



Safer Policy and Performance Board

**Tuesday, 14 January 2014 at 6.30 p.m.
Council Chamber, Runcorn Town Hall**

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

Chief Executive

BOARD MEMBERSHIP

Councillor Shaun Osborne (Chairman)	Labour
Councillor Norman Plumpton Walsh (Vice-Chairman)	Labour
Councillor Susan Edge	Labour
Councillor John Gerrard	Labour
Councillor Robert Gilligan	Labour
Councillor Valerie Hill	Labour
Councillor Miriam Hodge	Liberal Democrat
Councillor Darren Lea	Labour
Councillor Martha Lloyd Jones	Labour
Councillor Paul Nolan	Labour
Councillor Pauline Sinnott	Labour
Vacancy	Co-optee

*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, 11 March 2014

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

Part I

Item No.		Page No.
1. MINUTES		
2. DECLARATION OF INTEREST (INCLUDING PARTY WHIP DECLARATIONS)		
	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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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: 14 January 2014

REPORTING OFFICER: Strategic Director, Policy 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: 14 January 2014
REPORTING OFFICER: Chief Executive
SUBJECT: Specialist Strategic Partnership minutes
WARD(s): Boroughwide

1.0 PURPOSE OF REPORT

The Minutes from the last Safer Halton Partnership meeting, which are subject to approval at the next meeting of the Safer Halton Partnership, are attached for consideration.

2.0 RECOMMENDATION: That the minutes be noted.

3.0 POLICY IMPLICATIONS

3.1 None.

4.0 OTHER IMPLICATIONS

4.1 None.

5.0 IMPLICATIONS FOR THE COUNCIL'S PRIORITIES

5.1 Children and Young People in Halton

None.

5.2 Employment, Learning and Skills in Halton

None.

5.3 A Healthy Halton

None.

5.4 A Safer Halton

None.

5.5 Halton's Urban Renewal

None.

6.0 RISK ANALYSIS

6.1 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.

SAFER HALTON PARTNERSHIP

At a meeting of the Safer Halton Partnership Tuesday, 24 September 2013 in The Board Room - Municipal Building, Widnes

Present	M. Andrews	Community Safety
	S. Bell	Public Health
	J. Davidson	Cheshire Probation Service
	S. Doore	Policy & Resources
	D. Hebden	Cheshire Police
	D. Johnson	Communities, HBC
	A. Jones	Democratic Services
	A. Royale	Cheshire Fire & Rescue Service
	S. Semoff	Halton Strategic Partnership
	L.Smallthwaite	Warrington & Halton Trading Standards
	E. Sutton-Thompson	Policy & Performance Team, Communities

Action

SHP1 WELCOME & INTRODUCTIONS

Dwayne Johnson welcomed everyone to the meeting and introductions were made around the table.

Apologies had been received from Dave Cargill, Sarah Boycott, Jeremy Duff, David Parr, John Williams, Alex Waller, Neil Ellwood and Dave Gordon.

SHP2 MINUTES OF THE LAST MEETING

The Minutes of the last meeting held on 15 May 2013 were taken as read and signed as a correct record.

It was noted that Simon Bell would pursue the attendance of the Alcohol Liaison Nurse at the next SHP meeting (minute SHP 67 (b) refers).

SHP3 REVIEW OF THE SUSTAINABLE COMMUNITY STRATEGY (SCS)

The Partnership received a presentation on the progress on the Sustainable Community Strategy (SCS) content review and the draft interactive online format of the SCS.

It was reported that the current SCS was due for review and refresh by December 2013, to ensure that the strategy reflected current activity and national public sector

changes. The overall vision, aims and objectives were not being reviewed and the overall direction of work remained the same.

As part of the review it was proposed that the format of the SCS became interactive and be hosted on the Halton Strategic Partnership's new website (www.haltonpartnership.com). The front page of the SCS would be an interactive graphic showing the vision, the Specialist Strategic Partnerships (SSP's) and the thematic partnerships. By clicking on the relevant hyperlink the reader would be taken to the page relating to the SSP they were looking for. Each SSP page would then demonstrate the aim and objectives of the SSP, the themes it covered, specific outcomes that were being achieved and the performance measures. Current performance information would be available via hyperlink from this page.

Officers proposed that each SSP would review and update the content of their section of the SCS with support from the Policy Officer, with input from the Principal Performance Officer, Principal Policy Officer and Partnership Officer. Officers discussed the considerations that needed to be made in respect of these updates and stressed that it was important to note that the aims and objectives of the SCS were not being reviewed and that the overall strategy remained the same. The purpose of the review was to ensure that the current measures were still fit for purpose. It was noted that the SSP's would need to agree on the thematic areas of activity and a number of measurable outcomes. Once the content of each SSP area had been agreed, the full strategy would go to the December meeting of the Halton Strategic Partnership Board for approval.

The report discussed the benefits of the review approach in detail and provided timescales needed to meet its presentation to HSPB members on 27 November 2013, for formal approval at the HSPB meeting on 11 December 2013.

It was requested therefore that SHP Members provide feedback on the content and appearance of the site by Friday 18 October, so that the above deadlines could be met. Members were requested to send their feedback to Steve Doore via email.

RESOLVED: That the Safer Halton Partnership:

1. Agree the proposed interactive layout of the SCS; and

2. Agree to review the current content of the SHP section and provide updated content by 18 October 2013.

SHP4 DRAFT HATE CRIME & HARASSMENT STRATEGY AND ACTION PLAN

The Partnership received the draft Hate Crime and Harassment Reduction Strategy (2012-16) and Action Plan as part of a wider consultation process.

It was noted that the Strategy and Action Plan had been reviewed and 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*" March 2012. The document followed 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.

The paper *Challenge It, Report It, Stop It* provided an overview of all the activity either already underway or proposed by various Whitehall departments. The Plan called on all Government departments to support councils, the Police and other local agencies to meet three key objectives:

- Challenging the behaviours and attitudes that fostered hatred and encouraged early intervention to reduce the risk of incidents escalating;
- Encourage more victims to come forward and report hate crime; and
- Improve the response to hate crime by better identifying and managing cases.

It also called 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. It was noted that the Council had worked in conjunction with Cheshire Constabulary and aligned its Action Plan with theirs. The Council's Action Plan was based on the Criminal Justice Board's Plan and was included in the Strategy, together with Appendices: (a) Legislative Framework (b) Hate Crime Reporting Centres, (c) Third Party Reporting Form and (d) Hate Crime National Data.

The group discussed the apparent lack of use of the hate crime reporting centres and the possible reasons for

this and the overall low reporting rate of hate crime in Halton in general. It was suggested that work could be done around the recognition of a hate crime amongst staff and the responsibility on individuals to report such crime.

Partners were asked to review the Strategy and provide any comments they may have to Mike Andrews and Shelah Semoff as soon as possible.

RESOLVED: That

1. SSP Members agree to the draft Strategy and Action Plan; and
2. SSP Members acknowledge their role in monitoring the final strategy once approved.

SHP5 TASK GROUP UPDATES

The following Task Group updates were received:

- a) Alcohol Harm Reduction Group – There were no real issues presently in public houses. Arc Angel status was being implemented at The Hive. There had been some activity with UK Border Agency carrying out operations. Trading Standards had seized illegal vodka and planned some night time operations in the future. Operation Ski Bob would shortly be introduced, which was a new form of restorative justice intervention for young people. The ‘night time levy’ was being looked into with regards to its suitability for Halton.
- b) Quarterly Alcohol Update – Noted that the data presented was old. It was hoped that the next quarter would reflect more recent information. The ‘Alcohol Liaison Nurse Service’ data was just received showing that 17% of patients who came through A and E used the service. The local alcohol strategy was being developed. Public Health apps were being developed relating to alcohol units etc. The ‘Dry January’ campaign was being planned.
- c) Anti-Social Behaviour (ASB) – Numbers had increased this quarter by 6%, notably alcohol related and possibly due to good weather conditions. ‘Mini moto’ incidents and neighbour nuisance complaints had increased with some due to an emergence of mental health issues. Mental health issues were currently being looked into with Dave Sweeney from Halton CCG.

- d) Domestic Abuse – More cases had been through MARAC lately, Lindsay Smith was reviewing the figures. It was noted that the Safeguarding Board had raised concerns regarding the number of children involved. Dwayne Johnson had been asked to lead on a piece of work on Domestic Abuse across Cheshire with Chief Inspector Dave Griffiths from Cheshire Police.
- e) Substance Misuse – Halton joint highest in Quarter 1 for drug abuse engagement. A drug strategy was currently being developed with multi agency input and was in its final stage of completion. It would be presented at the next SHP meeting. Data was requested on under 18's solvents and aerosols abuse, this was not available here but would be looked into. CRI were praised for their achievements by Councillor Wright, portfolio holder for *Health and Wellbeing*, and Dwayne Johnson.
- f) Navigate Offender Management – Good work in general. It was noted that a new report format was being developed which would provide more detailed information. Navigate Team experienced difficulties with employment, accommodation and benefits for repeat offenders. It was noted that on entering prison, a person effectively makes themselves homeless, and therefore are not the responsibility of the local authority. Emma Sutton-Thompson to raise this issue with Lindsay Smith.
- g) Partnership Tasking & Coordination – Activity in the Bechers and Upton Green areas of Widnes still problematic, adding to the increase in overall crime in Widnes. They were also experiencing problems with mini motos. Planning for bonfire night and Halloween was underway.
- h) Hate Crime – Not much activity here, as mentioned in previous strategy item there were concerns raised over under reporting. Another traveller site was planned and planning permission had been applied for a permanent site next to the transit site in Daresbury.

SHP6 POLICE & CRIME COMMISSIONER

Mike Andrews, Community Safety Manager HBC, advised the Partnership that the PCC was currently looking at witness support systems in Cheshire.

SHP7 POLICE CRIME PANEL

It was noted that Dave Cargill, The Chairman of the Police Crime Panel, would be speaking at the anti-social behaviour Conference – *Changing Times, Changing Lives: the Future of Anti-Social Behaviour*, at Local Government House in London on 7 October 2013.

SHP8 ITEMS FOR INFORMATION

The following documents were provided for information:

- Widnes Blue Lamp Q2 (April – June 2013)
- Runcorn Blue Lamp Q2 (April – June 2013)
- Meeting Dates for 2013-14

And;

- Fire & Rescue Service – all were reminded of the industrial action taking place on Wednesday 25 September 2013 between 12 noon and 4pm.

Meeting ended at 3.15 p.m.

REPORT TO:	Safer Policy & Performance Board
DATE:	14 January 2014
REPORTING OFFICER:	Strategic Director, Communities
PORTFOLIO:	Community Safety
SUBJECT:	Performance Management Reports, Quarter 2, 2013 – 14
WARD(S)	Borough-wide

1.0 **PURPOSE OF THE REPORT**

1.1 This Report describes the progress of key performance indicators, milestones and targets relating to Safer Halton in Quarter 2 of 2013-14. This includes a description of factors which are affecting the service.

2.0 **RECOMMENDATION: That the Policy and Performance Board:**

- i) **Receive the Quarter 2 Priority Based report**
- ii) **Consider the progress and performance information and raise any questions or points for clarification**
- iii) **Highlight any areas of interest or concern for reporting at future meetings of the Board**

3.0 **SUPPORTING INFORMATION**

3.1 The Policy and Performance Board has a key role in monitoring and scrutinising the performance of the Council in delivering outcomes against its key health priorities. In line with the Council's performance framework, therefore, the Board has been provided with a thematic report which identifies the key issues in performance arising in Quarter 2 2013 – 14.

4.0 **POLICY IMPLICATIONS**

4.1 There are no policy implications associated with this Report.

5.0 **OTHER/FINANCIAL IMPLICATIONS**

5.1 There are no other implications associated with this Report.

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

6.1 **Children & Young People in Halton**

There are no implications for Children and Young People arising from this Report.

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

There are no implications for Employment, Learning and Skills arising from this Report.

6.3 **A Healthy Halton**

There are no specific implications for health arising from this Report.

6.4 **A Safer Halton**

The indicators presented in the thematic report relate specifically to the delivery of the priorities for a Safer Halton.

6.5 **Halton's Urban Renewal**

There are no implications for Urban Renewal arising from this Report.

7.0 **RISK ANALYSIS**

7.1 Not applicable.

8.0 **EQUALITY AND DIVERSITY ISSUES**

8.1 There are no Equality and Diversity issues relating to this Report.

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

9.1 None under the meaning of the Act.

Safer Policy & Performance Board Priority Based Report

Reporting Period: Quarter 2 – 1st July 2013 – 30th September 2013

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 2013/14; 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:-

COMMISSIONING AND COMPLEX CARE

Domestic Abuse

A soft market test is taking place to gauge the level of provider interest in delivering Domestic Abuse services in Halton.

Riverside/English Churches Housing Group has confirmed that they have secured funding to remodel the current refuge into self-contained units.

Preparation work is underway to procure the support service.

Alcohol

Night Time Economy Scrutiny Topic Group

The scrutiny review concluded in July. The review has provided an opportunity to review our local night time economy and identify what works well and what could be improved to provide a safe, accessible, well managed night time economy that meets the needs of residents and businesses and attracts visitors to the borough.

As a result of the review it has been recognised that there is much good practice happening in Halton and our town centres are well managed through the excellent working relationships between the council and our partners, businesses and the public. The review has identified a series of recommendations for further improvement which have been drawn into an action plan.

Alcohol Evidence Paper

Work commenced at the end of Q2 on drawing together sources of data for a local Alcohol Evidence paper. Work will take place mid-October to define the format and content of the Evidence Paper. It is intended that the Evidence paper will inform the production of a local Alcohol Strategy for Halton. It is envisaged that the Evidence Paper and Strategy will also be informed by the work recently undertaken by the Night Time Economy Scrutiny Topic Group and Alcohol Harm Reduction Plan.

PREVENTION AND ASSESSMENT

Integrated Safeguarding Unit

The Integrated Adult Safeguarding Unit is now fully operational and funded jointly with the Clinical Commissioning Group. The Unit operates with a multidisciplinary team, including: Social Workers, Positive Behavioural Analyst, GP, Registered Nurse and Pharmacy Technician. This integrated approach ensures that the unit has the right mix of skills and knowledge to enable them to lead on the investigation of complex safeguarding investigations across Health and Social Care.

Events at Winterbourne have highlighted the particular vulnerability of people with learning disabilities/Autistic Spectrum Disorder who challenge services. There is now a strong and growing evidence base for the effectiveness of behaviour analytic approaches and these have been shown to significantly reduce the frequency, intensity and duration of challenging behaviour. Having a Positive Behaviour Analyst within the Unit helps to focus exclusively upon that group of people who are funded (in part or fully) by the NHS and who exhibit behaviour that challenge services

PUBLIC HEALTH

Public health responsibility, under the Director of Public Health and their team became the responsibility of the Local Authority on 1st April following implementation of the Health and Social Care Act 2012. The Environmental Health and Public Protection team has now also become part of the Public Health team. The Public Health Team have led the development of a Joint Health & Wellbeing Strategy which has cancer, alcohol, falls, mental health and child development as key priorities. The implementation of Action Plans to address these priorities will impact positively on the milestones and performance indicators outlined. This is the first quarter monitoring report since the development of that strategy.

3.0 Emerging Issues

PREVENTION AND ASSESSMENT

Making Safeguarding Personal

"Making Safeguarding Personal 2013-14" is a sector-led improvement project supported by funding from the Association of Directors of Social Services (ADASS) and the Local Government Association (LGA) Safeguarding Adults Programme.

Halton have been invited to participate in this improvement project. This work aims to facilitate a shift in emphasis from processes to a commitment to improve outcomes for people at risk of harm. The purpose of this work is to enable staff to use their skills, knowledge and judgement to work with people to *Make Safeguarding Personal* and to improve and capture outcomes with them, rather than to feel they are only there to follow a process.

PUBLIC HEALTH

The Trading Standard Contract with Warrington comes to an end in November 2013. We are currently identifying options to retender service, which may include returning the service to within the Environmental and Public Health team.

Currently options are being identified to retender for the stray dog kennelling contract in cooperation with other Merseyside Authorities including Liverpool, Knowsley and Sefton.

4.0 Risk Control Measures

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

As such progress concerning the implementation of all high risk mitigation measures will be monitored in Quarter 2 and Quarter 4. However no high risks have been identified for this service area.

5.0 Progress against high priority equality actions

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

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



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

6.0 Performance Overview

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

COMMISSIONING AND COMPLEX CARE

Key objectives and milestones

Ref	Milestones	Q2 Progress
CCC1	Conduct a review of Domestic Violence Services to ensure services continue to meet the needs of Halton residents	
CCC1	Ensure specialist support services for victims of a serious sexual offence continue to be fit for purpose	

SUPPORTING COMMENTARY

CCC1: Conduct a review of Domestic Violence Services:


























Following a review of domestic violence services that highlighted that the current refuge is not fit for purpose, Riverside ECGH have confirmed that they have secured funding to remodel the refuge into self-contained units.

CCC1: Ensure specialist support services for victims of a serious sexual offence are fit for purpose:

Service is commissioned on a sub-regional basis and commissioners from Halton are proactive members of the regional Strategic Board tasked with overseeing the service.

COMMUNITY AND ENVIRONMENT

Key Performance Indicators

Ref	Description	Actual 2012/13	Target 2013/14	Quarter 2	Current Progress	Direction of Travel
<u>CE LI 1</u>	No. of meals served versus hourly input of labour	9.85	10.00	9.73		
<u>CE LI 6</u>	Number of active users of the library service during the last 12 months.	16,468	23,000	16,257		
<u>CE LI 6a</u>	Number of visits to libraries (annual total).	621,109	600,000	184,909		
<u>CE LI 7</u>	% of adult population (16+) participating in sport each week	21.7%	24%	TBC		N/A
<u>CE LI 8</u>	% Take up of free school meals to those who are eligible - Primary Schools	77.46%	85%	87.98%		
<u>CE LI 9</u>	% Take up of free school meals to those who are eligible - Secondary Schools	76.59%	75%	79.08%		
<u>CE LI 10</u>	Take up of school lunches (%) – primary schools	51.71%	55%	49.21%		
<u>CE LI 11</u>	Take up of school lunches (%) – secondary schools	53.64%	55%	52.39%		
<u>CE LI 14</u>	Residual household waste per household	633 Kgs	700 kgs	321 kgs (Estimated)		
<u>CE LI 15</u>	Household waste recycled and composted	37.30%	40%	41.77% (Estimated)		
<u>CE LI 16</u>	Municipal waste land filled	58%	60%	54.17% (Estimated)		
<u>CE LI 17</u>	% Overall satisfaction of Library Users	94%	Top quartile in NW	N/A	N/A	N/A
<u>CE LI 19</u>	Number of Green Flag Awards for Halton	12	12	12		
<u>CE LI 20</u>	Improved Local Biodiversity – Active Management of Local Sites	58.49%	54%	58.49%		

SUPPORTING COMMENTARY**CE LI 1: No. of meals served versus hourly input of labour:**

Although the present figure is lower than the annual target the period April – September is historically the quietest in the School Meals Service, it is fully anticipated that the target will be met or exceeded by year end

CE LI 6: Number of active users of the library service during the last 12 months:

66,535 registered users, current figure of 16,257, having using the service in the last 12 months. This is down on the equivalent quarter last year, however the number of new borrowers joining in this quarter has risen by 20%

CE LI 6a: Number of visits to libraries (annual total):

Based on current figures target will be achieved

CE LI 7: percentage of adult population (16+) participating in sport each week:

Active People Survey 7 results expected December 2013

CE LI 8: percentage take up of free school meals to those who are eligible - Primary Schools:

This is an exceptional result and may be linked to the present economic climate, more parents are encouraging their children to stay for school lunch

CE LI 9: percentage take up of free school meals to those who are eligible - Secondary Schools:

This is an exceptional result and may be linked to the present economic climate, more parents are encouraging their children to stay for school lunch

CE LI 10: percentage take up of school lunches – primary schools:

Although the present figure is lower than the annual target, the period April – September is historically the quietest in the School Meals Service, it is fully anticipated that the target will be met or exceeded by year end.

CE LI 11: percentage take up of school lunches – secondary schools:

Although the present figure is lower than the annual target, the period April – September is historically the quietest in the School Meals Service, it is fully anticipated that the target will be met or exceeded by year end

CE LI 14: Residual household waste per household:

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

CE LI 15: Household waste recycled and composted:

This is an estimated figure but early indications are that this target will be met.

CE LI 16: Municipal waste land filled:

This is an estimated figure but early indications are that this target will be met.

CE LI 17: percentage overall satisfaction of Library Users:

Next adult survey not due until autumn 2015

CE LI 19: Number of Green Flag Awards for Halton:

The number of Green Flag Parks will at best remain static. The Council does not have the resources to submit additional sites for the award.

CE LI 20: Improved Local Biodiversity – Active Management of Local Sites:

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

Any Key Performance Indicators regarding Public Health in relation to Environmental Health or Policy, Planning and Transportation in relation to Risk and Emergency Planning to be inserted here.

APPENDIX 1 – Financial Statements

COMMUNITY & ENVIRONMENT DEPARTMENT

Revenue Budget as at 30 September 2013

	Annual Budget £'000	Budget To Date £'000	Actual to Date £'000	Variance To Date (overspend) £'000
<u>Expenditure</u>				
Employees	12,107	5,881	5,985	(104)
Other Premises	1,366	745	683	62
Supplies & Services	1,457	665	626	39
Book Fund	225	129	129	0
Promotional	264	108	70	38
Other Hired Services	1,019	305	306	(1)
Food Provisions	835	343	323	20
School Meals Food	1,660	546	529	17
Transport	55	27	18	9
Other Agency Costs	877	60	64	(4)
Waste Disposal Contracts	4,799	1,030	1,015	15
Leisure Management Contract	1,492	634	655	(21)
Grants To Voluntary Organisations	333	142	141	1
Grant To Norton Priory	222	111	113	(2)
Rolling Projects	6	6	6	0
Capital Financing	54	11	11	0
Total Spending	26,771	10,743	10,674	69
<u>Income</u>				
Sales Income	-2,174	-1,117	-1,058	(59)
School Meals Sales	-2,224	-737	-762	25
Fees & Charges Income	-2,655	-1,316	-1,251	(65)
Rents Income	-156	-68	-68	0
Government Grant Income	-111	-31	-38	7
Reimbursements & Other Grant Income	-443	-157	-185	28
Schools SLA Income	-278	-248	-232	(16)
Internal Fees Income	-104	-40	-35	(5)
School Meals Other Income	-2,265	-1,768	-1,790	22
Meals On Wheels	-218	-91	-102	11
Catering Fees	-173	-86	-33	(53)
Capital Salaries	-103	-51	-23	(28)
Transfers From Reserves	-62	0	0	0
Rolling Projects	-6	-6	-6	0

Total Income	-10,972	-5,716	-5,583	(133)
Net Controllable Expenditure	15,799	5,027	5,091	(64)
Recharges				
Premises Support	1,491	632	632	0
Transport Recharges	2,242	860	868	(8)
Departmental Support Services	9	0	0	0
Central Support Services	3,119	1,601	1,602	(1)
Asset Charges	3,052	0	0	0
HBC Support Costs Income	-375	-375	-374	(1)
Net Total Recharges	9,538	2,718	2,728	(10)
Net Departmental Total	25,337	7,745	7,819	(74)

Comments on the above figures:

Net operational expenditure is £74,000 over budget profile at the end of the second quarter of the financial year.

