures that I will use to monitor progress in terms of implementation.

#### Objective One

##### **Enhance frontline policing to enable the Constabulary to prevent and further drive down crime.**

First and foremost the Constabulary is here to provide policing to the communities of Cheshire. This policing service needs to be flexible and adaptable to respond to the wide and varied range of crimes and incidents that affect you as residents. As part of this priority, I will work with the Chief Constable to develop the way we deal with the issues presented by anti-social behaviour, business crime and rural crime and to make our roads safer.

Measures
Total number of recorded crimes
Proportion of staff resources allocated to frontline duties
Total number of anti social behaviour incidents
Total number of rural crimes
Total number of business crimes
Proportion of people who perceive ASB to be a problem in their area
Number of people killed or seriously injured in road traffic collisions
Proportion of people to perceive drug use or dealing to be a problem in their area

#### Objective Two

##### **Protect Cheshire's communities from harm**

Crime is on the decline, however, there are still sections of our community who are more vulnerable to becoming the victim of crime. I want to ensure that the

Constabulary continues to develop services which protect these most vulnerable people and communities as well as tackling those more serious and organised crimes and civil emergencies which we may need to be able to respond to on a local, regional and national basis.

It is difficult to identify either one or a small number of measures which effectively highlight the wide ranging work that is completed by the Constabulary in protecting communities from harm. Performance against this area of work which is both sensitive in nature and subject to high levels of confidentiality will be effectively scrutinised through my governance arrangements.

Measures
Recorded number of rape offences
Recorded number of sexual assault offences
Number of incidents of domestic abuse

I will also consider periodic reports on human trafficking, child sexual exploitation and the operation of TITAN, the regional Serious and Organised Crime Unit, which is responsible for tackling some of the most serious criminals operating in the North West.

### Objective Three

#### **Support victims and witnesses of crime and take a robust stance in tackling those who continue to re-offend.**

As your Commissioner, I want to ensure that victims and witnesses of crime are at the centre of the criminal justice system and are able to help me develop the services needed not only to support them but to improve services for the future.

Many offenders who continue to commit crimes within our communities have underlying factors which, if tackled, would help to prevent them from committing further crimes. These factors can range from alcohol and drug abuse to housing and social care problems as well as health related problems such as mental health. By taking a robust stance not only will we seek out the right criminal justice outcomes but also work in partnership to design and tailor individual solutions which will help to prevent further re-offending.

Measure
% of crimes solved
% of offenders dealt with who have been dealt with by the police previously (in the last two years)
Percentage of users satisfied with the service they received
% of victims of anti social behaviour satisfied with the action taken in response to their



incident
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### Objective Four

#### **Continue to build on the strong partnership between the police and the communities of Cheshire.**

My success as your Police and Crime Commissioner will depend on me understanding those issues that are important to you and helping to shape the police service to address those issues. In doing this I am committed to being an accessible Commissioner who will hold regular surgeries and public meetings as well as embracing technology so I can undertake as many on-going conversations with residents as possible. I will work with the Constabulary to ensure that the tremendous work undertaken by Neighbourhood Policing Teams continues and we build strong community relationships and encourage participation in the development of local services.

#### Measure

The proportion of respondents that state that the police are interested in the issues that concern people living in this area
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The proportion of respondents that state that the police in this area successfully solve problems in the long term
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Total number of complaints and the number of complaints upheld.
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### Objective Five

#### **Ensure the delivery of an efficient and effective police service. This will include building on the use of innovative technology to deliver better services to the communities of Cheshire**

One of my core functions as your Police and Crime Commissioner will be to ensure that Constabulary provides not only a responsive policing service for the residents of Cheshire but one that is also as efficient and effective as possible. I will work with the Constabulary to focus on where and how we can work in partnership with other police forces or other agencies to drive down the costs of buying products and services.

We will look for ways to reduce bureaucracy to ensure officers are on the street and not behind a desk, ensure that we find the most cost-effective ways of delivering all of our services and look at ways to increase income streams all to help in closing the funding gap. I am committed to seeking out more innovative ways to use technology

and will also look at ways to maximise income generation in order to offset the impact of cuts to police funding.

Measure
The cost of delivering policing in Cheshire per head of population
Average working days lost due to sickness

**PLEASE NOTE**

**Actions will also be included under each of the Commissioner's objectives which are detailed above. These actions are currently under development and will be included in the final version of the police and crime plan.**

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### How I will monitor progress....

The Home Secretary has abolished the many targets that previously governed police performance and is committed to reducing the bureaucratic reporting systems, relying instead on one key measure – to cut crime.

It will be my role to ensure that this happens within Cheshire and I will be looking at a range of accurate, local information on how well Cheshire is performing.

As part of the strong governance arrangements that have been established between the Constabulary and my office I will be regularly monitoring a broad suite of information on all aspects of performance, including the measures that are set out in this Plan. In order for you to be able to hold me to account and understand how well the Constabulary is performing, I will be making a range of information available on-line so you can monitor performance during my term in office. This will include:

- Regular reports on finance, service performance, staffing matters, complaints and a range of other issues
- An Annual Report

The Police and Crime Panel, currently made up from 10 local councillors representing the four boroughs of Cheshire along with two independent persons, will support, review and scrutinise the functions that I carry out.

As well as the information that I have included above, you will also be able to keep updated through the wider information which is provided on the Office of Police and Crime Commissioner and Constabulary websites which will highlight the work being undertaken at a neighbourhood policing unit level to address those issues and priorities that you have raised about your area.

In addition to this there are also a number of independent performance assurances available to you to monitor police performance in Cheshire. These include:

- Inspections and audits which are completed both by Her Majesty's Inspectorate of Constabulary's (HMIC) and the external auditors.
- The Crimemapper website which displays local crime information allowing you to see what is happening in your local area.
- Crime and Policing Comparator website allows you to compare data on recorded crime and anti-social behaviour (ASB), quality of service, finances and workforce numbers for all police forces in England and Wales.
- HMIC Value for money profiles provide benchmarking information on: what the police are spending in their budgets; staffing levels by grade and function; and outputs and outcomes in a comparable format.

**PLEASE NOTE**

**The Police and Crime Plan must also include information on the financial and other resources which he will make available for policing and the Crime and Disorder Reduction Grants which he is to make.**

**Following the Home Office's announcement of the police grant settlement on the 19 December 2012, the Commissioner is currently developing the police budget for 2013/14 and details will be included in the final version of the Plan.**

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