Staffing expenditure is over budget profile by £104,000, primarily due to the premium pay savings target for the year to date of £128,200. Although there remains some spending on agency staffing it is approximately £70,000 less than at the same stage last year. With the exception of the Stadium, all other divisional employee budgets are under budget profile to date therefore contributing to the achievement of the staff turnover saving targets of £309,948 for the year to date.

The Leisure management contract is over budget profile and is expected to overspend by approximately £ 40,000 by year end. Work is on-going to renegotiate the contract price for 2014/15 to ensure a balance budget is achieved.

Expenditure on other premises and supplies and services is currently £ 101,000 under budget profile to date. The main reasons for this being there is very little advertising across the division, utility bills are lower than expected due to staff being more energy efficient and savings being made on some consumables budgets.

Most Income budgets are underachieving particularly Sales, Fees & Charges, Catering Fees and Capital Salaries. Sales and fees are still struggling to meet inflated income targets in the recessionary market whilst capital salaries has begun to suffer due to changes in capital grant conditions for which some projects do not now permit claims for in-house staff time.

Although waste disposal contract invoices continue to arrive late, recent invoices have been lower than expected giving an expected underspend. However, larger invoices are yet to arrive and revisions to projections will continue to be monitored.

School Meals continues to perform well against budgets, with sales and food costs both having favourable variances.

The budget for the Department will overspend by circa £150,000 by the end of the current financial year. This will be contained within the overall budget for the Directorate.

POLICY, PLANNING & TRANSPORTATION DEPARTMENT

Revenue Budget as at 30th September 2013

	Annual Budget	Budget To Date	Actual To Date	Variance To Date (overspend)
	£'000	£'000	£'000	£'000
Expenditure				
Employees	4,958	2,290	2,303	(13)
Other Premises	236	70	62	8
Hired & Contracted Services	438	129	129	0
Supplies & Services	309	154	145	9
Street Lighting	1,793	750	734	16
Highways Maintenance	2,225	580	580	0
Bridges	96	37	37	0
Fleet Transport	1,235	630	630	0
Lease Car Contracts	622	494	494	0
Bus Support – Halton Hopper Tickets	173	102	102	0
Bus Support	531	259	259	0
Out of Borough Transport	51	21	17	4
Capital Financing	406	406	417	(11)
Grants to Voluntary Organisations	68	34	34	0
NRA Levy	62	31	29	2
Mersey Gateway	4,966	2,018	2,018	0
Total Expenditure	18,169	8,005	7,990	15
Income				
Sales	-503	-187	-182	(5)
Planning Fees	-506	-253	-330	77
Building Control Fees	-81	-41	-54	13
Other Fees & Charges	-268	-268	-285	17
Rents	-8	-4	-2	(2)
Grants & Reimbursements	-171	-130	-132	2
School SLAs	-39	-39	-44	5
Recharge to Capital	-2,736	-995	-995	0
	-2,567	-1,022	-1,022	0
Transfer from Reserves				
Total Income	-6,879	-2,939	-3,046	107
Net Controllable Expenditure	11,290	5,066	4,944	122
Recharges				
Premises Support	770	333	332	1
Transport Recharges	568	305	305	0
Asset Charges	7,432	0	1	(1)
Central Support Recharges	3,200	1,600	1,601	(1)
Departmental Support Recharges	446	0	0	0
Support Recharges Income – Transport	-4,699	-2,196	-2,196	0
Support Recharges Income – Non Transport	-2,925	-537	-537	0
Net Total Recharges	4,792	-495	-494	(1)

Net Departmental Total				
	16,082	4,571	4,450	121

Comments on the above figures:

In overall terms revenue spending at the end of quarter 2 is below budget profile. This is due to a number of expenditure and income budget areas.

Expenditure on staffing is marginally above the budget to date, this is linked to the staff savings turnover target not being met for the year to date.

Other Premises is below budget to date mainly due to lower than expected utility bills within Logistics division.

Planning fees are currently above the income target to date due a number of individual developments across the borough. These consist of one off large fee applications which cannot be guaranteed in the future. Therefore, this favourable variance may not continue throughout the financial year.

Schools SLA income is above target in Risk Management due to higher than anticipated demand for the service for the year.

At this stage of the year it is anticipated that overall spend will be within the Departmental budget at the financial year-end.

POLICY, PLANNING & TRANSPORTATION

Capital Projects as at 30th September 2013

	2013/14 Capital Allocation £'000	Allocation To Date £'000	Actual Spend To Date £'000	Allocation Remaining £'000
Local Transport Plan				
Bridges & Highway Maintenance				
Bridge Assessment, Strengthening & Maintenance	3,060	900	899	2,161
Road Maintenance	1,715	600	596	1,119
	4,775	1,500	1,495	3,280
Total Bridge & Highway Maintenance				
	725	135	132	593
Integrated Transport				
	5,500	1,635	1,627	3,873
Total Local Transport Plan				
Halton Borough Council				
Early Land Acquisition Mersey Gateway	23,046	7,414	7,414	15,632
Development Costs Mersey Gateway	3,500	995	995	2,505
Street lighting – Structural Maintenance	105	55	53	52
Risk Management	118	20	19	99

Fleet Replacement	950	350	346	604
Total Halton Borough Council	27,719	8,834	8,827	18,892
<u>Grant Funded</u>				
Surface Water Management Grant	214	0	0	214
Mid Mersey Local Sustainable Transport	150	3	3	147
Total Grant Funded	364	3	3	361
<u>Local Pinch Point Fund</u>				
A558 Access Improvements	1,805	0	0	1,805
Total Local Pinch Point Fund	1,805	0	0	1,805
Total Capital Programme	35,388	10,472	10,457	24,931

PUBLIC HEALTH DEPARTMENT

Revenue Budget as at 30th September 2013

	Annual Budget	Budget To Date	Actual To Date	Variance To Date (underspend)
	£'000	£'000	£'000	£'000
Expenditure				
Employees	1,433	663	653	10
Supplies & Services	48	17	15	2
Consumer Protection Contract	393	219	231	(12)
Other Agency	20	20	17	3

Contracts & SLA's	5,971	2,371	2,347	24
Transfer to Reserves	207	0	0	0
Total Expenditure	8,072	3,290	3,263	27
Income				
Other Fees & Charges	-68	-34	-21	(13)
Sales Income	-26	-26	-24	(2)
Reimbursements & Grant Income	-7	-7	0	(7)
Government Grant	-8,510	-2,127	-2,128	1
Total Income	-8,611	-2,194	-2,173	(21)
Net Operational Expenditure	-539	1,096	1,090	6
Recharges				
Premises Support	47	23	23	0
Central Support Services	2,014	145	145	0
Transport Recharges	27	10	10	0
Net Total Recharges	2,088	178	178	0
	1,549	1,274	1,268	6
Net Departmental Total				

Comments on the above figures:

In overall terms, the Net Operational Expenditure for the first two quarters of the financial year is £6,000 under budget profile.

Employee costs are currently showing £10,000 under budget profile. Of this, almost £8,000 relates to a reduction in hours from 37 to 29.6 for one employee in the Environmental Health Division.

The Consumer Protection Contract is currently £12,000 over budget profile. This is due to the increase in the Warrington Borough Council Trading Standards contract for the combined service they provide, which will be £23,000 over the budget profile by the end of the financial year.

Other fees and charges income is currently showing £13,000 below budget profile, this is due to domestic pest control fees income underachieving. The income target had previously been reduced due to a unachievable income target. This will be reviewed again during the budget setting process.

Reimbursements & Grant Income is currently showing £7,000 below budget profile, this is again due to pest control, with sewerage agency works income underachieving.

The Public Health Division came under the control of Halton Borough Council in April this year. Therefore, after two quarters, and with no historical information available, it is too early to comment further. However, the budget will be monitored and scrutinised closely as we move through the year.




Capital Projects as at 30 September 2013

	2013/14 Capital Allocation	Allocation To Date	Actual Spend To Date	Allocation Remaining

	£'000	£'000	£'000	£'000
Stadium Minor Works	60	0	0	60
Stadium Gym Equipment	30	0	0	30
Children's Playground Equipment	81	20	14	67
Playground Third Party Funding	340	17	13	327
Arley Drive (Upton)	66	4	1	65
Crow Wood	13	0	0	13
Open Spaces Schemes	51	45	45	6
Runcorn Cemetery Extension	9	3	1	8
Runcorn Busway Works For Gas Powered Buses	30	30	30	0
Litter Bins	50	29	29	21
Cremators At Widnes Crematorium	396	0	0	396
Runcorn Hill Park	120	25	22	98
Widnes Recreation Site	2,680	0	0	2,680
	3,926	173	155	3,771

APPENDIX 2 – Explanation of Symbols



Symbols are used in the following manner:

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

Direction of Travel Indicator

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

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

REPORT TO: Safer Policy and Performance Board

DATE: 14 January 2014

REPORTING OFFICER: Strategic Director Communities

PORTFOLIO: Health and Wellbeing

SUBJECT: Business Planning 2014 -17

WARDS: Boroughwide

1.0 PURPOSE OF THE REPORT

1.1 To provide Members with the initial draft of the Communities Directorate Business Plan 2014 – 2017 for approval.

2.0 RECOMMENDATION: That the Board

- 1) Note content of the report and associated appendix; and**
- 2) Comment on the draft.**

3.0 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 Policy and Performance Board input into 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 2014 – 2017 were agreed by Members at the Safer PPB meeting on 12th November 2013 and are now reflected in the draft plans now available for consideration by the Policy and Performance Board. These are:

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

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 will provide a focus for the on-going monitoring of performance throughout the 2014 – 15 financial 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.

- 3.5 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 2014.

4.0 POLICY IMPLICATIONS

- 4.1 Business Plans continue to form a key part of the Council's policy framework and will need to reflect known and anticipated legislative changes.
- 4.2 Elected Member engagement would be consistent with existing "Best Value Guidance" to consult with the representatives of a wide range of local persons with regards to formulating plans and strategies.

5.0 OTHER IMPLICATIONS

- 5.1 Directorate Plans will identify resource implications.
- 5.2 Such plans will form the foundation of the performance monitoring reports received by Elected Members and Management Team on a quarterly basis.

6.0 IMPLICATIONS FOR THE COUNCILS PRIORITIES

- 6.1 The annual review of medium-term business plans is one means by which we ensure that the strategic priorities of the Council inform, and are informed by, operational activity.

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.

8.0 EQUALITY AND DIVERSITY ISSUES

- 8.1 Directorate Business Plans, and the determination of service objectives, are considered in the context of the Council's equality and diversity agenda.

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 2014 to March 2017

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1.0 FOREWORD

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

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

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

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

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

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

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

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



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

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

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

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

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

3.0 KEY MESSAGES

Overall Directorate Strategic Direction

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

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

Strategic Priorities and Challenges facing the Directorate

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

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

- Prevention
- Access to Care Services
- Quality

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

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

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

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

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

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

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

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

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

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

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

Health Priorities

3.1 Health and Wellbeing

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

3.3 Dementia

3.4 **Mental Health** - As the local older population increases and people live longer we have seen a significant increase in the number of people diagnosed with dementia. As a result of this we have developed the local dementia strategy that aims to address the needs of people with dementia and their carers. The strategy outlines the importance of early diagnosis, particularly in Primary Care, access to services in the community and improved quality in accommodation based service provision for example residential care. The strategy has an associated action plan and implementation of this plan is the responsibility of the local Dementia Partnership Board. The board is currently reviewing the newly introduced Later Life and Memory Services Initiatives introduced by the 5 Boroughs NHS Foundation Trust. The demand for high quality frontline services to support people with dementia and their carers continues to grow. As a result, new initiatives, such as behaviour analytic approaches to dementia are being developed. Similar initiatives will need to be put in place over the next three years.

3.5 **Acute and Related Services** – the 5 Boroughs NHS Foundation Trust has redesigned pathways around acute services and these have been in place for approximately one year. The emphasis is on preventing admissions wherever possible and adopting a recovery model to support those with more serious mental health problems. The Council's Mental Health social workers are co-located with colleagues from the 5 Boroughs NHS Foundation Trust and there is a multi-agency Mental Health Strategic Commissioning Board (CCG, HBC, 5 Boroughs and others) which oversees strategic developments. Current pressures include those upon acute beds in line with the national position, and continuing pressure upon the community care budget. A new Mental Health and Wellbeing Commissioning Strategy has been produced which sets out priorities up until 2018. Key in this is the preventative work undertaken by the Council's Public Health function. The Council's Mental Health Outreach team is currently piloting work with GP surgeries in order to identify people who may benefit from this service and therefore prevent relapse, a further priority will be extending the range of day services and work related opportunities.

3.6 **Joint Health and Social Care Learning Disability Self-Assessment Framework, Autism Self-Assessment Framework and Winterborne View** – The annual Joint Health and Social Care Learning Disability Self-Assessment Framework and subsequent improvement plans will ensure a targeted approach to improving health inequalities and achieving equal and fulfilling citizenship helping commissioners and local people assess how well people with a learning disability are supported to stay healthy, be safe and live well. The annual Autism Self-Assessment is to assist Local Authorities and their partners in assessing progress in implementing to 2010 Adult Autism Strategy; the purpose of the self-assessment is to see how much progress

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

3.6 Safer Halton Priorities

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

3.5 Other key strategic areas of work are :

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

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

3.7 **Enhancing Residents' Quality of Life**

- An **Arts Strategy** has been developed involving consultation with key stakeholders and the public. This forms the template for the development of arts in Halton over the next 3 years. It will involve close collaboration with Arts Council England and includes: - Arts and Health, youth participation in all art forms, public art and the development of creative industries.
- **Norton Priory Museum Trust** has plans to redevelop the museum and site through a £3.6m Heritage Lottery grant. To date they have achieved stage one approval in the bidding process and have until July 2013 to submit the final application for a project with a total value of approximately £5M. The bid at stage two will be made jointly with the Council. If successful the council will also carry out the construction phase of the project.
- The Halton Sports Strategy is set to run between 2012 – 2015. This sets out in detail the priorities up to 2016 and seeks to enhance work in increasing participation and widening access to sport; the further development and strengthening of sports club; coach education and volunteer development; sporting excellence; finance and funding for sport; and the enhancement of sports facilities and provision.
- The council has an extensive programme of **physical activity** initiatives designed to improve health and develop healthy life styles. The current physical activity initiatives in Public Health will need to be integrated with this programme.
- The Olympic and Paralympics in 2012 proved a great success and have inspired many people. In 2013 Britain host the Rugby League World Cup. The legacy of these events needs to be capitalised on to help improve participation in sport as a competitor, a coach, official or volunteer helper.

- **School Meals** has improved significantly over the past five years with an increase in productivity and uptake being supported by tighter controls on food cost. All these measures help to reduce the financial support needed from the Council, it is crucial that staff are fully engaged at all levels to ensure that the service continues to improve.
- **School Dinner Money** – Cash Payment via the Internet, mobile phone or paypoint. The collection of school dinner money is an extremely time-consuming task. The cash, once collected from the children, is collected by a security company and taken to the bank. Officers also have to spend time reconciling the money which has been received in the Council's account. In order to reduce this time and expenditure a trial will take place in four schools in January of a new system called "All Pay". All Pay have agreed to fund the costs of this trial and parents will pay for school meals using the internet, a mobile phone or at a paypoint. The four schools taking part in the trial are Farnworth CE, Moorfield, Weston Primary and St Martins.
- National Library Standards that determined the minimum level of service for **library authorities** have now been removed and each authority can now set their own standards and priorities. Following consultation the **Halton Library Strategy** has been developed and covers the period 2013 – 2016. This sets out the vision, priorities and development of the service until 2016. The strategy covers 5 key areas which will ensure the service develops and supports reading as a key life skill; help people gain ICT skills to access government services, jobs and information; ensure we keep pace with new technological developments to keep and extend our customer base; ensure we engage with the community and continuously improve the service we deliver and ensure we provide a welcoming highly skilled workforce so that libraries are enriching experiences and provide access to resources and information that the community wants and requires.
- The Arts Council are now responsible for overseeing the role and performance of libraries in England and have an important role in developing public libraries in the future. They have undertaken a major research project *Envisioning the library of the future* to understand better what public libraries could and should look like. The research revealed that there is clear compelling and continuing need for publicly funded library service, which identified four priorities for a 21st century public library service; place the library as the hub of a community; make the most of digital technology and creative media; ensure that libraries are resilient and sustainable; deliver the right skills for those who work in libraries.
- As budgets continue to shrink, the need to work in a different and more efficient ways will continue to be explored. Shared services between authorities on both an individual and regional basis have been discussed and developed to some extent over the last few years. Regional purchasing of stock provides a good example of the economies that can be achieved through this approach.
- Armed Forces Covenant (pan Cheshire) – a commitment to ensure those in service, about to leave service, veterans and their families are not disadvantaged in accessing services and support for housing, education, employment and benefits, health and wellbeing. Partnership support to ensure appropriate sign posting and referral arrangements between agencies and support to the armed forces for transition arrangements for redundancy programmes from the forces.

- Community Involvement – delivered through Community Centres and Community Development will support engaged and participating communities that have a strong sense of belonging and cohesion that supports civic pride in Halton.

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

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

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

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

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

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

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

4.0 FACTORS AFFECTING THE DIRECTORATE

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

POLITICAL	SOCIAL FACTORS
1.The integration of Public Health into Local Authorities.	16. Ageing Population and the shift to an older population.
2. <u>Joint Strategic Needs Assessment/ Joint Health & Wellbeing Boards</u>	17. Dementia rising sharply amongst over 65's.
3. <u>Halton Clinical Commissioning Group</u>	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. <u>Cutting Crime Together</u>	21.Technology will be used to improve communications and community engagement on waste matters.
8.The introduction of the <u>Police and Crime Commissioners (PCC)</u> from Autumn 2012.	
LEGISLATIVE	ENVIRONMENTAL
9. <u>Health and Social Care Act 2012</u>	22.The modernisation of day services continues.
10. <u>Caring for our Future White Paper 2012</u>	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. <u>Care Bill 2013</u> A Bill to reform the law relating to care and support for adults and the law relating to support for carers, to make provision about safeguarding adults from abuse or neglect, to make provision about care standards, to establish and make provision about Health Education England, to establish and make provision about the Health Research Authority, and for connected purposes.	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. <u>Anti-Social Behaviour, Crime and Policing Bill 2013</u>	25. <u>Affordable Warmth Strategy.</u>
13. <u>Welfare Reform Act 2012</u> – The introduction of an under-occupation penalty for social tenants whose homes are too large for their needs will have significant implications for Registered Providers of social housing and could lead to increased demand for the services of the Housing Solutions team. It is estimated that up to 3,000 households could be affected by the penalty.	
14.The revised <u>EU Waste Framework Directive</u>	
15.Legislative changes to local authority	

<p>enforcement powers against householders who commit waste offences.</p>	
<p>26. The Localism Act 2011 - the introduction of fixed term tenancies, a new power for local authorities to discharge the main homelessness duty through an offer of private rented accommodation and the power for local authorities to decide which groups of people qualify to apply for social housing.</p>	
<p>27. Equality and Human Rights Commission inquiry into the human rights of older people wanting or receiving care in their own homes being fully promoted and protected.</p>	

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

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5.0 ORGANISATIONAL INITIATIVES

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

5.1 Equality, Diversity and Community Cohesion

Halton Council is committed to ensuring equality of opportunity within all aspects of its service design and delivery, policy development and employment practices. This commitment is reflected in a range of policies, strategies and other framework documents and practices that underpin the work of the Council 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 and provide community development support to build mechanisms to engage
- Support Gypsies and Travellers to access services including health, social care and education.
- Directorate Equalities Group - develop and maintain a systematic approach to endeavour to ensure that equality and diversity are embedded within our Directorate and members of the group will take on board the responsibility of being Equality and Diversity Champions.

5.2 Environmental Sustainability

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

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

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

Corporate buildings	- 7505 tonnes CO ₂ (estimated)
Schools	- 8393 tonnes CO ₂ (estimated)
Street lighting	- 6211 tonnes CO ₂ (estimated)
Vehicle fleet	- 1359 tonnes CO ₂ (estimated)
Business Miles	- 449 tonnes CO ₂ (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 1st April 2013, Halton Borough Council are part of the 5 Borough's partnership with Health and other partners and are currently applying to connect to health systems. In order to connect the Council is required to complete an Information Governance Toolkit assessment up to level 2 (there are 3 levels in total). The Information Governance Toolkit is a performance tool produced by the Department of Health (DH). It draws together the legal rules and central guidance set out above and presents them in one place as a set of information governance requirements

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

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

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

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6.0 ORGANISATIONAL & DIRECTORATE STRUCTURE

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

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

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

The Council recognises the value of corporate working and that effective communication channels, both internally between Directorates and externally with partners, are a 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.

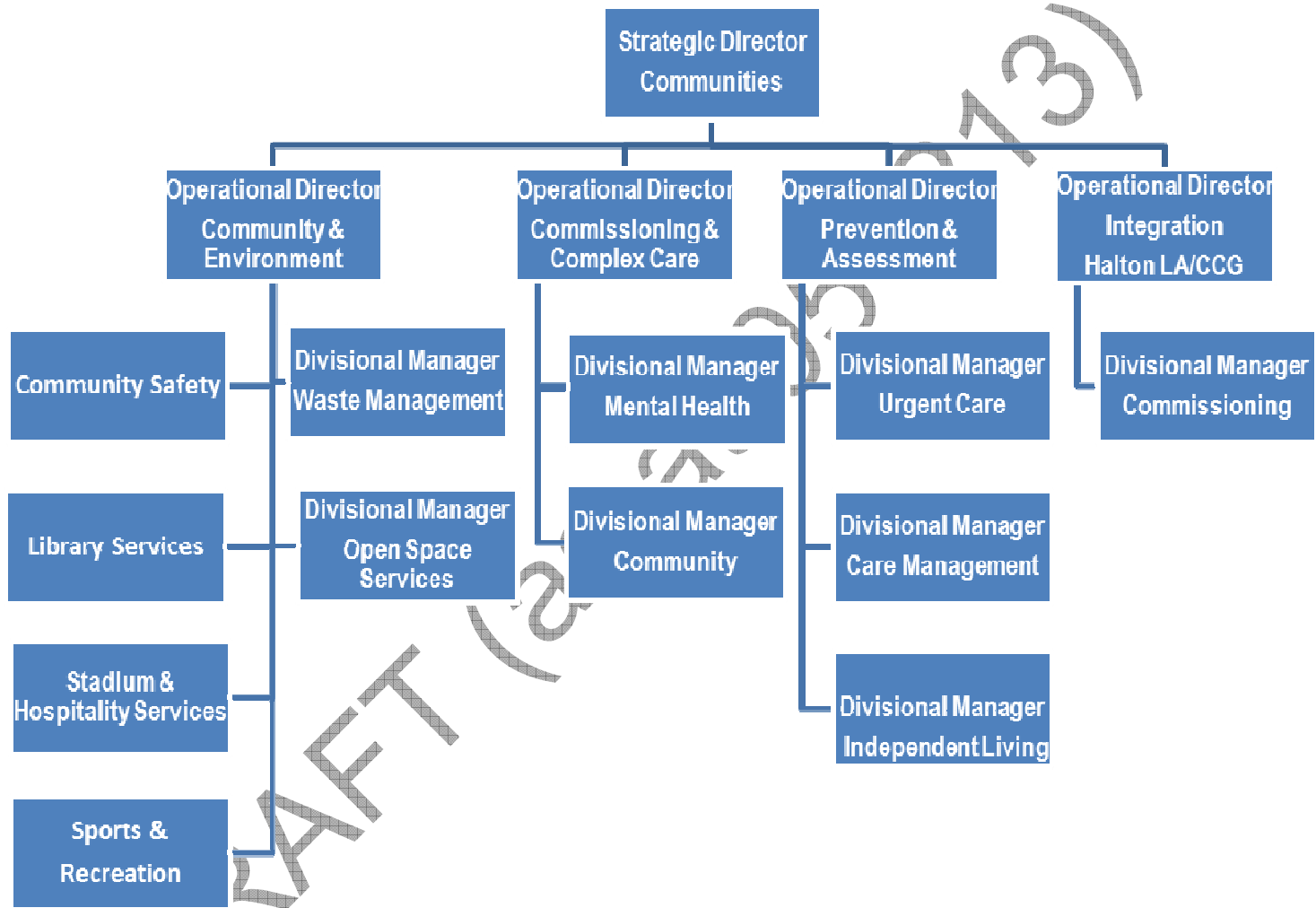
Lead Officers are identified to drive and direct corporate initiatives to bring together elements of the Councils activities which, for the purposes of day to day management, may sit within all or any of the different Directorates.

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 three Departments: -

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

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



Who are the services for?

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

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

What are we for?

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

6.1 Community and Environment Services

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

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

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

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

Stadium and Catering includes the management of the Stobart Stadium Halton which is Halton Borough Council's flagship sporting, health and fitness facility. It is a major cultural asset of the Borough, providing a first class venue for multiple sports and leisure provision, it also has successful and well-developed commercial activities and significant community links to various community and sporting groups. Sport and physical activity is promoted through a Sports Development Team that has excellent relationships with key organisations in the public, private and voluntary sector. The team covers a wide range of important work areas delivering activity, providing assistance to new and established sports groups and manage the Leisure Centre contract. The library service has a statutory responsibility to provide a comprehensive and efficient service to the whole community. Halton has a vibrant and

innovative library service delivered through four public libraries, a mobile library, a satellite facility in Castlefields Community Centre, an outreach home delivery service and through digital access. Libraries are key resources in their local communities providing books, information and technology which promotes lifelong learning, digital inclusion and celebrates reading. They are important community spaces which offer a welcoming neutral environment and host a range of cultural activities, events and opportunities for all sectors of the community.

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

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

6.2 Commissioning and Complex Care Services

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

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

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

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

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

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

6.3 Prevention and Assessment Services

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

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

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

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

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

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

DRAFT (as of 05/12/15)

7.0 RESOURCES

7.1 Budget Summary & Service Costs

COMMUNITIES DIRECTORATE
Revenue Budget 2013-14

	Annual Budget £'000
Expenditure	
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	
Total Expenditure	
Income	
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	
Total Income	

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

COMMUNITIES DIRECTORATE
Revenue Budget 2013-14 – Departmental Analysis

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

COMMUNITIES DIRECTORATE
Capital Programme 2013-14

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

7.2 Human Resources

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

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

7.3 ICT Requirements

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

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

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

7.4 Property Requirements

The Property requirements/developments across the Directorate include:-

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

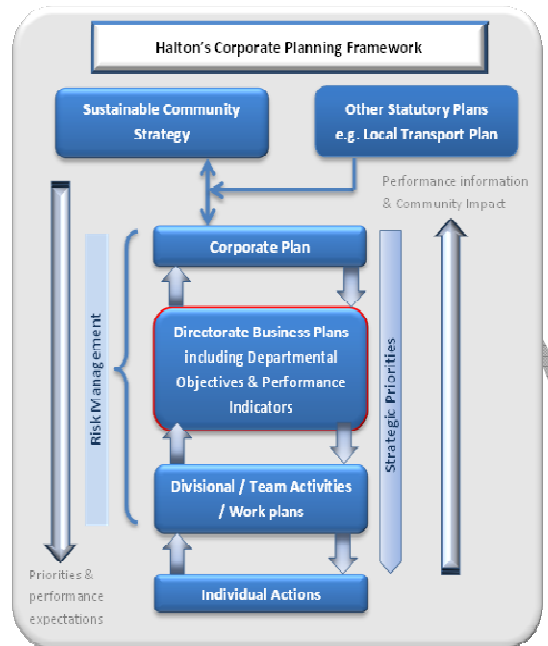
DRAFT (as at 05/12/13)

8.0 BUSINESS PLANNING

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

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

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



Performance Monitoring and Reporting

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

As a result Departmental progress will be monitored through:

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

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

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

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

Community & Environment Services

Service Objectives/Milestones/Performance Indicators:

2014 – 2017

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Departmental Service Objectives

Corporate Priority	A Healthy Halton					
Key Area Of Focus	AOF 1 – Improve the future health prospects of Halton residents, particularly children, through encouraging and providing opportunities to lead healthier and physically active lifestyles. AOF 2 – Providing services and facilities to maintain and promote good public health and well-being.					
Service Objective:	CE1 - Increase participation in sport and physical activity, thereby encouraging better lifestyles.					
Key Milestone(s) (14-15)	<ul style="list-style-type: none"> Continue to implement the Sports Strategy (2012-15) – March 2015 Active people survey results show an increase in participation rates from 2009/10 baseline – March 2014 (KEY) 					
Key Milestone(s) (15-16)	<ul style="list-style-type: none"> Monitor and review all CE1 Measures in line with three year planning cycle. March 2016 (KEY) 					
Key Milestones (16-17)	<ul style="list-style-type: none"> Monitor and review all CE1 Measures in line with three year planning cycle March 2017 (KEY) 					
Risk Assessment	Initial	Medium	Responsible Officer	Sport and Recreation	Linked Indicator(s)	CE LI 17
	Residual	Low				

Corporate Priority	A Healthy Halton Environment and Regeneration in Halton Corporate Effectiveness & Efficient Service Delivery					
Key Area Of Focus	<p>AOF 1 – Improve the future health prospects of Halton residents, particularly children, through encouraging and providing opportunities to lead healthier and physically active lifestyles.</p> <p>AOF 2 – Providing services and facilities to maintain and promote good public health and well-being.</p> <p>AOF 19 – Conserve, manage and enhance public spaces for leisure and recreation and foster conservation by protecting key areas.</p> <p>AOF 22 – Build on our customer focus by involving more service users in the design and delivery of services, and ensuring equal access for all users.</p>					
Service Objective:	CE2 - Increase the community usage of the stadium and to maintain and improve the health of Halton residents					
Key Milestone(s) (14-15)	<ul style="list-style-type: none"> Identify areas for improvement in line with the Business Plan and Marketing Plan (this will drive the development of milestones for 2013/14). January 2015 (KEY) 					
Key Milestone(s) (15-16)	<ul style="list-style-type: none"> Identify areas for improvement in line with the Business Plan and Marketing Plan (this will drive the development of milestones for 2014/15). January 2016 (KEY) 					
Key Milestone(s) (16-17)	<ul style="list-style-type: none"> Identify areas for improvement in line with the Business Plan and Marketing Plan (this will drive the development of milestones for 2015/16). January 2017 (KEY) 					
Risk Assessment	Initial	High	Responsible Officer	Operational Director Community & Environment	Linked Indicator(s)	CE LI 2, 3, 4
	Residual	Low				

Corporate Priority	A Healthy Halton					
Key Area Of Focus	AOF 1 – Improve the future health prospects of Halton residents, particularly children, through encouraging and providing opportunities to lead healthier and physically active lifestyles.					
Service Objective:	CE3 - Increase the number of Pupils having a school lunch, to raise awareness and increase levels of healthy eating.					
Key Milestone(s) (14-15)	<ul style="list-style-type: none"> Deliver a promotion and educational campaign (AOF 1) September 2014 and January 2015 (KEY) 					
Key Milestone(s) (15-16)	<ul style="list-style-type: none"> Deliver a promotion and educational campaign (AOF 1) September 2015 and January 2016 (KEY) 					
Key Milestone(s) (16-17)	<ul style="list-style-type: none"> Deliver a promotion and educational campaign (AOF 1) September 2016 and January 2017 (KEY) 					
Risk Assessment	Initial	Medium	Responsible Officer	Schools Catering Manager	Linked Indicator(s)	CE LI 1, 15, 8 ,9, 10, 11, 21, 22
	Residual	Medium				

Corporate Priority	Employment, Learning & Skills, Children and Young People in Halton, Corporate Effectiveness & Efficient Service Delivery
Key Area Of Focus	<p>AOF 6 – To develop a culture where learning is valued and skill levels throughout the adult population and across the local workforce can be raised.</p> <p>AOF 7 – To promote and increase the employability of local people and tackle barriers to employment to get more people into work.</p> <p>AOF 13 – To improve outcomes for children by increasing educational attainment, health, stability and support during transition to adulthood.</p> <p>AOF 14 – To deliver effective services to children and families by making best use of available resources.</p> <p>AOF 22 – Build on our customer focus by involving more services users in the design and delivery of services, and ensuring equal access for all users.</p>
Service Objective:	CE4 – Increase the use of libraries promoting reader development and lifelong learning, thereby encouraging literacy and skills and quality of life opportunities.
Key Milestone(s) (14-15)	<ul style="list-style-type: none"> • Implement the new Library Strategy 2013-16 - March 2015. (KEY) • Deliver a programme of extended informal learning opportunities including support for digital inclusion meeting identified local targets - March 2015. (KEY)
Key Milestone(s) (15-16)	<ul style="list-style-type: none"> • Monitor and review all CE4 milestones in line with three-year planning cycle. March 2016. (KEY)
Key Milestone(s) (16-17)	<ul style="list-style-type: none"> • Monitor and review all CE4 milestones in line with three-year planning cycle. March 2017. (KEY)

Corporate Priority	Environment and Regeneration in Halton					
Key Area Of Focus						
Service Objective:	<i>CE 5 - Continue to improve Parks, Sports Grounds, Open Spaces and Local Nature Reserves.</i>					
Key Milestone(s) (14-15)	<ul style="list-style-type: none"> • <i>Woodland Expansion - Additional 200m² of Woodland planted Borough wide - March 2015</i> 					
Key Milestone(s) (15-16)	<ul style="list-style-type: none"> • <i>Woodland Expansion - Additional 200m² of Woodland planted Borough wide - March 2016.</i> 					
Key Milestone(s) (16-17)	<ul style="list-style-type: none"> • <i>Woodland Expansion - Additional 200m² of Woodland planted Borough wide - March 2017.</i> 					
Risk Assessment	Initial	Medium	Responsible Officer	Paul Wright	Linked Indicator(s)	CE LI 13
	Residual	Low				

Corporate Priority	Environment and Regeneration in Halton					
Key Area Of Focus	AOF 20 – Improve environmental quality by minimising waste generation and maximising reuse, recycling, composting and energy recovery.					
Service Objective:	CE6 Implementation of actions to ensure the Council achieves its targets and objectives relating to waste and climate change.					
Key Milestone(s) (14-15)	<ul style="list-style-type: none"> • <i>Complete the borough wide roll out of the Alternate Bin Collection service to all suitable properties - September 2014.</i> • <i>Continue to deliver communications and awareness raising initiatives to ensure that participation with the Council's recycling services is maximised and that residents comply with the requirements of the Council's Household Waste Collection policy. March 2015.</i> 					
Key Milestone(s) (15-16)	<ul style="list-style-type: none"> • <i>Continue to deliver communications and awareness raising initiatives to ensure that participation with the Council's recycling services is maximised and that residents comply with the requirements of the Council's Household Waste Collection policy. March 2016.</i> 					
Key Milestone(s) (16-17)	<ul style="list-style-type: none"> • <i>Continue to deliver communications and awareness raising initiatives to ensure that participation with the Council's recycling services is maximised and that residents comply with the requirements of the Council's Household Waste Collection policy. March 2017.</i> • <i>Ensure that all necessary operational plans are in place in readiness for the commencement of the Merseyside and Halton Resource Recovery Contract. September 2017.</i> 					
Risk Assessment	Initial	Medium	Responsible Officer	Divisional Manager Waste & Environment Services	Linked Indicator(s)	CE LI 14, 15, 16
	Residual	Low				

Corporate Priority	Environment and Regeneration in Halton					
Key Area Of Focus	AOF 20 – Improve environmental quality by tackling climate change, minimising waste generation and maximising reuse, recycling, composting and energy recovery.					
Service Objective:	CE7 - Undertake actions to maintain a clean, safe and attractive borough.					
Key Milestone(s) (14-15)	<ul style="list-style-type: none"> Continue to review and assess the effectiveness of the Council's Environmental Enforcement Plans and Policies and maintain actions to ensure that the Council continues to effectively prevent and tackle a range of waste and environmental offences - March 2015. 					
Key Milestone(s) (15-16)	<ul style="list-style-type: none"> Continue to review and assess the effectiveness of the Council's Environmental Enforcement Plans and Policies and maintain actions to ensure that the Council continues to effectively prevent and tackle a range of waste and environmental offences - March 2016. 					
Key Milestone(s) (16-17)	<ul style="list-style-type: none"> Continue to review and assess the effectiveness of the Council's Environmental Enforcement Plans and Policies and maintain actions to ensure that the Council continues to effectively prevent and tackle a range of waste and environmental offences - March 2017. 					
Risk Assessment	Initial	N/A	Responsible Officer	Divisional Manager Waste & Environment Services	Linked Indicator(s)	N/A
	Residual	N/A				

Departmental Performance Indicators

Ref ¹	Description	Halton 12/13 Actual	Halton 13/14 Target	Halton 13/14 Actual	Halton Targets		
					14/15	15/16	16/17

Cost & Efficiency

CE LI 1	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

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

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

Service Delivery

<u>CE LI 6</u> (KEY)	Number of new members of the library service during the last 12 months	New Measure 7,632	8,395		9,234	10,158	11,174
<u>CE LI 6a</u> (KEY)	Number of physical and virtual visits to libraries (annual total)	New Measure 675,679	700,000		721,000	742,000	765,000
<u>CE LI 7</u> (KEY)	% of adult population (16+) participating in sport each week (Previously NI8).	24.5%	24.0%		24.0%	24.0%	24.0%
<u>CE LI 8</u> (KEY)	% Take up of free school meals to those who are eligible - Primary Schools (Previously SH LI 8a).	77.71%	82%		85%	87%	87%
<u>CE LI 9</u> (KEY)	% Take up of free school meals to those who are eligible - Secondary Schools (Previously SH8b).	72.81%	72.50%		75.00%	77.50%	77.50%
CE LI 10	Take up of school lunches (%) – primary schools (Previously NI52a).	50.34%	52%		55%	57%	57%
CE LI 11	Take up of school lunches (%) – secondary schools (Previously NI52b).	53.74%	53%		55%	57%	57%
CE LI 13 (Formerly CE LI 14)	Residual household waste per household (Previously NI191).	633 Kgs	650 Kgs		650 Kgs	650 Kgs	650 Kgs

CE LI 14 (Formerly CE LI 15)	Household waste recycled and composted (Previously NI192).	37.30%	40%		40%	42%	44%
CE LI 15 (Formerly CE LI 16)	Municipal waste land filled (Previously NI193).	58.00%	60%		60%	58%	56%

Quality

CE LI 17 (Formerly CE LI 18)	Satisfaction with the standard of cleanliness and maintenance of parks and green spaces. (Previously EAR LI2).	95.9%	92%		92%	92%	92%
CE LI 19 (Formerly CE LI 20)	Improved Local Biodiversity – Active Management of Local Sites (NI 197).	52.3%	53%		54%	55%	56%
CE LI 20 (Formerly CE LI 21)	Food cost per primary school meal (pence) (Previously SH6a).	65p	75p		76p	77p	78p
CE LI 21 (Formerly CE LI 22)	Food cost per secondary school meal (pence) (Previously SH6b).	85p	94p		94p	95p	96p

Ref ²	Description	Halton 12/13 Actual	Halton 13/14 Target	Halton 13/14 Actual	Halton Targets		
					14/15	15/16	16/17
Area Partner Indicators (Included in the Sustainable Community Strategy)							
CCC 21 SCS / SH1	Reduce the Actual Number of ASB incidents recorded by Cheshire Police broken down into youth and adult incidents (Previously CCC25 [12/13], NI 17)	7228	8065		To maintain and reduce ASB		
CCC 22 SCS / SH2	Reduce the number of Arson incidents (previously NI 33) Arson Incidents (previously CCC26 [12/13], NI 33 – total deliberate fires per 10,000 pop)	34.61	40.81		To continue to reduce in line with trend		
CCC 23 SH3	Increase Residents Overall Satisfaction with the local area by reducing antisocial behaviour (Previously CCC27 [12/13], NI 17)	N/A	N/A		Reduce to NW average		
CCC 24 SCS / SH6	Reduce repeat incidents of domestic abuse within the MARAC Cohort (Previously CCC28 [12/13], PA18 [12/13], NI32)	36%	27%		27		
CCC 25 SCS / SH7a & HH12	Increase the % successful completions (Drugs) as a proportion of all in treatment 18+ (New Measure) (Previously CCC29 [12/13])	21.4%	Above NW Average		Above NW average		
CCC 26 SCS / SH8a	Reduce the number of individuals re-presenting within 6 months of discharge (Drugs) (Previously CCC31 [12/13])	17.1%	Above National & NW Average		Above National and North West Average		
CCC 27 SCS SH7b & HH11b	Increase the % successful completions (alcohol) as a proportion of all in treatment 18+ (Previously CCC33 [12/13])	37.7%	Increasing % of completions		Increasing percentage of successful completions		

² Key Indicators are identified by an **underlined reference in bold type**.

Ref	Description	Halton 12/13 Actual	Halton 13/14 Target	Halton 13/14 Actual	Halton Targets		
					14/15	15/16	16/17
Area Partner Indicators (Included in the Sustainable Community Strategy)							
CCC 28 SCS SH8	Reduce the number of individuals re-presenting within 6 months of discharge (alcohol) (Previously CCC34 [12/13])	20.8%	Above NW & National Average		Above National and North West Average		
CCC 29 SCS / SH11	Reduce the re-offending rates of repeat offenders (RO's in the Navigate IOM Scheme – NEW). (Formerly NI 30) (Previously CCC35 [12/13])	PPO 77.78% RO 27.93% Reduction	To maintain and reduce offending rates for PPO and RO's		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])	8	8		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])	N/A	N/A		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"> • Domestic Burglary • Theft of motor vehicle • Theft from motor vehicle • Robbery (personal and business) (Previously CCC38 [12/13])	1400 (rate 11.84 per 1,000)	To maintain and reduce the number of incidents from the 2010/11 baseline		To maintain and reduce the number of incidents from the 2010/11 baseline		

<p>CCC 33 SCS / SH17</p>	<p>Assault with injury crime rate (per 1000 population) (Previously NI 20). (Previously CCC39 [12/13])</p>	<p>N/A</p>	<p>To maintain and reduce the number of incidents related to this from the 2010/11 baseline</p>		<p>To maintain and reduce the number of incidents related to this from the 2010/11 baseline</p>
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DRAFT (as at 05/12/13)

Commissioning & Complex Care Services

Service Objectives/Milestones/Performance Indicators:

2014 – 2017

DRAFT

DRAFT (as per 03/2/13)

Departmental Service Objectives

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

Service Objective:		Responsible Officer
	CCC 1 – Working in partnership with statutory and non-statutory organisations, evaluate, plan, commission and redesign services to ensure that they meet the needs and improve outcomes for people with Complex Care needs	
Key Milestone(s) (14/15)	<ul style="list-style-type: none"> ▪ Continue to monitor effectiveness of changes arising from review of services and support to children and adults with Autistic Spectrum Disorder. Mar 2015. (AOF 4) (KEY) 	<i>Operational Director (Commissioning & Complex Care)</i>
	<ul style="list-style-type: none"> ▪ Continue to implement the Local Dementia Strategy, to ensure effective services are in place. Mar 2015. (AOF 4) (KEY) 	<i>Operational Director (Commissioning & Complex Care)</i>

	<ul style="list-style-type: none"> Continue to implement 5Boroughs NHS Foundation Trust proposals to redesign pathways for people with Acute Mental Health problems and services for older people with Mental Health problems. Mar 2015 (AOF 4) (KEY) 	Operational Director (Commissioning & Complex Care)
	<ul style="list-style-type: none"> Fully embed a behaviour solutions approach to develop quality services for adults who challenge services - models of good practice to continue to be developed. Mar 2015. (AOF 4) 	Operational Director (Commissioning & Complex Care)
	<ul style="list-style-type: none"> Develop a new housing strategy, in accordance with Part 7 of the Local Government Act 2003, to continue meeting the housing needs of Halton. Mar 2015. (AOF 4, AOF 18) (KEY) 	Operational Director (Commissioning & Complex Care)
	The Homelessness strategy be kept under annual review to determine if any changes or updates are required March 2015 . (AOF 4, AOF 18) (KEY)	Divisional Manager (Commissioning)
	<ul style="list-style-type: none"> Continue to reconfigure homelessness services provided in Halton in line with the recommendations of the Homelessness Scrutiny Review. Mar 2015. (AOF 4, AOF, 18) 	Divisional Manager (Commissioning)
	<ul style="list-style-type: none"> Conduct a review of Domestic Violence Services to ensure services continue to meet the needs of Halton residents. Mar 2015 (AOF11) (KEY) 	Operational Director (Commissioning & Complex Care)
	<ul style="list-style-type: none"> Ensure specialist support services for victims of a serious sexual offence continue to be fit for purpose. Mar 2015. (AOF11) 	Operational Director (Commissioning & Complex Care)
Key Milestone(s) (15/16)	<ul style="list-style-type: none"> Monitor and review all CCC 1 milestones in line with three year planning cycle. Mar 2016. 	Operational Director (Commissioning & Complex Care)

Key Milestone(s) (16/17)	<ul style="list-style-type: none"> Monitor and review all CCC 1 milestones in line with three year planning cycle. Mar 2017. 			Operational Director (Commissioning & Complex Care)
Risk Assessment	Initial	High	Linked Indicators	To be confirmed 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	Medium		

DRAFT (as at 05/11/13)

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

Service Objective:	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	Responsible Officer						
Key Milestone(s) (14/15)	<ul style="list-style-type: none"> Ensure Healthwatch is established and consider working in partnership with other Councils to deliver this. Mar 2015 (AOF 21) (KEY) 	Operational Director (Commissioning & Complex Care)						
Key Milestone(s) (15/16)	<ul style="list-style-type: none"> Monitor and review all CCC 2 milestones in line with three year planning cycle. Mar 2016. 	Operational Director (Commissioning & Complex Care)						
Key Milestone(s) (16/17)	<ul style="list-style-type: none"> Monitor and review all CCC 2 milestones in line with three year planning cycle. Mar 2017. 	Operational Director (Commissioning & Complex Care)						
Risk Assessment	<table border="1"> <tr> <td>Initial</td> <td>Medium</td> <td rowspan="2">Linked Indicators</td> <td rowspan="2">CCC15, CCC16, CCC17, CCC18, CCC19, CCC20</td> </tr> <tr> <td>Residual</td> <td>Low</td> </tr> </table>	Initial	Medium	Linked Indicators	CCC15, CCC16, CCC17, CCC18, CCC19, CCC20	Residual	Low	
Initial	Medium	Linked Indicators	CCC15, CCC16, CCC17, CCC18, CCC19, CCC20					
Residual	Low							

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

Service Objective:	CCC 3 - Ensure that there are effective business processes and services in place to enable the Directorate to manage, procure and deliver high quality, value for money services that meet people's needs			Responsible Officer
Key Milestone(s) (14/15)	<ul style="list-style-type: none"> Undertake on-going review and development of all commissioning strategies, aligning with Public Health and Clinical Commissioning Group, to enhance service delivery and continue cost effectiveness, and ensure appropriate governance controls are in place. Mar 2015. (AOF 21 & 25) (KEY) 			<i>Divisional Manager (Commissioning)</i>
Key Milestone(s) (15/16)	<ul style="list-style-type: none"> Monitor and review all CCC 3 milestones in line with three-year planning cycle. Mar 2016. 			Operational Director (Commissioning & Complex Care)
Key Milestone(s) (16/17)	<ul style="list-style-type: none"> Monitor and review all CCC 3 milestones in line with three-year planning cycle. Mar 2017. 			Operational Director (Commissioning & Complex Care)
Risk Assessment	Initial	Medium	Linked Indicators	CCC1
	Residual	Low		

Departmental Performance Indicators

Ref ³	Description	Halton 12/13 Actual	Halton 13/14 Target	Halton 13/14 Actual	Halton Targets		
					14/15	15/16	16/17

Service Delivery

CCC 2	Adults with physical disabilities helped to live at home per 1,000 population (Previously CCC4 [12/13], CSS 6)	6.98	8.0				
CCC 3	Adults with learning disabilities helped to live at home per 1,000 population (Previously CCC5 [12/13], CSS 7)	3.61	4.30				
<u>CCC 4</u>	Adults with mental health problems helped to live at home per 1,000 population (Previously CCC6 [12/13], CSS 8, previously AWA L113)	3.23	3.97				
<u>CCC 5</u>	Total number of clients with dementia receiving services during the year provided or commissioned by the Council as a percentage of the total number of clients receiving services during the year, by age group. (Previously CCC7 [12/13], CCC8)	4.0	5.0				

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

Ref ⁴	Description	Halton 12/13 Actual	Halton 13/14 Target	Halton 13/14 Actual	Halton Targets		
					14/15	15/16	16/17

Service Delivery

<u>CCC 6</u>	The proportion of households accepted as statutorily homeless who were accepted as statutorily homeless by the same LA within the last 2 years (Previously CCC8 [12/13], CCC9, PCS 12)	0	1.2				
<u>CCC 7</u>	Number of households living in Temporary Accommodation (Previously CCC9 [12/13], CCC10, NI 156)	6	12				
<u>CCC 8</u>	Households who considered themselves as homeless, who approached the LA housing advice service, and for whom housing advice casework intervention resolved their situation (the number divided by the number of thousand households in the Borough) (Previously CCC10 [12/13], CCC11, PCS 11)	5.42	4.4				
<u>CCC 9</u>	Carers receiving Assessment or Review and a specific Carer's Service, or advice and information (Previously CCC8 [12/13], CCC14, NI 135)	18.87	25				

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

Ref ⁵	Description	Halton 12/13 Actual	Halton 13/14 Target	Halton 13/14 Actual	Halton Targets		
					14/15	15/16	16/17

Fair Access

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

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

Ref ⁶	Description	Halton 12/13 Actual	Halton 13/14 Target	Halton 13/14 Actual	Halton Targets		
					14/15	15/16	16/17

Quality

CCC 16	Social Care-related Quality of life (ASCOF 1A, Previously CCC18 [12/13], CCC 38) ** refers to NI 127 (definition may differ from ASCOF 1A)	19.1	20			
CCC 17	The Proportion of people who use services who have control over their daily life (ASCOF 1B, Previously CCC19 [12/13], CCC 39)	79.4%	80%			
CCC 18	Carer reported Quality of Life (ASCOF 1D, Previously CCC20 [12/13])	8.2				
CCC 19	Overall satisfaction of carers with social services (ASCOF 3B, Previously CCC21 [12/13])	46.4				
CCC 20	The proportion of carers who report that they have been included or consulted in discussions about the person they care for (ASCOF 3C, Previously CCC19 [12/13])	76.7				
CCC 21	Overall satisfaction of people who use services with their care and support (ASCOF 3A, Previously CCC23 [12/13])	65.4	68			

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

Prevention & Assessment Services

Service Objectives/Milestones/Performance Indicators:

2014 – 2017

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Departmental Service Objectives

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

Service Objective: PA 1	Working in partnership with statutory and non-statutory organisations, evaluate, plan, commission and redesign services to ensure that they meet the needs and improve outcomes for vulnerable people	Responsible Officer
Key Milestone(s) (14/15)	<ul style="list-style-type: none"> ▪ Fully implement and monitor the effectiveness of the complex care pooled budget (AOF 21 & 25) March 2015 (NEW) (KEY) 	Operational Director (Prevention & Assessment)
	<ul style="list-style-type: none"> ▪ <i>Continue the integrated provision of frontline services including multidisciplinary teams, care homes, safeguarding services and Urgent Care</i> Mar 2015. (AOF 2, 4, & 21). (NEW) 	Divisional Manager (Urgent Care)
	<ul style="list-style-type: none"> ▪ <i>Develop a Care Management Strategy to reflect the provision of integrated frontline services for adults</i> March 2015 (NEW) 	Operational Director (Prevention & Assessment)

	<ul style="list-style-type: none"> Work within adult social care to focus on preventative service to meet the needs of the population (NEW) (KEY) 			Divisional Manager (Care Management)
	<ul style="list-style-type: none"> <i>Develop an integrated approach to the delivery of Health and Wellbeing across Halton</i> March 2015 (NEW) 			Operational Director (Prevention & Assessment)
Key Milestone(s) (15/16)	<ul style="list-style-type: none"> Monitor and review all PA 1 milestones in line with three year planning cycle. Mar 2016. 			Operational Director (Prevention & Assessment)
Key Milestone(s) (16/17)	<ul style="list-style-type: none"> Monitor and review all PA 1 milestones in line with three year planning cycle. Mar 2017. 			Operational Director (Prevention & Assessment)
Risk Assessment	Initial	Medium	Linked Indicators	PA1, PA2, PA3, PA4, PA5, PA6, PA7, PA8, PA9, PA10, PA11, PA12, PA13, PA14, PA15, PA16, PA17, PA19, PA20, PA21, PA22, PA23, PA24
	Residual	Medium		

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

Service Objective: PA 2	Continue to effectively monitor the quality of services that are commissioned and provided in the borough for adult social care service users and their carers.		Responsible Officer
	<ul style="list-style-type: none"> Continue to establish effective arrangements across the whole of adult social care to deliver personalised quality services through self-directed support and personal budgets. Mar 2015 (AOF 2, AOF 3 & AOF 4) 		Divisional Manager (Care Management)
	<ul style="list-style-type: none"> Continue to review the quality of commissioned services and safeguarding procedures that are provided within adult social care (NEW) (KEY) 		Divisional Manager (Independent Living)
Key Milestone(s) (15/16)	<ul style="list-style-type: none"> Monitor and review all PA 2 milestones in line with three year planning cycle. Mar 2016. 		Operational Director (Prevention & Assessment)

Key Milestone(s) (16/17)	<ul style="list-style-type: none"> Monitor and review all PA 2 milestones in line with three year planning cycle. Mar 2017. 			Operational Director (Prevention & Assessment)
Risk Assessment	Initial	Medium	Linked Indicators	PA1, PA2, PA3, PA4, PA5, PA6, PA7, PA8, PA9, PA10, PA11, PA12, PA13, PA14, PA15, PA16, PA17, PA19, PA20, PA21, PA22, PA23, PA24
	Residual	Medium		

DRAFT (as at 05/12/13)

Departmental Performance Indicators

Ref ⁷	Description	Halton 12/13 Actual	Halton 13/14 Target	Halton 13/14 Actual	Halton Targets		
					14/15	15/16	16/17

Cost and Efficiency

Service Delivery

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

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

Ref ⁸	Description	Halton 12/13 Actual	Halton 13/14 Target	Halton 13/14 Actual	Halton Targets		
					14/15	15/16	16/17

Service Delivery

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

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

Ref ⁹	Description	Halton 12/13 Actual	Halton 13/14 Target	Halton 13/14 Actual	Halton Targets		
					14/15	15/16	16/17

Service Delivery

PA 13 (SCS HH10)	Proportion of Older People Supported to live at Home through provision of a social care package as a % of Older People population for Halton (Previously PA17 [12/13])	14.2%	15%				
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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) (Previously PA20 [12/13], NI 125, PA 32)	67.7%	70%				
PA 15	The Proportion of people who use services and carers who find it easy to find information about support – Adult Social Care Survey (ASCOF 3D) (Previously PA21 [12/13], PA 34)	76.7%	65%				
PA 16	The Proportion of People who use services who feel safe – Adult Social Care Survey (ASCOF 4A, Previously PA22 [12/13], PA 35)	63.8%	64%				
PA 17	The Proportion of People who use services who say that those services have made them feel safe and secure – Adult Social Care Survey (ASCOF 4B, Previously PA23 [12/13], PA 36)	68.0%	68%				

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

Ref ¹⁰	Description	Halton 12/13 Actual	Halton 13/14 Target	Halton 13/14 Actual	Halton Targets		
					14/15	15/16	16/17

Quality

PA 22 (AQuA 2) ¹¹	Non-elective bed days aged 65+ per head of 1000 population 65+	2972	2800			
PA 23 (AQuA 3)	Non-elective re-admissions rate within 28 days aged 65 and over	18%	17%			
PA 24 (AQuA 4)	Non-elective re-admissions rate within 90 days aged 65 and over	29.6%	29%			

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

DRAFT (as at 05/12/13)

NATIONAL POLICY GUIDANCE/DRIVERS

Local Government	
<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 & 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, Public Health England , 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>Care Bill 2013</i>	A Bill to reform the law relating to care and support for adults and the law relating to support for carers, to make provision about safeguarding adults from abuse or neglect, to make provision about care standards, to establish and make provision about Health Education England, to establish and make provision about the Health Research Authority, and for connected purposes.
<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 & 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.

DRAFT (as at 05/12/13)

REPORT TO:	Safer Policy & Performance Board
DATE:	14 January 2014
REPORTING OFFICER:	Director of Public Health
PORTFOLIO:	Environmental Services
SUBJECT:	Environmental Health – Food and Health & Safety Team Update
WARD(S)	Borough-wide

1.0 PURPOSE OF THE REPORT

1.1 In June 2012 the board considered a report into the safety and control of cosmetic treatments. In September 2012 the board also considered a report on the implementation of the national food hygiene rating scheme. The purpose of this report is *to update members on these two work areas and further priorities for the food and health & safety team.*

2.0 RECOMMENDATION: That:

- i) **The report be noted.**
- ii) **Members take the opportunity to raise any questions relating to this service area**

3.0 Supporting Information

Health & Safety and Public Health

3.1 Cosmetic Treatments

In June 2012 the board considered a report concerning the controls of Cosmetic Treatments in particular tattooing and body piercing. Since that report considerable progress has been made to tackle illegal tattooists.

3.2 Illegal Tattooists

The previous report to the board highlighted the difficulty of dealing with unlicensed home tattooists. Since that report the health and safety team have adopted a new approach using relatively new powers provided by the Health Protection (Part 2A Orders) Regulations 2010 which amended the Public Health Control of Diseases act 1984. These powers allow local authorities to obtain a court order to intervene where a premises, person or thing poses a risk of contamination or infection. Local authorities must apply to a magistrate for a court order and demonstrate that a risk to health exists.

Any activity that involves piercing the skin presents a risk of transmitting blood borne infections such as HIV or hepatitis. To control the risk tattooists must by law register with the local authority and comply with strict hygiene standards. Illegal unlicensed tattooists pose a significant risk to public health because they do not comply with the required hygiene standards.

Since January 2013 there has been a significant increase in the number of complaints and information received concerning illegal tattooists – this has included the parents of a child who had been tattooed underage. Many of the tattooists were advertising their services on the internet. This increase in complaints prompted the team to rethink its approach. Previously the team had limited powers to control illegal tattooists. The activity generally took place at domestic premises which fall to the Health and Safety Executive for enforcement. There were a number of difficulties in engaging the support of the Health and Safety Executive. Powers under the by-laws were considered outdated and inadequate.

The team became aware that some local authorities in Wales were utilising new Public Health powers to enter premises and seize tattooing equipment from illegal tattooists. After consulting with the Welsh local authorities it was decided to try this approach in Halton.

In the last 6 months the team have executed 7 warrants with support from Cheshire Police and seized tattooing equipment from 5 illegal tattooists. In all cases the tattooists were found to have been operating in unhygienic conditions without adequate facilities for disinfection and other aspects of infection control. The team will continue to utilise this approach to tackle illegal tattooists.

To complement this direct action a publicity campaign using social media is to be launched. The aims of this campaign are to warn the public of the dangers of using illegal tattooists and to encourage the public to report the activities of illegal tattooists.

3.3 Underage use of Sunbeds

Protecting young people from exposure to UV radiation is a key part of Halton's Cancer Strategy. This includes enforcement of the law relating to underage sunbed use.

There is growing concern regarding the link between exposure to UV radiation and skin cancer particularly amongst young people. Exposure to UV radiation from the sun or sunbeds is the main risk factor for malignant melanoma. Most forms of cancer are generally first detected later in life – however incidences of skin cancer show a different pattern with a higher proportion of cases first diagnosed in persons under 50 compared with all other forms of cancer.

Cancer Research UK report that use of a sunbed for the first time before age 35 increases the risk of malignant melanoma by 59%, and use at any age increases malignant melanoma risk by 20-25%. Another study showed women aged 25-39 who use a sunbed more than 10 times a year have two-and-a-half times the malignant melanoma risk compared with women who do not use sunbeds. Sunbed use is estimated to cause around one hundred deaths a year from malignant melanoma in the

UK. (source: cancer research UK)

The Sunbed (Regulation) Act 2010 makes it illegal to allow anyone under the age of 18 to use a sunbed. At the time the legislation was launched the environmental health department wrote to all sunbed operators advising them of the law and their obligations.

In August 2013 the Health and Safety team with support from Trading Standards undertook a test purchase operation on 9 sunbed operators using a 16 year old volunteer. Unfortunately 5 of the operators failed the test purchase and allowed the 16 year old to purchase a sunbed session. All 5 of the operators were subsequently formally interviewed and after admitting the offence were issued with a caution. All 5 gave assurances that they were aware of the law and that they would improve their practices to ensure underage persons are prevented from using sunbeds. Trading Standards have provided advice on proof of age schemes. It was disappointing that such a high proportion of premises failed the test purchase. However the operation was considered a success in that it has raised awareness amongst business owners and demonstrated that the authority will identify and investigate offending businesses. The operation will be repeated. Any repeat offences are likely to result in prosecution.

Food Safety Update

3.4

National Food Hygiene Rating Scheme

Halton has 1059 registered food premises of which 847 are included in the national food hygiene rating scheme. Businesses are awarded a score of between 0 and 5 based on their last food safety inspection.

Premises with a score of 3 and above are considered “broadly compliant” with the law. This measure of Broad Compliance is used by the Food Standards Agency as a key performance indicator and figures are reported annually. Currently 90.3% of Halton premises are broadly compliant with the law. This represents an increase on the previous year (89%) and continues the year on year improvement observed since the scheme was launched. This performance is consistent with the regional and national average of 91% and 90.8% respectively.

A further notable development is that there has been a significant increase in the number of business achieving the top rating. 49% of food premises in the borough now achieve 5 stars compared with 41% in 2012. However the level of premises achieving the lower scores 0 to 2 has only reduced slightly from 11% in 2012 to 10% in 2013. This suggests that the rating scheme has incentivised businesses that already reach a reasonable standard of hygiene to improve further and attain full legal compliance. However there has been little overall improvement in those poor performing businesses.

In the report of September 2012 it was reported that takeaways were the worst performing sector. At that time 65% of takeaways achieved the top 3 scores whilst 35 % of takeaways achieved the lower 3 scores. However since the previous report there has been an improvement in the standards at takeaways. Currently 75% of takeaways now achieve the top 3 ratings.

In order to improve standards in takeaways the food team will continue to concentrate

resources at the worst performing premises. In total during 2012-13 the food team conducted 1407 interventions at food premises in the borough – this included inspections, sampling visits, advisory visits and follow up visits to monitor compliance. 221 interventions were conducted at takeaways.

The authority has also benefited from a Food Standards Agency initiative targeting poor performing takeaways. Halton successfully bid to be part of this project which involved FSA funded consultants providing coaching and training to takeaway operators. In total 26 premises were involved in the project with mixed results. So far 8 of the premises involved in the project have improved their score and are now broadly compliant. However 10 premises have not improved. 3 premises have closed and 5 premises have not yet received a follow up visit. The mixed outcome of this project suggests improving standards of hygiene in takeaways will remain a challenge. The Food Standards Agency's annual report on local authority enforcement identified that nationally the level of compliance amongst takeaways is a concern. Nationally the level of broad compliance amongst takeaways is 78% which is similar to Halton's figure. This suggests that Halton shares the challenges faced by other authorities.

The report of September 2012 highlighted some of these challenges;

- Regular staff and management turnover
- training
- language
- tenure and suitability of premises
- strong competition amongst takeaway businesses.

These factors are likely to remain significant.

3.5 Food Safety – Emerging issues and priorities

3.5.1 Horsemeat and food authenticity

Members will be aware of concerns that began in January 2013 regarding the contamination of beef products with horsemeat. This proved to be a European wide problem with a number of processed beef products and ready meals found to be contaminated. Although in most cases the retailers of the products did not intend to deceive the consumer - beef was however fraudulently substituted with horsemeat at some point in the supply chain. The incident highlighted how food supply chains have become longer and more complex as food is traded as a commodity in a globalised food production system. The complexity of the food chain provided the opportunity for fraud to occur whilst the increased demand for cheaper processed food accompanied by an increase in beef prices provided the motive. To date the precise source of the contamination remains uncertain further emphasising the complexity of the supply chains involved.

In response to the incident the food team conducted 7 detailed inspections of premises manufacturing meat products. All these inspections were satisfactory. The food team have also contributed to the enhanced national sampling programme for meat products with some of the samples funded by the Food Standards Agency. None of the products sampled in Halton were found to be adulterated with horsemeat.

Food authenticity and the detection of food fraud has therefore become an increased priority to ensure consumer confidence and safety of the supply chain.

3.5.2 Counterfeit Alcohol

Reduction in the harm from alcohol is one of Halton's Health and Wellbeing Strategy priorities. Counterfeit alcohol is a concern for public health. In addition to the risk of poisoning from industrial alcohol, counterfeit alcohol is far cheaper than genuine product and is frequently sold on the black market. It therefore evades the regulatory controls that seek to prevent underage access and discourage problem drinking. Counterfeit alcohol can come in a number of forms. Some product is an inferior wine or spirit with a counterfeit label applied to mislead and deceive the customer or evade excise duty but is not harmful to health. However some counterfeit product can contain harmful industrial alcohol and is not safe for consumption.

In a joint operation with Trading Standards the food team seized 50 bottles of counterfeit Jacob's creek wine and a number of bottles of Vodka from a store in Widnes. This followed a complaint from a member of the public. Control of counterfeit alcohol and tobacco will continue to be a public health priority. This will be facilitated by the trading standards service returning to Halton as part of the Public Health Department.

3.5.3 DNP in fat burning supplements.

The Food Standards Agency have recently published an alert about the presence of an industrial chemical 2,4-dinitrophenol (DNP) in "fat burning" supplements used by slimmers and body builders. DNP is thought to aid slimming but it is highly toxic and is not permitted for use in foods or food supplements. When consumed DNP can be extremely dangerous to human health, possibly leading to coma and death. Signs of acute poisoning can include nausea, vomiting, restlessness, flushed skin, sweating, dizziness, headaches, rapid respiration and irregular heartbeat. Consuming lower amounts over longer periods could lead to cataracts and skin lesions and impact on the heart, blood and nervous system. There have been a number of deaths in the UK associated with consumption of the supplement. The food safety team have launched a local publicity campaign to complement a comprehensive media campaign from the food standards agency. The team have also successfully bid for FSA funding to test products on the market in Halton. Many of these products are offered for sale over the internet and social networking sites such as Facebook which poses challenges for investigation and public protection.

4.0 POLICY IMPLICATIONS

4.1 There are not considered to be any significant policy implications associated with this update report. The existing enforcement regime is considered to be performing well.

5.0 OTHER/FINANCIAL IMPLICATIONS

5.1 There are no significant financial implications associated with this report

6.0 IMPLICATIONS FOR THE COUNCIL'S PRIORITIES

6.1 Children & Young People in Halton

Schools, nurseries and child-minders are included in the food inspection programme. The work to target illegal tattooists and underage use of sunbeds will protect the health and wellbeing of children

6.2 Employment, Learning & Skills in Halton

The advice and guidance provided by the team helps to maintain compliant and sustainable businesses.

6.3 A Healthy Halton

The overall objective of the service is to protect public health through pro-active interventions and advice.

6.4 A Safer Halton

The overall objective of the service is to protect public health & safety through proactive interventions.

6.5 Halton's Urban Renewal

The food inspection programme contributes to the maintenance of town and neighbourhood centres by addressing matters such as refuse disposal, pests and drainage.

7.0 RISK ANALYSIS

7.1 There are not considered to be any significant risks associated with the matters in this report.

8.0 EQUALITY AND DIVERSITY ISSUES

8.1 A significant proportion of food business proprietors are from ethnic minorities. Officer consistency training and on-going professional development ensure that the regulations are applied in a consistent manner to all businesses. Where necessary to protect public health or to ensure fairness in legal proceedings materials will be translated into an alternative language. The Food Standards Agency produce a number of free resources in alternative languages.

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

The are no papers within the meaning of the Act.

REPORT TO:	Safer Policy & Performance Board
DATE:	14 January 2014
REPORTING OFFICER:	Strategic Director, Communities
PORTFOLIO:	Health & Wellbeing; Community Safety
SUBJECT:	Safeguarding Adults Update
WARD(S)	Borough-wide

1.0 **PURPOSE OF THE REPORT**

1.1 To update the Board on key issues and the progression of the agenda for safeguarding 'vulnerable adults' (i.e. adults at risk of abuse) in Halton.

2.0 **RECOMMENDATION: That: The Board note the contents of the report**

3.0 **SUPPORTING INFORMATION**

3.1 An internal peer challenge review was undertaken during June 2013 – August 2013 based on the 'Standards for Adult Safeguarding Peer Reviews'. A Peer Challenge Team was formed along with a number of Lead Officers identified to take forward the review. As part of the review, Lead Officers undertook a self-assessment against the Adult Safeguarding Standards and produced a report for the Challenge Team. A outcome report was presented to the Safeguarding Adults Board on 7th November 2013.

3.2 The recommendations from the report have been converted into an action plan which will be worked on throughout 2014 and its progress monitored by Halton Safeguarding Adult Board.

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

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

3.5 Halton will be using two different methods to:

- Establish what outcomes the person want at the outset and then

- a review of the extent to which they have been realised, and
- Gather feedback from people who use services on their experience of the safeguarding adult process.

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

- 3.6 With an increasing focus on preventing abuse of older people in residential and nursing homes the Integrated Adult Safeguarding Unit has built upon national research and developed a local model – Early Indicators of Concern – which uses a range of indicators across a range of themes which identify risks and act as an indicator of potentially failing resources.
- 3.7 This is currently being trialled with two local nursing homes where services were perceived to be failing and where increased complaints were being voiced by families and visiting practitioners. A full detailed report will be available by February 2014.
- 3.8 The Health and Social Care Information Centre has published figures that reflect an increase in alleged abuse allegations across 151 Councils nationally. This trend has been reflected locally with an increase in the safeguarding referrals to the Council for quarters 1 and 2 by 73% and to the Integrated Safeguarding Unit of 40% as compared to the same quarters for 12/13.
- 3.9 The data also identifies:
- A higher incidence of abuse alerts in respect of females 64% (61% nationally) as opposed to males.
 - Nationally and locally adults aged 75 and above still account for the highest number of alerts and emphasises the increased vulnerability of older people.
 - Nationally and locally people with physical disabilities continue to be the client group most prevalent with safeguarding investigations continuing to reflect that this is the largest client group within adult services.

4.0 **POLICY IMPLICATIONS**

- 4.1 A review of existing policies and procedures will be completed in light of the Social Care Bill.

5.0 **FINANCIAL IMPLICATIONS**

- 5.1 The Integrated Safeguarding Unit is co-funded through the Council and the Clinical Commissioning Group.

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

6.1 Children & Young People in Halton

Safeguarding Adults Board (SAB) membership includes a Manager from the Children and Enterprise Directorate, as a link to the Local Safeguarding Children Board. Halton Safeguarding Children Board membership includes adult social care representation. Joint protocols exist between Council services for adults and children.

The SAB chair and sub-group chairs ensure a strong interface between, for example, Safeguarding Adults, Safeguarding Children, Domestic Abuse, Hate Crime, Community Safety, Personalisation, Mental Capacity & Deprivation of Liberty Safeguards.

6.2 Employment, Learning & Skills in Halton

None identified.

6.3 A Healthy Halton

The safeguarding of adults whose circumstances make them vulnerable to abuse is fundamental to their health and well-being. People are likely to be more vulnerable when they experience ill health.

6.4 A Safer Halton

The effectiveness of Safeguarding Adults arrangements is fundamental to making Halton a safe place of residence for adults whose circumstances make them vulnerable to abuse.

6.5 Halton's Urban Renewal

None identified.

7.0 RISK ANALYSIS

7.1 Failure to address a range of Safeguarding issues could expose individuals to abuse and leave the Council vulnerable to complaint, criticism and potential litigation.

8.0 EQUALITY AND DIVERSITY ISSUES

8.1 It is essential that the Council addresses issues of equality, in particular those regarding age, disability, gender, sexuality, race, culture and religious belief, when considering its safeguarding policies and plans. Policies and procedures relating to Safeguarding Adults are impact assessed with regard to equality.

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

None under the meaning of the Act.

REPORT TO: Safer Policy & Performance Board

DATE: 14 January 2014

REPORTING OFFICER: Strategic Director, Communities

PORTFOLIO: Health & Wellbeing

SUBJECT: Halton's Dementia Strategy

WARD(S) Borough-wide

1.0 PURPOSE OF THE REPORT

1.1 To present Halton's Dementia Strategy to members of the Safer Policy & Performance Board.

2.0 RECOMMENDATION: That: Members of the Board note and comment on Halton's Dementia Strategy;

3.0 SUPPORTING INFORMATION

3.1 The local dementia strategy was completed in February 2010 and was a direct response to the National Dementia Strategy – Living Well with Dementia (Department of Health, Feb 2009). The local strategy adopted the national targets as well as developing a specific implementation plan to deliver a range of improvements for people diagnosed with dementia and their carers.

3.2 There can be no doubt about the current and the future challenge posed by dementia. There are an estimated 24.3 million people with dementia worldwide, while in the UK, best estimates suggest that the number is currently 700,000, of whom approximately 570,000 live in England. Dementia costs the UK economy £17 billion a year, and in the next 30 years the number of people with dementia in the UK will double to 1.4 million, with the costs trebling to over £50 billion a year.

3.3 The table below outlines the current level of people diagnosed with dementia in Halton, the projected number for 2025 and the estimated costs to the local economy.

	2012	Cost to economy in millions	2025	Cost to economy in millions
Halton	1,143	£25.7*	1613	£39.2**

*calculations based on projected cost to the UK economy divided by number of people in the UK with dementia, multiplied by number of people diagnosed in Halton.

** calculations based on projected cost to the UK economy divided by number of people in the UK with dementia, multiplied by number of people estimated to have dementia in 2025 diagnosed in Halton.

This cost is based on a national calculation and relates to a number of different elements including, primary care visits, secondary care, costs associated to specialist services, mental health services, cost to other services for example Police, voluntary sector. In addition to this the anticipated cost of informal carers in giving support to their families.

3.4 The revised local dementia strategy, 'Living well with dementia in Halton' (Appendix 1), and the associated 'needs' paper (Appendix 2) looks at the progress that has been made since the original strategy publication, as well as identifying some key actions that need to be completed over the next 5 years.

3.5 Key achievements made since the original strategy:

- A project Manager was appointed and employed by the 5 Borough Partnerships. Supported by a multi-agency steering group the project manager completed a mapping exercise of all of the existing pathways, referral processes and service delivery for people diagnosed with dementia. This work initially concentrated on the service delivered within Health, Social Care and 5 Boroughs, but was extended to incorporate voluntary and community services and has informed the recent development of the local dementia pathway.
- Implementation of the Later Life and Memory Service and associated pathway with the aim of a reduction in assessment waiting times.
- Dementia Care Advisors have been commissioned.
- Three Dementia Cafés have been established and more are being planned.
- Improved information provided on diagnosis from the Alzheimer's Society.
- Workforce development training commissioned to deliver basic awareness training, practitioner training and work based vocational training.

3.6 Priorities for 2013-2018 focus on the following areas:

- Prevention and raising awareness
- Early diagnosis, information and advice
- Living well in the community
- End of Life
- Workforce development
- Links to other workstreams

3.7 The 2013-2015 Strategy implementation plan outlines the key actions for future development in improving the outcomes for people with a dementia diagnosis, their families and carers. The implementation plan can be found within the 'Living well with dementia in Halton' Strategy document.

Research and Consultation

- 3.8 The strategy was developed taking into account findings from large scale national and international research and consultation, along with the local findings of the 2009/10 Halton Borough Council and Alzheimer's Society consultation and research project, 'Dementia Journey Halton'. HealthWatch Halton and the dementia support group 'Lunch Bunch' also provided feedback on the strategy objectives.

4.0 POLICY IMPLICATIONS

- 4.1 National Policy is directing the future of dementia treatment and support. The launch of the Prime Ministers Challenge on Dementia and the Care Bill places the focus on early diagnosis and person centred support, highlighting the role that families and carers play and the support that must be offered to them. These principals are reflected in the Living well with Dementia in Halton Strategy.

5.0 FINANCIAL IMPLICATIONS

- 5.1 All financial and commissioning decisions will be managed through the Dementia Partnership Board in accordance with Standing Orders and financial regulations of both the Local Authority and the Clinical Commissioning Group.

6.0 IMPLICATIONS FOR THE COUNCIL'S PRIORITIES

6.1 Children & Young People in Halton

None identified.

6.2 Employment, Learning & Skills in Halton

None identified.

6.3 A Healthy Halton

The strategy has a direct impact on the health outcomes of people with a dementia diagnosis, and their families and carers.

6.4 A Safer Halton

The strategy has an impact on people with a dementia diagnosis in living well and living safely within our community.

6.5 Halton's Urban Renewal

None identified.

7.0 RISK ANALYSIS

7.1 A risk log will be completed and managed through the Dementia Partnership Board.

8.0 **EQUALITY AND DIVERSITY ISSUES**

8.1 Policies and procedures that are developed or amended as a result of this strategy will be subject to an Equality Impact Assessment.

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

None identified under the meaning of the Act.



Living Well With Dementia in Halton

Halton Dementia Strategy and Implementation Plan

2013-2018

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Foreword

As people live longer, Dementia is an increasing problem across the country and this picture is mirrored in Halton. It is a complex condition with widespread effects on the individual, the family and the health and social care system.

Current estimates show that about half the numbers expected in Halton have been diagnosed. Often, the first time the problem is recognised is when a crisis occurs, causing a great deal of distress to all concerned.

There seem to be two main reasons why there is a reluctance to diagnose dementia early; a fear of stigma and a belief that nothing much can be done. Yet, there is no reason why people with dementia cannot live full, happy lives. It is important for health and social care services to work with the public in order to ensure that those with dementia are identified early and are fully supported to enjoy life.

Nationally and locally it is clear that dementia is one of the biggest challenges facing the health and social care economy. Although dementia can affect adults at any age, it is most common in older people becoming more prevalent with increasing age, but this does not mean it is a natural part of the ageing process or inevitable for all older people - a message we need to communicate more widely.

This strategy aims to encourage early, accurate diagnosis and to ensure health and social services are positively organised so that those with dementia receive all the care they need.

Our Vision

Our vision is clear: It is for all people with dementia and their carers to continue to 'live well'. To do this we will create an environment where people feel empowered to seek help early, know where to go for help and what services to expect, have access to the care and support that they would benefit from, and are confident that this care is of high quality, where the public and professionals are well informed and where fear and stigma associated with dementia has decreased.



Councillor Marie Wright.

Halton Borough Council Portfolio Holder for Health and Wellbeing



Dr David Lyon. GP, Clinical Lead for Dementia and Community Services. Halton Clinical Commissioning Group Governing Body Member

Introduction

The 'Living well with dementia in Halton' strategy is coordinated by the Halton Dementia Partnership Board and is based on the requirements identified within 'Living well with dementia in Halton Needs Paper'. The action plan that accompanies this strategy is to be implemented over 5 years, with an update on progress to be published annually.

Whilst there is still much to do, there has been a number of positive national and local developments relating to dementia since 2009. From the national 'Prime Minister's Challenge on Dementia' to the introduction of the 'Halton Later Life and Memory Pathway', living well with dementia is a priority for

all. Seventy five percent of the objectives within the 2009 Dementia Strategy Action plan have been implemented, for example:

- Improving awareness and understanding of dementia through a range of literature and the Dementia Care Advisor service.
- Good quality early diagnosis and intervention through the Later Life and Memory pathway
- Improved intermediate care for people with dementia through professional and vocational training

The 2009 action plan and progress is available on request.

This strategy and associated implementation plan includes the remaining objectives from the 2009 action plan along with new, stretching objectives. The strategy complements other work programmes including the local Halton Sustainable Communities Strategy, Mental Health Strategy, the Halton Health and Wellbeing Strategy, Carer's Strategy Action Plan, Falls Strategy and Loneliness Strategy, and should be read in conjunction with these pieces of work.

This strategy provides plans for the future against the four themed objectives of the national strategy:

1. **Raising Awareness**
2. **Early Diagnosis and Support**
3. **Living Well with Dementia**
4. **Delivering the Dementia Strategy.**

Why do we need a dementia strategy?

The population of Halton is aging. That is, a larger proportion of the total population will be found in the 60-plus age bands by 2031 compared to 2006. This section of the population will increase by 61% to 36,300 by 2031.

- The number of people with dementia is set to rise by 62% by 2030, largely due to the projected increase in the older population. It is projected that there are 1180 people aged 65+ living in Halton who have some form of dementia in 2012 and by 2020 this figure is estimated to be as high as 1518. In addition it is estimated that there are currently about 34 people aged between 30-64 who early onset dementia
- Our current diagnosis rate is **63.3%**, with an aspiration of taking this to over 66% during 2014/15
- Based on National Audit Office research it is estimated that of the people with some form of dementia 788 will live in the community and 392 in a care home. This will rise to 1367 living in the community and 683 requiring care home places by 2030.

With prevention, an early diagnosis and appropriate information and support, a good quality of life is possible. While the costs of dementia are expected to rise in coming years because of growing numbers of people affected, there is significant scope for spending money more efficiently and effectively. A local dementia strategy, over 5 years, will provide the focus and direction of actions to be taken to achieve better outcomes for people with a dementia diagnosis.

What would success look like?

Through consultation and research undertaken by Health Watch Haltonⁱ and Halton Borough Council and Alzheimer’s Societyⁱⁱ we have been able to understand what success for people with a dementia diagnosis, their family and carers would look like in Halton.

Raising Awareness and Understanding

“Need to ensure that health and social care professionals have an awareness of dementia” “Need to raise awareness across Halton of how to prevent dementia”

“Need to raise awareness of care staff in residential and community settings.”

“young people need to understand Dementia.”

This led to an overall agreement and discussion that dementia ‘does have an impact on children and grandchildren.’

Early Diagnosis and Support

“I think there has been improvement in dementia care but it appears to be sporadic, it is not right across the board”

“Health Passport to improve communication between staff and between staff and patients”

Theme 3 - Living well with Dementia

“Dignity needs to be included in the training and All health staff need training but it needs to be done properly.”

“there should be an awareness of telecare products and services to help people remain independent.”

Raising Awareness	
A sustainable and skilled workforce in the care of people with dementia, their family and carers. Our communities are supported to adapt to become dementia friendly to tackle the fear and stigma of dementia.	<i>“First of all is getting my wife to accept there’s something wrong”</i>
Early Diagnosis and Support	
Early assessment and diagnosis, so that appropriate treatment and support can be put in place as soon as possible to help maintain a good quality of life.	<i>“We want quality time with somebody who knows”</i>
Living well with dementia	
<i>“I had so many questions”</i>	

People with a dementia diagnosis, their family and carers have access to appropriate information at the right time, help to understand information and are supported through treatment and support.

Delivering the strategy

Seamless, wrap around support commissioned through integration of Public Health, Halton Clinical Commissioning Group and Adult Social Care

“The quality of our lives has changed so much”

Halton Dementia Pledges

Complementing the person centred outcomes devised by the National Dementia Partnership ⁱⁱⁱ through consultation with people with a dementia diagnosis, their family and carers, a set of local dementia pledges have been developed and are to be adopted in Halton.

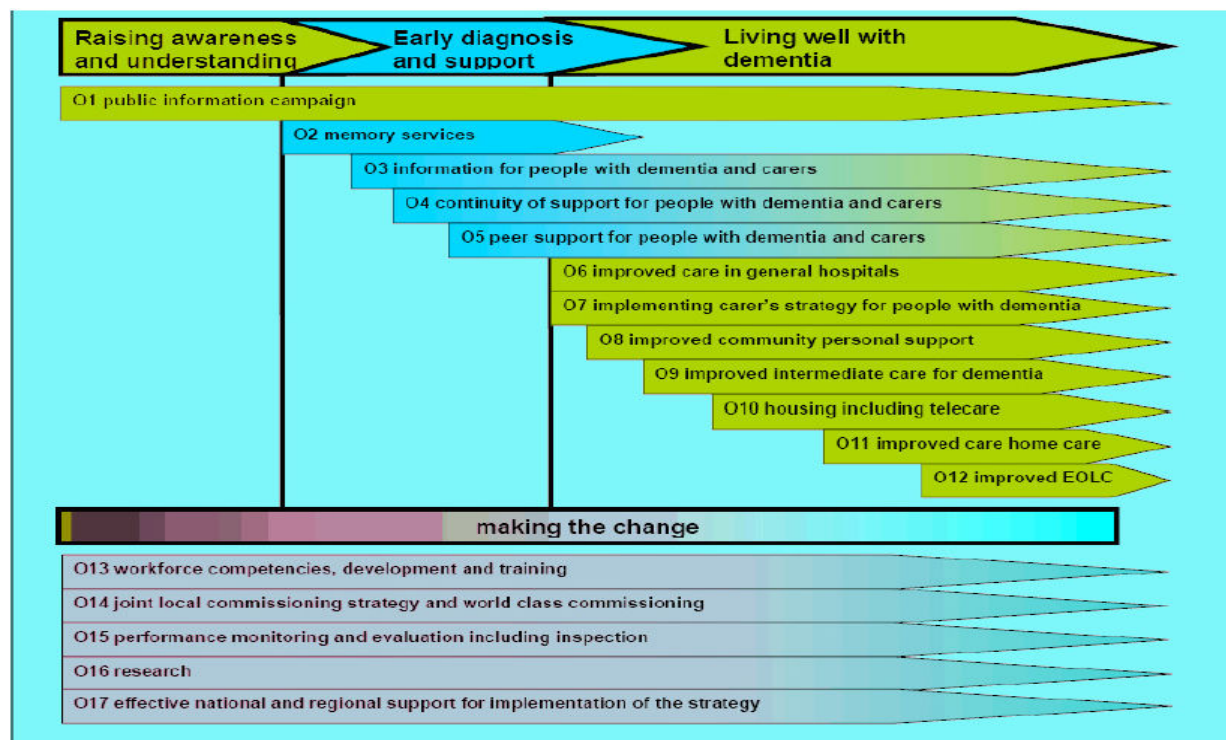
Our pledges are:

1. You will be diagnosed early
2. You will be supported to understand information so that you can make good decisions and you know what you can do to help yourself and who else can help you
3. You will get the treatment and support which are best for your dementia and your life
4. Those around you and looking after you are well supported
5. You will be treated with dignity and respect
6. You will be supported so that you can enjoy life
7. You will be supported to feel part of a community and be inspired to give something back
8. You will be supported to ensure that your end of life wishes will be respected.

The pledges not only demonstrate commitment to developing and providing excellent services for people with a dementia diagnosis, their families and carers, but define the quality of those services. The pledges set the bar for expectations, and against which patient, family and carer experiences can be measured and outcomes improved for them over the lifecourse of this strategy.

Realising the vision

The National Dementia Strategy 2009-2014, in its development, was clear that Local Authorities and Primary Care Trust's (at the time) should take a radical approach to whole system transformation to meet the twin aims of better outcomes at lower cost, with outcomes defined within the care pathway, as illustrated below:



When translating the national objectives to local action, a number of priority areas are highlighted for action.

Priorities for 2013-2018

1) Prevention and raising awareness

Actions within this theme are focussed on better public information about dementia, reducing stigma, informing the public what services are available, informing staff how to signpost and support people with dementia and their carers. To achieve this we will work with a wide range of colleagues, including those in Public Health, Housing, Social Care, Police, Fire, Health and voluntary sector to improve the way we provide information.

2) Early diagnosis, information and advice

The first step is to encourage people to visit their GP for an assessment, as soon as they become aware of a problem with their memory. In this way people with dementia and their carers are identified and part of the system. From then on they can be pro-actively offered information and support and helped to access services appropriate to their needs. To achieve this we will link up primary and secondary care services via the simple but effective, multidisciplinary Later Life and Memory Service care pathway, enhance the dementia adviser's service, offer more and varied peer support opportunities, provide training to GP-practices, increase Quality Outcome Framework (QOF) registrations, have

screening in place for people with learning disabilities and for people at risk of vascular dementia and ensure capacity in secondary care memory clinic.

3) Living well in the community

More people with dementia are living well for longer in their community. Key factors are keeping physically and socially active, getting the right encouragement and support, knowing the right coping strategies and supporting carers. Providing a variety of peer support networks across the borough is crucial in achieving this. Also, current housing, health and social care services need to be more joined-up and able to offer greater flexibility and continuity. Mainstream services in particular need to be dementia-friendly and provided by well-trained staff. Furthermore, GP-practices need to offer service users a regular health check and dementia advisers need to be in regular contact with service users and carers so they can signpost them to the right services at the right time to avoid a crisis developing. (Such services may include extra care housing / supported housing, telecare, carers support, well-check, peer support, and home care support). Clear pathways for different groups of people with dementia are being designed ensuring appropriate services are joined up and service provision is commensurate with the changing needs of service users and their carers as the disease progresses. Aiming to advance equality of opportunity for dementia patients, carers and wider communities, in line with The Equality Act 2010, by empowering people with a dementia diagnosis to have high aspirations and feel confident to continue to partake in activities within the community, achievable by Halton becoming a dementia friendly community.

4) End of Life

End of life care has to be considered early when the person with dementia still has capacity to express their future preferences regarding their preferred place to die. To achieve good end of life care we are ensuring that all staff and providers within dementia care utilise the principals of the Gold Standards Framework for end of life care and are trained and competent in the use of end of life tools and policies so that decisions and preferences for care at the end of life can be communicated and documented effectively.

In addition, the dementia end of life pathway will be supported by a robust clinical support network, including GP's, District Nurses, Consultants in Palliative Care, Speciality Doctors, Macmillan Nurses and Social Care teams operating within an Integrated Care Network. The service provision in Halton is designed to take a whole system approach to delivering end of life care, which includes an End of Life Social Service, Palliative Care Sitting Service, 7 day access to Macmillan Nurses, Family support and bereavement services, Palliative Care advice services along with access to Specialist Palliative care teams within in the community, hospice and hospital environments.

5) Workforce development

Developing dementia friendly services requires a whole system approach. Mainstream staff from Older People's and Adult Services are often in contact with people with dementia. It is therefore important that all staff are able to signpost people to the right services, that they can encourage people to visit their GP when they have concerns about their memory and know in general how best to approach and actively support people with dementia. Work with 'Skills for Care' (an organisation that provides work force development resources for Adult Social Care employers in England) is already underway in Halton, with funding secured to implement dementia awareness training and life story work. Reminiscence work and House of Memories^{IV} are already in place in nursing homes across the borough.

6) Links to other workstreams

The dementia strategy doesn't stand alone. In order to improve dementia care links are identified with other strategies including End of Life Care, Telecare, Housing and Carers Strategies, and to other workstreams including Personalisation and Dignity in Care.

Underlying principles in developing dementia treatment and support services

- regularly consult people with dementia and their carers to ensure we take account of their needs;
- support equality in access and service provision;
- commission quality and state of the art services and regularly monitor actual provision against agreed outcomes;
- encourage best use of available resources across the borough;
- facilitate working in partnership between providers of dementia care;
- consistency with priorities of the Health and Well-being Partnership Board and Halton Dementia Partnership Board
- Facilitate training and awareness raising for dementia.
- Safeguarding is a priority for all

Resource

Budget received for 2013/14 for Mental Health Services (as a whole)

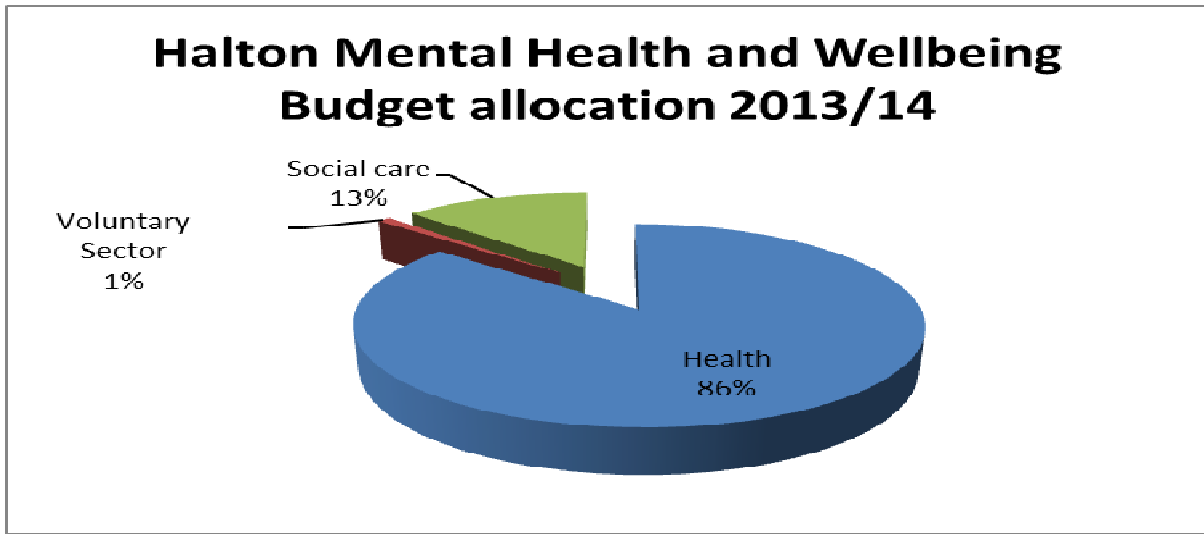
	£000m
Halton Clinical Commissioning Group	17,223
Halton Borough Council Adult social Care	2,934
Halton Clinical Commissioning Group – Continuing Health Care (Mental Health)	2,500
Halton Borough Council Public Health	47
Halton Borough Council Children's and Enterprise	191
TOTAL	22,895

It is important to understand the complexities of the existing budget and the challenges in ensuring that people are diagnosed and supported in an appropriate way. The budget above and the chart below is for the total mental health allocation in Halton, however it is not always straight-forward to align a particular expenditure against dementia. For example there is a wide range of generic activity that goes on relation to awareness raising and prevention, that may not necessarily be capture specifically as dementia expenditure.

The chart below does begin to demonstrate the challenge facing commissioners in the next five years. Shifting the budget allocation away from high end health interventions to earlier voluntary sector and

prevention measure is a key priority. This in turn will help to support the improving early diagnosis rate in Halton.

How the budget was allocated between health, social care and voluntary sectors 2013/14

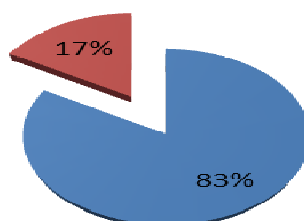


The above pie chart illustrates how the £22.9 million budget for mental health (as a whole) has been invested. It is clear that the majority of resource is currently invested in health treatment and services. In the future the focus for mental health disorders, as whole, will be on supporting people within the community to improve person centred outcomes for individuals and their carers.- The CCG are currently working with 5 Boroughs Partnership to scope out and pilot Payment By Results (PBR) Cluster packages for adult mental health and Children and Adolescent Mental Health Services (CAMHS) and Later life and memory services. In the future this will mean a more robust costing structure based on diagnosis and care pathways.

The pie chart below illustrates that 17% of the £5.7 million health budget for organic mental disorders (including dementia) is spent on prevention and promotion. It is well documented that promotion can increase awareness and therefore early diagnosis, enabling people to access lower level treatment and support at an earlier stage to slow the progression of the disease. We intend to rework our reconfiguration of this allocation and focus on prevention and promotion investment. This will be governed by the Dementia Partnership Board.

Organic mental disorders, inc. dementia

■ Primary, secondary, urgent and community care ■ Prevention & Promotion



Given the complex nature of funding arrangements within the council, it is difficult to determine the precise amount of funding available and used for people with dementia. This is primarily because of the difficulties in diagnosing someone with dementia and the fact that the expertise to meet individual needs are based within older people mental health teams. Whilst the prevalence of dementia continues to grow and will become a significant factor in future years, it is not economically viable to separate out the needs of people with dementia from other older people with mental health issues, such as depression.

There are a variety of different factors that will 'push and/or pull' the funding for services, for example; residential care – price inflation and demographics will push the price but at the same time improvements in Public Health, Telecare and Prevention, will all pull expenditure on residential care down. For each type of expenditure there are all these factors pushing and pulling. We will shift resources from the point of crisis to prevention and early intervention.

How are we going to achieve the priorities?

The implementation plan below details what actions will take place over the life course of the strategy to achieve the vision of living well with dementia in Halton

Implementation Plan 2013-2018

1. Prevention & Raising Awareness

Action	Output Measure	Delivery Method	Outcomes for person with dementia and their carer	Accountable Organisation & Manager	Delivery Manager/Officer	When
<p>1.1</p> <p>Establish a Halton Dementia Training and Information Alliance</p>	<p>250 health and social care staff dementia awareness trained.</p> <p>17 GP practices to attend dementia awareness training within Protected Learning Time.</p>	<p>Phase 1: Dementia awareness raising and training delivered to front line social care, primary care and secondary care staff</p> <p>Phase 2: Dementia awareness raising and training to other service areas within the Local Authority, Fire Service, Police Service, Housing providers</p> <p>Utilise Dementia Friends awareness raising sessions</p> <p>Training to include advice on reducing risks of developing dementia e.g. advise around healthy lifestyle and referral to support services as appropriate</p> <p>Awareness raising sessions delivered throughout each year to GPs via Practice Learning Time Events delivered by CCG and Learning Disability Clinical Lead.</p> <p>Dementia Clinical Lead to champion raising awareness within practices through general duties as a CCG clinical</p>	<p>You will be treated with dignity and respect.</p> <p>You will have access to a skilled workforce</p> <p>Your GP will be more able to diagnose you earlier</p>	<p>Dave Sweeney, Halton NHS CCG</p>	<p>Brian Hilton Linda Birtles-Smith Dr David Lyon</p>	<p>October 2014</p>

		lead				
1.2 Develop Dementia Ambassadors within teams/organisations to maintain awareness raising and promote dementia friendly service	Minimum of 1 Dementia Ambassador within each member organisation of the Dementia Partnership Board.	Each Dementia Ambassador to undertake Alzheimer’s Society Dementia Friends awareness raising session and Dementia Champions Training	You will be treated with dignity and respect. Halton will adopt a consistent approach to your care	Dementia Partnership Board member from each partner organisation		August 2014
1.3 Ensure dementia is defined in the delivery of the NHS Healthchecks programme in Halton	7667 people will be invited to attend an NHS Healthcheck 75% (5750) of people invited will receive an NHS Healthcheck Baseline of 850 people aged 65-74 are eligible to receive the dementia component of the Healthcheck, of which 76% (650) will be given information on the signs of dementia	Over a five year rolling period, everyone aged between 40 and 74 (who hasn’t already been diagnosed with one of a series of specific conditions) will be invited for an NHS Health Check at their GP surgery. The check will include personal and family history, a range of physical checks and the provision of information and advice. For those aged 65 and over the check will also include the provision of general information about dementia.	You will be diagnosed early. You will receive care and support at the earliest possible point	Dr Ifeoma Onyia, Halton Borough Council Public Health	Joanne Sutton and Commissioned Practices	2013-2018

2 Early Diagnosis

Action	Output Measure	Delivery Method	Outcomes for person with dementia and their carer	Accountable Organisation & Manager	Delivery Manager/Officer	When
<p>2.1</p> <p>Delivery of Direct Enhanced Service for Dementia (DES) within general practice, to increase awareness and screening for dementia.</p>	<p>CCG Quality Premium target is a 62.1% (807 people) diagnosis rate based on a prevalence of 1300 people with dementia.</p>	<p>DES payment data via NHS England Primary Care Team (annually). Dementia Board will request exception reporting from NHS England relating to delivery outcomes</p>	<p>You will be diagnosed early.</p>	<p>NHS England contractual arrangements</p> <p>Dave Sweeney, Dementia Board</p> <p>Dr David Lyon, Halton NHS CCG</p>	<p>Jo O'Brien, Primary Care Commissioning Manager</p>	<p>2013-2014</p>
<p>2.2</p> <p>Dementia Preliminary Screening Pilot</p> <p>Develop and evaluate a dementia case finding pilot with non-clinical community based workers.</p>	<p>Output figures to be determined as the pilot is developed.</p> <p>Anticipated outcomes are increased awareness amongst community based staff about dementia</p> <p>Increased awareness of dementia risk factors and symptoms amongst those most vulnerable within the</p>	<p>The pilot will be delivered in partnership with Liverpool Housing Trust, Riverside Housing and Halton Housing Trust, Halton Borough Council Bridge Building Team, Sure Start to Later Life team and Community Development Workers.</p> <p>Working with the CCG Clinical Lead for Dementia to develop referral, information sharing and data protection protocols and evaluation methods.</p> <p>Non clinical Community based staff</p>	<p>You will be diagnosed early.</p>	<p>Dave Sweeney, Halton Borough Council</p> <p>Dr David Lyon, Halton NHS CCG</p>	<p>Emma Bragger, Policy Officer Communities Directorate</p>	<p>Evaluation of pilot completed by October 2014</p>

	<p>community</p> <p>Increased attendance at GP with screened cognition concerns, seeking further investigation from GP.</p> <p>Increased referrals to Later Life and Memory Service Pathway</p> <p>Increase in diagnosis rate</p>	<p>already supporting people who may have expressed concern, or display symptoms of cognitive impairment, to be offered the 6CIT screening test and referred to GP for further investigation where indicated.</p>				
<p>2.3</p> <p>Develop a business case around the evidence of the effectiveness of the Rapid, Assessment, Interface and Discharge (RAID) programme for people with dementia that could be applied within local hospitals.</p>	<p>Recommendations to be made to the Dementia Partnership Board</p>	<p>The business case will identify potential improvements/risks relating to</p> <ul style="list-style-type: none"> • satisfaction for dementia patients • experience for staff • choice for the acute trust • better health outcomes for the patient with dementia • value for our economy. 	<p>You will be diagnosed early.</p>	<p>Commissioning Managers</p>	<p>Mark Holt</p>	<p>March 2015</p>

3. Living well with dementia

Action	Output Measure	Delivery Method	Outcomes for person with dementia and their carer	Accountable Organisation & Manager	Delivery Manager/Officer	When
<p>3.1</p> <p>Improve quality of residential and domiciliary care for people with a dementia diagnosis.</p>	<p>Pooling of health and social care budgets to commission an integrated model of clinical, social and dementia care across all residential care, not just dementia nursing homes.</p> <p>NICE Care Audit Tool for people with Dementia (due for publication during 2014) is implemented across domiciliary and residential care</p>	<p>The Dementia Partnership Board to contribute to the evaluation of the 5 Boroughs Partnership Care Home Pilot and the Halton Borough Council care Home Model.</p> <p>Implementation of the NICE Care Audit Tool to be included as a contractual requirement in future service specifications.</p> <p>Provide specialist training and support to social workers, residential and domiciliary care staff to support individual and carers in making end of life plans.</p> <p>Consider the results of the evaluation of the 5 Boroughs Partnership Care Home Liaison Project and the existing Halton Borough Council Care Home model and make commissioning recommendations.</p>	<p>You will get the treatment and support which are best for your dementia and your life.</p> <p>You will receive a better level of care in your own home</p> <p>You will be confident of the standards of care being delivered in residential care</p>	<p>Dave Sweeney, Operational Director for Integrated Care, Halton Borough Council</p> <p>Dr David Lyon, Halton NHS CCG</p>	<p>Damien Nolan, Divisional Manage, Halton Borough Council</p>	<p>Summer 2014</p>
<p>3.2</p> <p>Provision of appropriate information to people</p>	<p>100 % of people accessing Dementia Care Advisor or Support Worker service to have</p>	<p>Requirement to provide Dementia Guide and IAPT information to be included in future service specification of Dementia</p>	<p>You will get the treatment and support which</p>	<p>Dave Sweeney, Operational Director for</p>	<p>Mark Holt, Commissioning manager, Halton</p>	<p>October 2014</p>

<p>with a dementia diagnosis, and their carers, at the appropriate time</p>	<p>access to the dementia guide</p> <p>100% of the Dementia Training and Information Alliance (to be formed) members to receive a copy of the Dementia Guide.</p> <p>100% of carers of people accessing the Dementia Care Advisor and Support Worker service to be informed of the services available through IAPT</p>	<p>Care Advisor and Support Worker</p> <p>Dementia Care Advisors and Support Workers to provide the Alzheimer's Society resource 'The Dementia Guide. Living well after diagnosis'.</p> <p>Promote to carers of individuals with a dementia diagnosis the availability of psychological therapies through the Improved Access to Psychological Therapies (IAPT) investment programme</p>	<p>are best for your dementia and your life.</p> <p>Those around you and looking after you are well supported</p>	<p>Integrated Care, Halton Borough Council</p>	<p>Borough Council</p>	
<p>3.3</p> <p>Development of a Carer's on line forum to enable carers to get direct access to clinicians for information and advice on the condition.</p>	<p>Measure – standardised tool of wellbeing to be used</p>	<p>Evaluation of the on line Carer's Forum pilot, with analysis considered in development of future commissioning intentions.</p>	<p>Those around you and looking after you are well supported</p> <p>You will have direct access to key professionals</p>	<p>Dementia Partnership Board</p> <p>Carers Board</p>	<p>Steve Eastwood</p>	<p>March 2015</p>
<p>3.4</p> <p>Delivery of community based care and support</p>	<p>50% increase in the number of people diagnosed with dementia who have access to a Dementia Care Advisor/Support Worker or equivalent trained staff in the voluntary sector</p>	<p>Develop a business case for the Dementia Care Advisor/Support worker service and the potential to skill the voluntary sector and make commissioning recommendations.</p> <p>Evaluate current Dementia Care Advisor and Dementia Care Support Worker</p>	<p>You will be supported to understand information so that you can make good decisions and know what you</p>	<p>Dave Sweeney, Operational Director for Integrated Care, Halton Borough Council</p> <p>Dr David Lyon,</p>	<p>Mark Holt, Commissioning manager, Halton Borough Council</p>	<p>2014/15</p>

		<p>Service, including,– capacity and outcomes and impact of any change in service (increase/decrease in capacity) on other services.</p> <p>Evaluate the use of voluntary sector organisations in supporting the dementia agenda. Including skilling of volunteers who are already providing support to people in their own homes .</p>	<p>can do to help yourself and those who can help you.</p> <p>Those around you and looking after you are well supported.</p>	Halton NHS CCG		
<p>3.5</p> <p>Halton to become a recognised Dementia Friendly Community</p>	<p>Measures for the Safe in Town scheme to be determined. Anticipated outcomes include:</p> <ul style="list-style-type: none"> • Improved social inclusion for person with dementia diagnosis • Improved independence for person with a dementia diagnosis • Increased awareness of dementia amongst retailers and service providers <p>Awarded the Alzheimer’s Society ‘Dementia Friendly Communities’ recognition</p>	<p>Use the Alzheimer’s Society Dementia Friendly Society web resources and support to achieve dementia friendly status.</p> <p>Expansion of the ‘Safe in Town’ pilot to include people with dementia.</p> <p>Work towards achieving the Alzheimer’s Society Dementia Friendly Community Award.</p>	<p>You will be supported to feel part of a community and be inspired to give something back.</p> <p>You will be supported so that you can enjoy life.</p>	Dave Sweeney, Operational Director for Integrated Care, Halton Borough Council	Safe In Town Steering group	May 2014

	award.					
3.6 Coordinated approach to assistive technology for people with a dementia diagnosis.	Increase in number of people who are prescribed specialist equipment.	<p>Base line of use of assistive technology amongst people with a dementia diagnosis to be established.</p> <p>Scope the use of alternative technologies to improve outcomes for people with a dementia diagnosis and their carers by participating in the Innovate Dementia programme</p> <p>Needs analysis to be undertaken</p> <p>Recommendations to be considered in commissioning intentions.</p>	<p>You will be supported so that you can enjoy life.</p> <p>You will be able to access equipment that will improve your quality of life</p>	<p>Dave Sweeney, Operational Director for Integrated Care, Halton Borough Council</p> <p>Dr David Lyon, Halton NHS CCG</p>	Steve Eastwood, Commissioning Manager, Halton Borough Council	2014/15
3.7 Provide specialist input to Care Management and Care Planning teams to improve the quality of end of life care plans for people with dementia.	Increase in the number of people supported to complete an end of life plan.	End of life tools training delivered by Advanced Care Planning Team	You will be supported to ensure that your end of life wishes will be respected.	<p>Dave Sweeney, Operational Director for Integrated Care, Halton Borough Council</p> <p>Dr David Lyon, Halton NHS CCG</p>	Jenny Owen/Emma Alcock, Commissioning Manager, Halton NHS CCG	On going
3.8 Improve access to out of hours service for end of life patients	Increase in number of completed Special Patient Notes for diagnosed dementia	Cleansing and auditing of current Special Patient Notes to provide baseline.	You will be supported to ensure that	<p>Dave Sweeney, Operational Director for</p>	Jenny Owen/Emma Alcock,	Ongoing

	patients within Halton	<p>Training to be provided to GP practices as part of Gold Standard Framework of care by Advanced Care Planning Team</p> <p>Utilising the red flag system for end of life dementia patients – to highlight as emergency to be seen within 1 hour.</p>	your end of life wishes will be respected.	<p>Integrated Care, Halton Borough Council</p> <p>Dr David Lyon, Halton NHS CCG</p>	Commissioning Manager, Halton NHS CCG	
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4 Delivering the strategy

Action	Output Measure	Delivery Method	Outcomes for person with dementia and their carer	Accountable Organisation & Manager	Delivery Manager/Officer	When
<p>4.1</p> <p>Development of a performance dashboard</p>	Qualitative and quantitative evidence of improved outcomes for people with a dementia diagnosis and their carers	<p>Dashboard to be devised around Halton's 8 dementia pledges</p> <p>Development of patient/carers group to enable their qualitative contribution to performance management.</p>	You will be confident that decisions are being made based on the most up to date information available	<p>Dave Sweeney, Operational Director for Integrated Care, Halton Borough Council</p> <p>Dr David Lyon, Halton NHS CCG</p>	Mike Shaw, Performance Officer, Halton NHS CCG	Quarter 1 2014/15

¹ Halton HealthWatch consultation with 'Lunch Bunch' group for carers of people with a dementia diagnosis. Sept 2013

ⁱⁱ 'The Dementia Journey Halton 2009/10'

ⁱⁱⁱ Transforming models of care for people living with dementia - Improving experiences and outcomes for people with dementia and their carers and families Report 2012

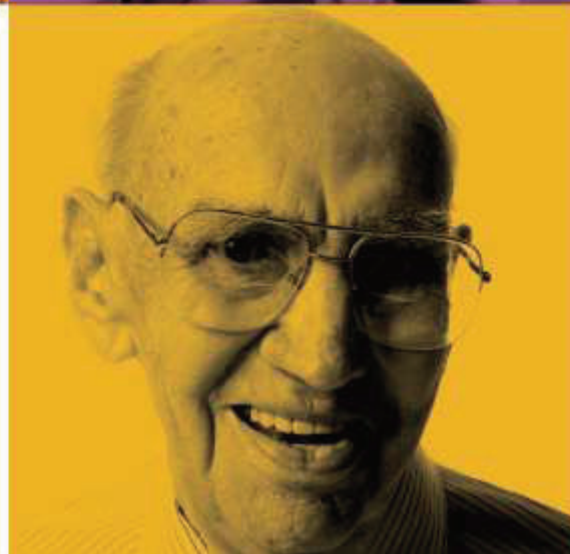
^{iv} House of Memories is a training and delivery programme built around the objects, archives and stories held within the Museum of Liverpool. It aims to provide social and health care staff (in domicile and residential settings) with new skills and resources to share with people living with dementia, and to promote and enhance their wellbeing and quality of life, as a potential alternative to medication

Living Well With Dementia in Halton

Halton Dementia Strategy Needs Paper
2013-2018



Halton Clinical Commissioning Group



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Introduction

This strategy needs paper highlights the national policy drivers and local needs analysis. It sets out current initiatives designed to improve the lives of people with dementia, their carers and families, enabling them to have a more fulfilled life and is the culmination of work led by the Dementia Partnership Board. The associated strategy paper and implementation plan shows how these drivers will be translated into action, and the outcomes. It is anticipated that the commissioning process will take five years in total to deliver and is a whole system transformation supported by collaboration of all agencies working to improve both the experience and outcomes of people with dementia and their families.



National Context

'Living Well with Dementia: A National Dementia Strategy' aims to ensure that significant improvements are made to dementia services across three key areas: improved awareness, earlier diagnosis and intervention, and a higher quality of care. Since its launch in 2009 the strategy has provided a catalyst for change at a local level with the vision of positive transformation of dementia services. [Click here](#) to see the national strategy.

The Prime Ministers Challenge on Dementia

Since the publication of the Joint Halton Dementia Strategy in 2009, the Coalition Government have set The Prime Minister's Challenge on Dementia (March 2012), to deliver major improvements in dementia care and research by 2015. The Prime Minister's Challenge on Dementia builds on the National Dementia Strategy to provide a framework which directs action. The goal is to make a real and positive difference to the lives of people affected by dementia. The ambition is to ensure that people with dementia and their carers receive high quality, compassionate care whether they are at

home, in hospital or in a care home. The person with dementia, and their family and carer, are to be at the heart of everything health and social care providers do, with their wellbeing and quality of life to be first and foremost in the minds of those commissioning and providing services for them. [click here](#) to see the Annual Report on Progress.

The Care Bill

The Care Bill was announced in the Queen's Speech in May 2013 and aims to modernise adult social care law, in order to clarify the issues of eligibility and service delivery. It is designed to create a new principle where the overall wellbeing of the individual is at the forefront of their care and support. To promote individual wellbeing, their needs, views, feelings and wishes should be considered in all aspects of their wellbeing from physical and mental health, through dignity and respect to control over their daily needs, access to employment, education, social and domestic needs and the suitability of their accommodation.

Whilst the Bill incorporates care and support across the board, when thinking about how dementia services are developed in the future, the Local Authority and health care partners will need to consider the following:

- access to services that help prevent their care needs from becoming more serious
- access to good information to help them make informed choices about their care and support
- have a range of good care providers to choose from
- the public know how to access independent financial advice
- the public know how to raise concerns over the safety or wellbeing of someone with care needs

Locally, it will require the integration of care and support with the local authority, health and housing services and other service providers to ensure the best outcomes are achieved for the individual. For example, care services will need to consider the strengths and interests of older people and to connect them to local clubs and social groups. This will strengthen communities themselves and helps to keep people safe and reduce, delay or prevent needs for acute care.

House Of Lords Committee on Public Service and Demographic Change report 'Ready For Ageing?'

The report published in March 2013 contained 10 principal conclusions and recommendations for action across Government. In particular the committee emphasised the need for Government to respond to the impact of our ageing population on public service provision. Dementia features heavily in the report, focusing on more ambitious targets for dementia diagnosis rates – to increase to two-thirds by 2015. [Click here](#) to see the report

NHS Operating Framework

The NHS Operating Framework 2012/2013 includes requirements for a renewed push on implementation of the national dementia strategy and increased support for carers. One of the key themes is putting patients at the centre of decision making and improving dignity and service to patients. The care of older people and dementia services are given priority within the framework and the move towards an outcomes focused approach provides incentives to improve services for older

people. Local implementation of the proposed dementia Quality Outcome Framework indicators for 2014/14 places emphasis on the recognition and support of carers. [Click here](#) to see the NHS Operating Framework 2012/2013

National Outcome Frameworks

The Government's outcome frameworks provide accountability that focuses on how well services are improving outcomes for people. Locally this translates into monitoring how services are providing quality support that meets the needs of those with a dementia diagnosis, their family and carers.

The Prime Minister's Dementia Challenge has put the spotlight on improving diagnosis rates, research and the creation of dementia friendly communities. The NHS placeholder indicator 'Enhancing the quality of life for people with dementia' has been updated and extended. Accordingly, the 2013/14 NHS framework includes the two-part indicator, which measures diagnosis rate for people with dementia (there being evidence that receiving early diagnosis is important for people living with dementia, enabling them to cope better with their condition). A second complementary measure i.e. concerning the effectiveness of post-diagnosis care in sustaining independence and improving quality of life, is being developed. This indicator also appears in the Adult Social Care Outcomes Framework.

Data relating to the Public Health Outcomes Framework can be found at the Public Health Outcomes Framework data tool. As at September 2013 the baseline was still being established so there is no data available at this time. [Click here](#) to see the latest data for the outcome framework.

<u>Public Health Outcomes Framework</u>		<u>Adult Social Care Outcomes Framework</u>		<u>NHS Outcomes Framework</u>	
4.16 Estimated diagnosis rate for people with dementia	Baseline Baseline data not yet published (baseline is not yet available as at Sept 2013)	1B. The proportion of people who use services who have control over their daily life	Performance 79.4% as at June 2013 (AQuA Benchmarking from Adult Social Care Survey)	1.5 Excess under 75 mortality rate in adults with serious mental illness	Baseline 850.7 (period: 2010/11)
		1D. Carer-reported quality of life	Performance 8.2 as at June 2013 (AQuA Benchmarking Carer's Survey)	2.1 Proportion of people feeling supported to manage their condition	Baseline Baseline Data not yet published
		2F Dementia - Effectiveness of post-diagnosis care in sustaining independence and improving quality of life	Baseline Placeholder	2.4 Health-related quality of life for carers	Baseline Baseline data not yet published

	(Placeholder)		
	3C. The proportion of carers who report that they have been included or consulted in discussion about the person they care for	Performance 76.7% as at June 2013 (AQuA Benchmarking Carer's Survey)	
	3D. The proportion of people who use services and carers who find it easy to find information about services	Performance 75.8% as at June 2013 AQuA Benchmarking (Adult Social Care Survey/Carers Survey)	

Indicates Halton's performance is within the top 6 Authorities in the region

Indicates that Halton's performance is within 7-12 place within the region

Potential new indicators for the 2014/15 Quality and Outcomes Framework (QOF)

As part of a consultation that was undertaken in early 2013, there are 14 potential new QOF indicators being considered, 4 of which related to Dementia.

1. The percentage of patients with dementia with the contact details of a named carer on their record.
2. The practice has a register of patients who are carers of a person with dementia.
3. The percentage of carers (of a person with dementia) who have had an assessment of their health and support needs in the preceding 12 months.
4. The percentage of patients with a new diagnosis of dementia (after 1 October 2012) who have attended a memory assessment service up to 12 months before the date of diagnosis.

As part of the final menu of QOF indicators for 2014/15, GPs could be encouraged to record the percentage of patients with dementia who have attended a memory assessment service.

A new dementia indicator will encourage practices to record the name and contact details of the carers of each patient with dementia. This is to help improve communication between practices and other teams, such as out of hours care.

Practices could also be encouraged to measure the percentage of patients with a new diagnosis of dementia, with a record of FBC, calcium, glucose, renal and liver function, thyroid function tests, serum vitamin B12 and folate levels recorded.

Comments received during the consultation were considered by the independent Primary Care QOF Indicator Advisory Committee in June 2013, along with the results of the piloting of these indicators across a representative sample of general practices. The Committee will then recommend which of these indicators should be considered for inclusion on the NICE menu for consideration for the 2014/15 QOF in September 2013. For the latest on QOF indicators please [click here](#)

Should the proposed QOF indicators be authorised, consideration will need to be given locally by practices on how they could implement this guideline with the potential for poor access to this group of people. General Practices will need to follow best practice in making contact and arranging the tests, bearing in mind factors such as means of making contact and transport issues.

Local Context

The 'Living well with dementia in Halton' strategy and implementation plan that accompanies this needs paper complements other work programmes including the Halton Sustainable Communities Strategy, Mental Health Strategy, the Halton Health and Wellbeing Strategy, Carer's Strategy Action Plan, Falls Strategy and Loneliness Strategy, and should be read in conjunction with these pieces of work.

Halton Health and Wellbeing Board have prioritised Mental Health in their related strategy. The Halton Clinical Commissioning Group (CCG) also supports this priority.

The Halton Joint Strategic Needs Assessment identifies, as a priority, that the early detection and treatment of mental health issues should be improved as this will lead to a quicker recovery and reduce the negative impact on a person's quality of life.

The commissioning of initiatives that promote increased understanding of the needs for people with Long Term Conditions and mental health needs and develop integrated care pathways as a priority, as identified in the Halton Joint Strategic Needs Assessment.

Substantial impact on levels of ill health and costs to health and care budgets, as well as wider economy, can be achieved through integrated commissioning of services that meet the person centred outcomes as evidenced by NICE Dementia Quality Standards. [Click here](#) for the NICE Dementia Quality Standards.

Performance

'Putting dementia on the map' is a Department of Health performance tool that sets out what we currently know about dementia care and support across the country. The map draws on data and information about dementia health and care, dementia friendly communities and research. It highlights where improvements are being made and where we can see progress, but it also shows where we need to improve, including where we need better data. The performance information for Halton, in the table below, shows that Halton is performing well in the areas of assessing for and receiving a diagnosis of dementia, with more work to be done within the hospital settings

Measure	Description	Data relating to	Data as at Dec 2013 from Map	Traffic Light	Comment
In the community					
Checking for Dementia	How many people with dementia have had a formal diagnosis of their condition	NHS Halton CCG	59.40		Map data from 2012/13, re base lined from pre April 2013 PCT data. Actual figure for Halton as at Nov 2013 is 63.3% When comparing at estimated numbers, including those with early onset dementia, in practice-by-practice analysis, with 2012/13 QOF data released from the Health & Social Care Information Centre (The QOF register is all ages and may well include some with early onset dementia) the 63.3% CCG average diagnosis rate stands, with a

					range of 34.2% to 100%.
Waiting to be tested	How long someone will wait to be seen by memory clinic	5 Boroughs Partnership	2 weeks		Halton is the only 'green' in the NW
Waiting for results	How long someone will wait for results from memory clinic	5 Boroughs partnership	12 weeks		Halton LLAMS target is 6 weeks from assessment to diagnosis
Prescribing of anti-psychotic drugs	What proportion of diagnosed dementia patients were prescribed an anti psychotic drug within the 1 st year of diagnosis	No data available	No data available	No data available	
At Hospital					
Looking for dementia at hospital	Of people over 75 who come to hospital in an emergency, how many are assessed for signs of dementia	Warrington & Halton NHS FT	91.59%		
		St Helens & Knowsley NHS	91.27%		
Assessing dementia at hospital	Of people over 75 who come to hospital in an emergency and show signs of dementia, how many have further assessment?	Warrington & Halton NHS FT	53.75%		
		St Helens & Knowsley NHS	96.72%		
Referring people for further tests	Of people over 75 who come to hospital in an emergency and have had a full assessment of their dementia, how many are referred for further tests?	Warrington & Halton NHS FT	100%		
		St Helens & Knowsley NHS	93.55 %		
Length of stay in hospital	Do people with dementia stay longer in hospital than similar patients without dementia?	Warrington & Halton NHS FT	Longer		
		St Helens & Knowsley NHS	Longer		
Going back into hospital	Is someone with dementia more likely to be readmitted after a spell in hospital than similar patients with out dementia?	Warrington & Halton NHS FT	More		
		St Helens & Knowsley NHS	More		
Dying with dementia	Are people with dementia more likely to die in hospital than	Warrington & Halton NHS FT	More		

	similar patients without dementia?	St Helens & Knowsley NHS	More		
The Future of Care					
Dementia In England today	How many people are expected to be living with dementia in this area, based on what we know about the local population?	NHS Halton CCG	0.99%		
Dementia Friendly Communities	Communities signed up to Alzheimer's Society Programme	Halton	Not yet registered		
Involving people in research	How many research studies into dementia treatment and care are being run by memory clinics?	5 Boroughs Partnership LLAMS	44 studies		

Halton Dementia Profile

The term 'dementia' describes a set of symptoms that include loss of memory, mood changes, and problems with communication and reasoning. There are many types of dementia. The most common are Alzheimer's disease and vascular dementia. Dementia is progressive and diagnosing dementia is often difficult, particularly in the early stages. The risk of developing dementia increases with age, and the condition usually occurs in people over the age of 65.

The population of Halton is aging. That is, a larger proportion of the total population will be found in the 60-plus age bands by 2031 compared to 2006. This section of the population will increase by 61% to 36,300 by 2031. This will then constitute 28% of the Halton population.

Dementia diagnosis and estimated prevalence

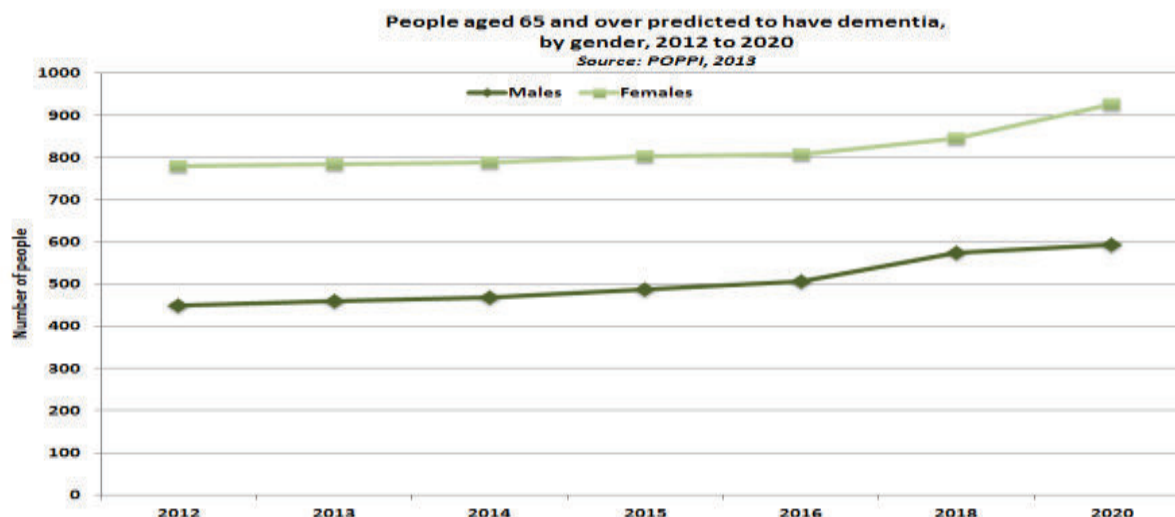
The number of people with dementia is set to rise by 62% by 2030, largely due to the projected increase in the older population. It is projected that there are 1,229 people aged 65+ living in Halton who have some form of dementia in 2012¹ and by 2020 this figure is estimated to be as high as 1518. In addition it is estimated that there are currently about 34 people aged between 30-64 who early onset dementia¹.

The graph below shows the estimated numbers of dementia patients by gender for Halton. There are predicted to be more females than male patients, and the greatest increases are in the 85+ age group. These projections, developed by POPPI² and based on national research applied to Office of National

¹ Estimates from PANSI: Projecting Adult Needs & Service Information System: It is managed by the Institute of Public Care <http://www.pansi.org.uk/>

² POPPI = Projecting Older People Population Information System. It is managed by the Institute of Public Care <http://www.poppi.org.uk/>

Statistics population projections, estimate that the number of males aged 65+ diagnosed with dementia is set to rise from 449 in 2012 to 593 by 2020 and for females that rise is 780 to 925.



Diagnosing dementia in General Practice

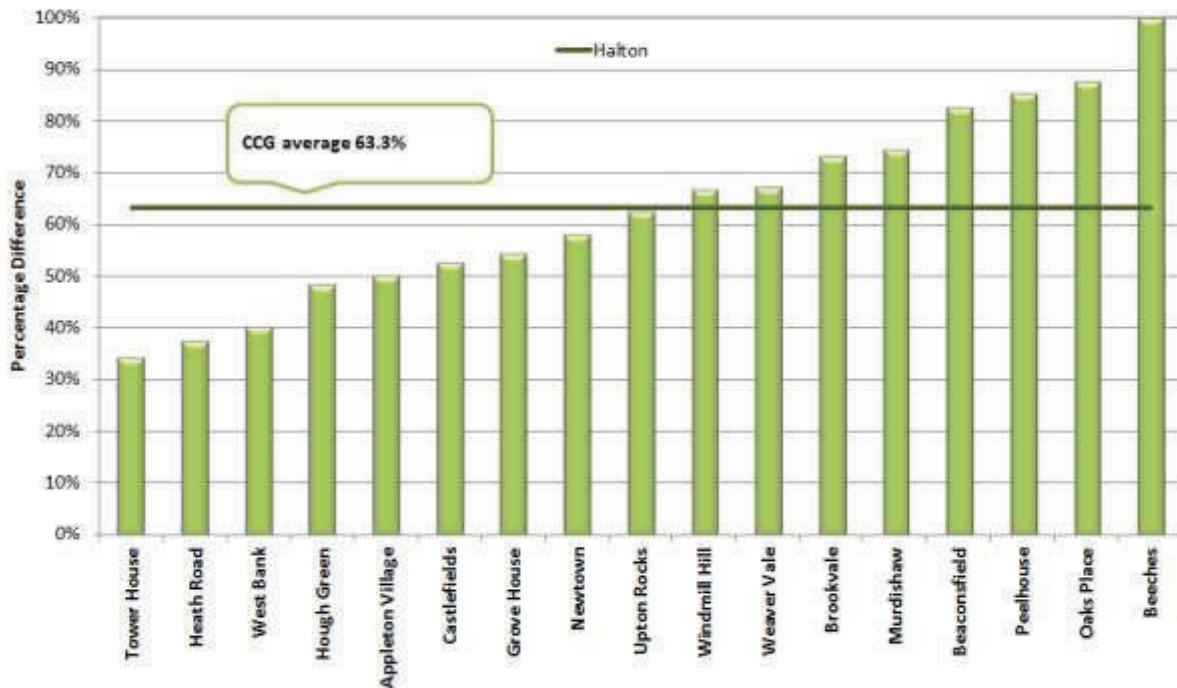
The GP contract includes the requirement for practices to establish a disease register for people with dementia. The diagnosis of dementia may be from correspondence with secondary care or via the GPs own diagnosis.

Quality Outcome Framework (QOF) data for 2012/13 indicates 747 patients registered at Halton GP practices as having dementia, an increase on the 2011/12 figure of 689 patients and 634 in 2010/11. Using the same age-specific prevalence rates utilised by POPPI (Projecting Older People's Population Information) and PANSI (for early onset dementia) and applying these to GP registered population gives an overall estimate for 2012/13 of 1,180 patients with dementia.

This method thus enables practice level estimates to be made which can then be compared to the dementia register numbers. This enables a diagnosis rate to be calculated (percentage of people diagnosed compared to expected/predicted numbers). Practice rates vary considerably from 34.2% to 100%. The CCG average rate was **63.3%**.

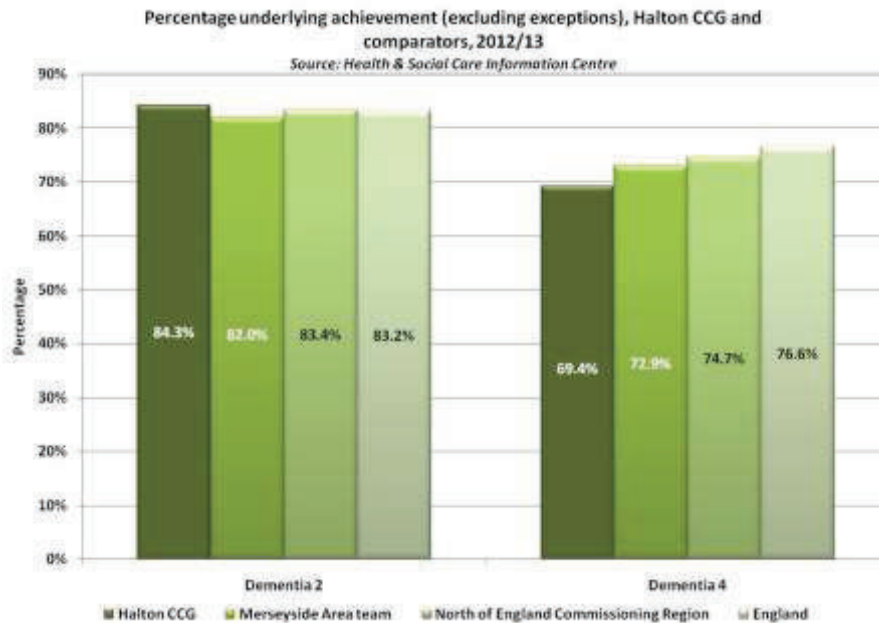
Whilst there has been an improvement there are still considerable levels of under diagnosis. Using this method suggests there are still 433 people with undiagnosed dementia in the CCG catchment.

Diagnosis rate: percentage expected to observed prevalence of dementia, Halton practices, 2012/13



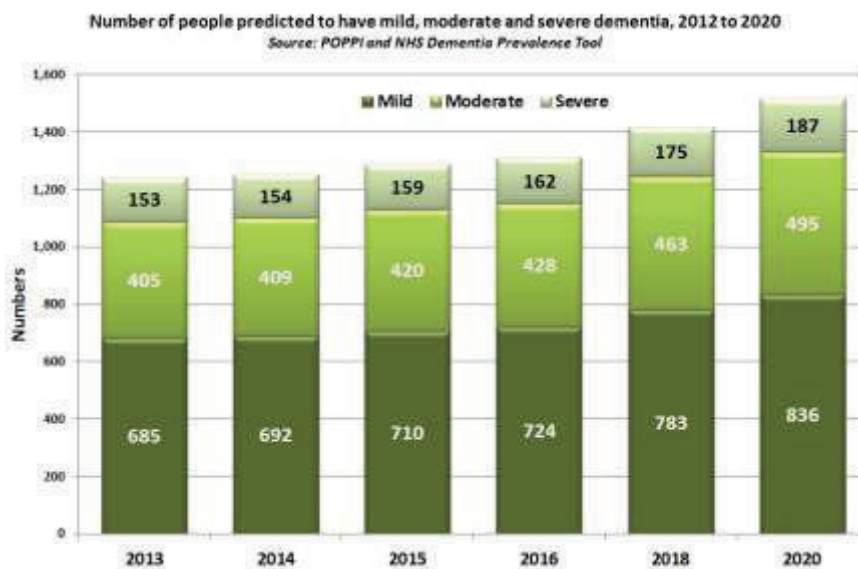
GP: Care Assessments

A further requirement of the GP contract is that patients on the dementia register should have had a care assessment within the previous 15 months. For 2012/13 Halton Clinical Commissioning Group (CCG) performance was 79.5%. This was above comparators (chart Dementia 2 indicator). For patients with a new diagnosis of dementia, practices are also required to record the percentage who have had FBC, calcium, glucose, renal and liver function, thyroid function tests, serum vitamin B12 and folate levels recorded 6 months before or after entering on to the register (between the preceding 1 April to 31 March). For this indicator the CCG achievement was slightly lower than comparators (chart Dementia 4 indicator). There was wide variation across practices. For Dementia 2 indicator this ranged from 70%-100% with three out of the 17 practices achieving 100%. For Dementia 4 indicator the range was much wider 0%-100% (five practices achieved 100%). However, it should be noted that numbers per practice were very small for some practices. The total number of newly diagnosed patients for 2012/13 was 238 of which 180 were eligible for the tests and 125 received them. There were 58 exceptions, ranging from 0-8 per practice.



Different Levels of Severity

The Dementia UK 2007 report estimated that 55.4% of people with dementia have mild dementia, 32.1% moderate and 12.5% severe dementia. It also noted that these proportions change with increasing age with the percentage of those with severe dementia increasing and those with mild dementia decreasing. For example only 6.3% of dementia cases in the 65-69 age band are estimated to be severe rising to 23.3% in the 95+ age group. Using the NHS Dementia Prevalence Calculator tool, we can forecast numbers of dementia by severity in Halton.



Early onset of dementia

Dementia is rare before the age of 65; however, there will be a small number of people who develop the condition before this age. It is estimated that at age 30-34, 8.9 per 100,000 men and 9.5 per 100,000 women will develop dementia. This rate rises with each 5-year age band and equates to 33 people for Halton.

Although the numbers for early onset of dementia are low in Halton, these people are faced with a different set of challenges that include:

- Health care professionals generally don't look for the disease in younger patients and it can therefore be months or years before the right diagnosis is made and proper treatment can begin.
- Many people with early onset Alzheimer's and other dementia are still working when their symptoms emerge. Due to the nature of the condition, changes in their job performance or behaviour may not be understood or addressed. In addition the workplace can become a difficult environment.
- Those who leave their jobs before diagnosis may be denied certain Government assistance that would otherwise be provided to individuals with disabilities.
- Many individuals with early onset Alzheimer's and other dementia have low incomes and are in need of assistance, but have a difficult time getting it.
- Existing healthcare, home care or community service provision may not be appropriate for early onset individuals

Family members and other carers often lack the information and support they need to provide care to the person they support.

Dementia beds

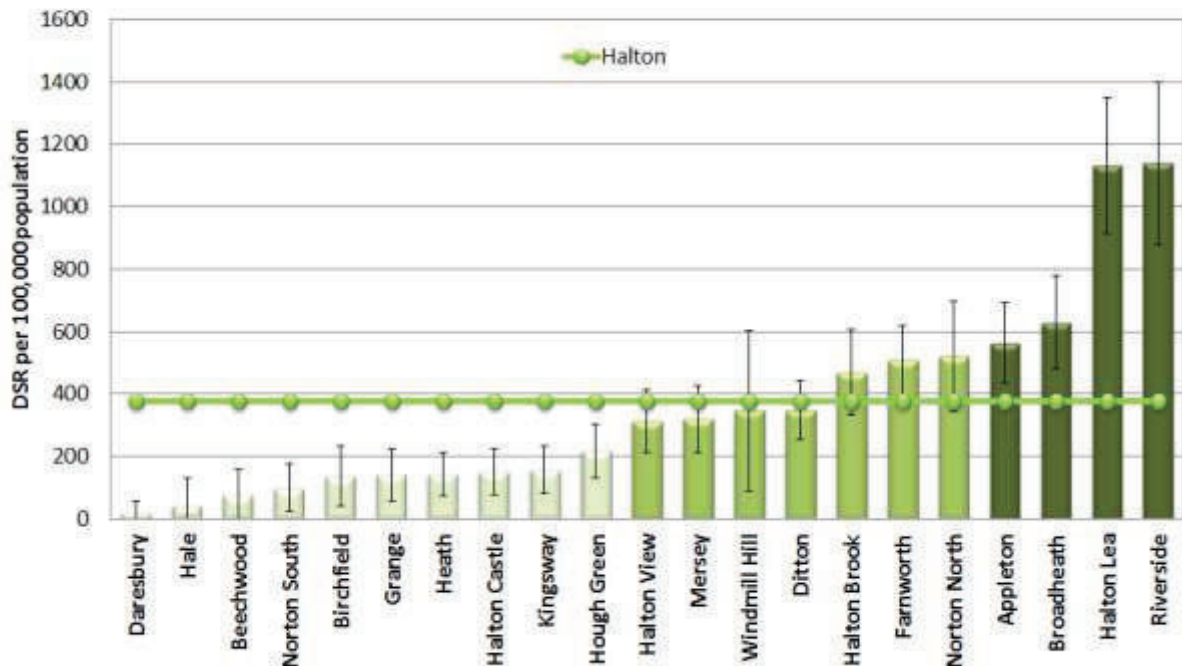
Halton has a 244 registered dementia beds in residential and nursing homes, 82 of these are dual registered. There are also 249 nursing beds available of which 196 are registered as EMI Nursing. It is not clear how many of the residents in residential care have dementia, national research from the Alzheimer's Society suggests that underreporting could lead to 80 % of people in residential care actually have some form of dementia, if we compare this to figures based on National Audit Office research, they estimate that of the 1,180 residents thought to have dementia in Halton 788 will live in the community and 392 in a care home. It is estimated that by 2030 1,367 people diagnosed with dementia will be living in the community and 683 will be requiring care home places.

Work is required to fully assess the current registration levels of care homes in Halton.

Hospital admissions due to dementia

Few people are admitted to hospital primarily due to dementia. In total 747 people across Halton who were admitted to Hospital during 2012/13 had some form of dementia (only 76 had dementia as the primary reason for the admission). This is an increase on the 2011/12 figure of 563, with the figure for 2010/11 being 705. This figure for 2012/13 included 39 admissions for people under the age of 65. Some of these may be one individual who is admitted multiple times throughout the year.

Rate of hospital admissions (DSR: Directly Age Standardised Rate, per 100,000 population, all ages) for Dementia (primary and secondary diagnosis codes 1-5), 2012/13
Source: SUS data, 2013



In Halton during 2012/13, 76 people were admitted to hospital with a primary diagnosis of dementia. However many older people with dementia will have more than one health problem. As such some people admitted for another health reason will also have dementia. This is likely to have implications for the support they need both whilst in hospital and how to manage / level of care needed once they leave hospital.

Social Care

Key findings from the National Audit Office's 2007 *Improving Services and Support for people with dementia* indicate that almost two thirds of patients live in the community and one third are in care homes. If we apply this to Halton data it would suggest that there are 793 people living in the community and 427 in a care home. However, if we consider data from Carefirst there are only 308 people identified with dementia. 113 are supported in the community and 195 are in residential care.

The above data collection issues may well be the main reason for the reduction in the number of clients with dementia who have received a review. Although year on year there has been a slight increase the trend has been downwards for a period of six years.

It is clear that there are significant differences in the estimated to the actual figures. At first reading it might be pertinent to suggest that there is some significant under delivery within the system, however, this may attribute for a small amount, but the bigger issue is the quality of the data collection and inputting at source.

When we consider the type of services we can see that 56.5% of clients with dementia received community based services in 2011/12. This is a fall from the previous year of 69%. Residential care has become a feature of reporting since 2008/09 with 39% of clients receiving this type of care in 2011/12. The percentage of clients receiving nursing care has fallen from 32% in 2005/06 to nearly 18% in 2011/12; this represents a decrease in both percentage totals and number of people with dementia.

Of the clients receiving community based care nearly half received home care during 2011/12, just under a quarter received day care, meals and professional support and just under half received some other form of service for example, wardens, equipment etc.

A1: Number of clients with whom a review was completed during the period, by age group

	2005/06				2006/07				2007/08				2008/09				2009/10				2010/11				2011/12			
	18-64	65-74	75+	Total	18-64	65-74	75+	Total	18-64	65-74	75+	Total	18-64	65-74	75+	Total	18-64	65-74	75+	Total	18-64	65-74	75+	Total	18-64	65-74	75+	Total
Dementia	5	30	140	180	10	35	140	185	15	25	110	145	15	15	100	130	15	10	95	115	10	15	95	120	10	20	95	125
Mental Health Total	260	80	275	615	270	75	255	600	380	80	215	680	310	60	180	550	330	55	150	535	325	65	155	545	325	60	150	535

It's important to note that the number of clients receiving various services does not add up to the total number in receipt of services as many clients will receive more than one service.

[click here](#) to see the full Halton Dementia Profile produced by Public Health

Cost of Dementia

Dementia UK found that the total costs of dementia in 2007 amounted to £17.03 billion per annum. Since 2007 the total cost of dementia has continued to rise: updated figures for 2012, published with the Society's Dementia 2012 report, put the cost at £23 billion with 800,000 people living with the condition, with an average cost of £29,746.

The Dementia UK report ⁱⁱ estimated that the total annual cost per person with dementia in different settings in 2007 was as follows:

People in the community with mild dementia - £14,540

People in the community with moderate dementia - £20,355

People in the community with severe dementia - £28,527

People in care homes - £31,263.

Over a third of the total cost (36%) was due to informal care inputs by family members and other unpaid carers. Not included in this amount is the estimated £690 million in lost income for those carers who have to give up employment or cut back their work hours. This lost employment means a loss of £123 million in taxes paid to the Exchequer. Accommodation accounted for 41% of the total cost.

The greatest proportion of direct costs of dementia care is associated with institutional support in care homes. This is often provided at a crisis point, is always costly and often precipitated by a lack of effective support.

Data collection within the local authority is such that it is difficult to assess the exact number of people with dementia in receipt of a personal budget. However, a national study identified that uptake of personal budgets among people with dementia still lags behind most other client groups. Three in five people with dementia assessed as eligible for a care package were not even offered a personal budget, while 15% declined an offer of one, found a study by Alzheimer's Societyⁱⁱⁱ. The perceived risk of financial abuse; issues of capacity; lack of information and support for families and carers, and the fact that many people with dementia only access social care at crisis point – when setting up a personal budget is more complicated – have all been put forward as causes.

A report by the Mental Health Foundation^{iv} has shown that individualised, tailored support and care that a personal budget can facilitate can have enormous benefits to a person with dementia.

Considerations when assessing a person with a dementia diagnosis for a personal budget should include:

- Training for social work staff specifically on personal budgets and how they can work for people with dementia
- Support social workers, individuals and carers to really understand what support is available in the marketplace so that they can ensure outcomes really match individuals' wishes.

The costs of delivering personal budgets to people with dementia are higher than some other care groups. With uncertainty regarding the social care budget in the context of cuts across the whole of the public sector, personal budgets for people with dementia will need to be introduced with great care and within the realistic context that resources are limited. The additional costs of brokerage and managing the money need to be considered by the local authority.

Prevention

The strength of evidence around dementia prevention is currently not very strong. However, the evidence that is available suggests that the most promising approach to reducing the prevalence of all forms of dementia is a more general promotion of healthy lifestyles, particularly for those in mid-life. It has been estimated that by promoting and adopting healthy lifestyles in middle age, an individual's risk of developing dementia could be reduced by approximately 20%^v. Other research suggests that decreasing the prevalence of risk factors including midlife hypertension, poor educational attainment and depression, could have a positive effect on the prevalence of Alzheimer's. American researchers^{vi} analysed the strength of the association between these factors and Alzheimer's and showed that cutting down these risk factors by 25 per cent could reduce Alzheimer's cases by 3 million worldwide.

While it is not possible to prevent all cases of dementia, there are some measures that can help prevent vascular dementia, where problems with blood circulation result in parts of the brain not receiving enough blood and oxygen. According to a World Health Organisation report in 2012^{vii}, research identifying modifiable risk factors of dementia is in its infancy, but prevention should focus on countering risk factors including diabetes, midlife hypertension, midlife obesity, smoking, and physical inactivity.

Evidence also highlights the value of early intervention and diagnosis, as up to two thirds of people and their families are living with dementia unaware of its existence^{viii}. Early intervention, both pharmacological and non-pharmacological, can help to slow the progress of dementia and its symptoms. It can also help to better prepare individuals and their families for the future of living with the condition.

Any interventions that could reduce the burden of the condition by preventing or delaying the onset of dementia could not only provide health and well-being benefits to the person with dementia, but to society in terms of reduced carer responsibility and improved productivity, and also the public purse in terms of reduced health and social care costs. This is especially pertinent with regards to an increasing population of older people projected for Halton.

There are a number of local actions being implemented as part of Halton's Sustainable Community, Health and Wellbeing, Mental Health and Loneliness Strategies that are key to tackling both the wider determinants and direct health factors identified in the bodies of research. Whilst it may not be possible to identify what direct impact this has had on preventing dementia, measures are in place to monitor the effectiveness of the strategies on the general health and wellbeing of Halton residents.

Developing dementia friendly communities

Evidence from the Alzheimer's Society report '**Dementia-friendly Communities: A priority for everyone**^{ix}' suggests that many people with dementia do not feel supported and a part of their local area. Findings from a recent Alzheimer's Society and YouGov Poll suggest that:

- Less than half of the respondents to the Dementia Friendly Communities survey think their area is geared up to help them live well with dementia (42%).
- Less than half feel a part of the community (47%). Results become considerably lower the more advanced the person's dementia is.
- People from seldom heard communities expressed complex issues around feeling part of their community. Stigma was particularly highlighted by people with dementia and carers.
- More than half of UK adults surveyed in the YouGov poll feel that the inclusion of people with dementia in the community is fairly bad or very bad (59%).
- Nearly three quarters (73%) of UK adults surveyed in the YouGov poll do not think that society is geared up to deal with dementia.

During the life course of the strategy that accompanies this needs paper, Halton will be working towards becoming a dementia friendly community. That is, a community that shows a high level of public awareness and understanding so that people with dementia and their carers are encouraged to seek help and are supported by their community. Such communities are more inclusive of people with dementia, and improve their ability to remain independent and have choice and control over their lives, contributing to better outcomes for people with a dementia diagnosis, their families and carers.

Key developments since 2009

Raising Awareness

The Alzheimer's Society has developed a range of literature to support a local public information programme drawing on, and aligned with the national campaign and will includes awareness of the risks of developing dementia at a younger age.

The Bridgewater Community Health Care Trust's Live Life Well [website](#) is being promoted as a central source of health and wellbeing self help resources, information and links services. There are resources and information relating to dementia contained in the Mental Health Directory on the site.

Consultation tells us that self-help resources, information and links to services will enable individuals, their family and carers to access information at the appropriate time and understand what services are available to them. This may go some way to addressing the sometimes common misconception that there are no, or limited, services to support people with dementia once a diagnosis has been made.

Like Minds Campaign

Halton Borough Council and Halton Clinical Commissioning Group have lead on the development of a local intergenerational anti stigma campaign, 'Like Minds', which was launched on World Mental Health Day 2013. The campaign aims to tackle perceptions of mental health generally, and has a call to action of encouraging people who may be suffering with the early signs of mental health problems to talk (to anyone, not just their GP) to share their concerns, thoughts and feelings and seek help.

The campaign will offer information about where support can be sought and direct people to the information, services and self help resources available from the livelifewell website, managed by NHS Bridgewater Community Health Care.

This campaign targets carers (including carers of people with a dementia diagnosis) and people who may be vulnerable to a dementia related illness, who may be at a greater risk of anxiety and depression related mental illness.

Dementia Training

Halton Broough Council has been successful in a recent funding application to deliver bespoke training in dementia via Skills for Care. This project will focus on:

1. Raising awareness of dementia across the whole community, by bringing local people and professionals together in two planned events;
2. Using the Family Carers Matters and People with Dementia Matter courses, life story training will be provided to individuals with dementia and their carers.
3. Sessions will be held with Housing Providers that will include managers and front line staff, one at the beginning (September 2013) and one in March 2014 with a view to establishing a commitment from providers to develop a coherent housing response to the local dementia strategy;
4. Working with local tenants, using the Volunteers Matter course, training will be provided to support them in recognising the needs of people with dementia and enabling them to provide additional support;
5. Develop the skills and confidence of GPs, managers and staff in the Well Being Practices (CCG);
6. Aligning this with our work on re-commissioning domiciliary care, we are offering training, using the Your Story Matters approach, on the value and impact of life story work to underpin a person centred approach to care.

The training will be developed from August 2013 until March 2014.

This training may contribute to the reduction in use of antipsychotic medication (through life story work) and equip professionals and the public with the skills to provide support to people with a dementia diagnosis.

Early Diagnosis and Support

NHS Health Check

The NHS Health Check programme aims to help prevent heart disease, stroke, diabetes, kidney disease and certain types of dementia. Everyone between the ages of 40 and 74, who has not already been diagnosed with one of these conditions or have certain risk factors, will be invited (once every five years) to have a check to assess their risk of heart disease, stroke, kidney disease and diabetes and will be given support and advice to help them reduce or manage that risk. From April 2013, as part of the NHS Health Check programme, people aged 65-74 are given information about dementia at the time of risk assessment to raise their awareness of dementia and the availability of memory services.

The intention is to raise awareness of memory assessment clinics for those attending an NHS Health Check.

5 Boroughs Partnership Later Life and Memory Service

In June 2013 the redesigned Later Life and Memory Service (LLAMS) pathway was implemented in Halton. Initially a pilot was agreed and this was run in the Wigan Borough until mid-September 2012. The pilot involved re-configuring existing teams and services to deliver the new model for community focussed dementia care.

Preliminary analysis of the Wigan pilot's findings demonstrated that the changes introduced delivered a positive impact upon service efficiencies and the timeliness of response to referrals. That contributed to a positive experience of the new service for Service Users and Carers. Similarly, there is evidence to show that collaborative working between staff and the integration of teams improved the speed with which diagnoses were arrived at, the availability of support for the management of memory problems and an increase in the levels of support provided within community settings. Further detailed analysis will be needed however before firm conclusions can be drawn about the long-term impact of the new model of care and care pathway upon the likely demand for in-patient care. During the pilot period however, there was a reduction in the need for in-patient care, although those requiring it exhibited more complex needs. Similarly, the pilot appears to support the new service model's assertion that increasing the availability of community-based support and the therapeutic approaches of in-patient teams will result in shorter lengths of stay for service users within in-patient care.

The following specific key findings were observed:

The service received between 100-120 referrals each month (in-line with same period in 2011)

- **96% of referrals were non urgent**
- **80% of referrals were seen within the 10 working day target (typically, where the 10 day target was not met this was because of a Service User request for a later appointment)**
- **35% of Service Users were referred onwards to the memory function**
- **30% of Service Users had more complex needs and were referred onwards to the Community Mental Health Team function**
- **35% of the Service Users referred benefitted from the service's short term interventions and were then discharged back to primary care**

- **Of the 60% of face-to-face contacts for which the time of contact was recorded, only 4.5% took place during extended opening hours**
- **In-patient units within the pilot area experienced:**
- **Occupancy levels well below capacity (67.5% on average during the pilot's first 3 months)**
- **a reduction in length of stay per episode (this fell by 8 days to 44.6 over the pilot's first 3 months)**
- **Service Users' self-reported experiences of the service were positive**
- **There were increased levels of collaborative working between Trust teams, and Trust teams & external agencies (local authority and acute Trust teams for example). It appears that increased collaborative working directly contributed to the perceptions of service quality (on the part of Service Users and Carers), and staff satisfaction (by Trust staff)**

A Primary Care pathway has been developed and is now being used. The pathway can be found in appendix 1

The enhanced service has been designed by the NHS Commissioning Board to support practices in contributing to system wide improvements by supporting timely diagnosis, supporting individuals and their carers an integrated working with health and social care partners.

The assessment for dementia offered to consenting at-risk patients shall be undertaken following initial questioning using the 6CIT (Cognitive Impairment Test) to establish whether there are any concerns about the attending patient's memory.

For the purposes of this enhanced service, 'at-risk' patients are:

- Patients aged 60 or over with cardiovascular disease, stroke, peripheral vascular disease or diabetes
- Patients aged 40 or over with Down's syndrome
- Other patients aged 50 or over with learning disabilities
- Patients with long-term neurological conditions which have a known neurodegenerative element, for example Parkinson's disease.

This enhanced service will be reviewed for 2014/15 in light of possible changes to the Quality and Outcomes Framework (QOF) for 2014/15.

The aims of this enhanced service in 2013/14 are to encourage GP practices to:

1. Identify patients at clinical risk of dementia;
2. Offer an assessment to detect for possible signs of dementia in those at risk;
3. Offer a referral for diagnosis where dementia is suspected; and,
4. Support the health and wellbeing of carers for patients diagnosed with dementia.

In Halton, 16 out of 17 GP practices have signed up to the scheme.

Living well with dementia

Community Dementia Care Advisors

A key development since the launch of the dementia strategy is the successful commissioning and implementation of the local Dementia Care Advisors and Dementia Cafés.

The service is delivered in partnership by the Alzheimer's Society and Age UK Mid Mersey, drawing on the learning from the Department of Health National Dementia Advisor pilots to deliver positive outcomes for people living with dementia and their carers. Following consultation days people with dementia and their carers highlighted what they wanted from the service; which included the following

- Provide timely information and advice for the carer and cared for
- Provide individualised and timely practical and emotional support for the carer and cared for
- Improve communication between professionals/services in order to reduce unnecessary service duplication and enhance partnership working

The service has been developed to ensure that individuals are kept informed of their choices throughout the dementia journey so that they do not fall through the net and out of the system which will then prevent them going into crisis.

The service offers a pre diagnosis advice service and post diagnosis support including information, awareness and advice, signposting to services and supports, continued consultation, planning and involvement, as well as supporting the development of peer support, group sessions, self-help/ expert patient approaches, the development of user and carer led services and educational programmes.

In addition the service provides a highly responsive information and signposting support service to people with dementia as the first priority, and to those who support and care for them. The role of Dementia Care Advisor is the key person who is responsible for coordinating all the services available to the service user ensuring that agencies and professionals communicate with each other over the delivery of their services.

The service currently has a capacity of 1,200 face-to-face contacts with service users in Halton per annum. Of these some only require initial support and signposting but others need more comprehensive on-going support and case management and the Dementia Advisor ensures that the service user is navigated through the system to ensure that the whole service available is coordinated with all relevant agencies.

The Dementia Care Advisor service works in partnership with key stakeholders and partner services including primary health care services, primary mental health care, adult mental health, older persons social care services and third sector services. The Dementia Care Advisors although based within Alzheimer's Society and Age UK offices also have a presence within the Later Life and Memory Service locations (currently the Norton Day Unit in Halton).

In June 2013 the Halton Dementia Support service and Dementia Adviser service evaluation questionnaire was sent out to a random selection of 100 service users who have within the current contract engaged with services.

The questionnaire was designed to gain an understanding of how both carers and people living with dementia feel about the service that the society provides to them in relation to both the Dementia Support Service and the Dementia Adviser Service. There was a 52% response rate.

Overall it seems that from questionnaire responses, people who are accessing services from Alzheimer's Society in Halton are happy with the service they receive. It's clear that people feel that they are listened to and treated with respect and dignity. In addition to this people feel that they have received clear and easy to understand information which is useful.

It seems that service users appreciate the different roles that the Dementia Adviser and the Dementia Support Worker offer as some people enjoy the weekly emotional support which the activity groups offer whilst others want the more practical or written information which the Dementia Adviser is able to provide.

It is also clear that the information which is provided upon diagnosis by the Dementia Adviser is more comprehensive than information given by the health service and this information is a lot easier to understand.

"I found that the Dementia Adviser offered more information than any other service we have come into contact with"

"I have enjoyed meeting new people every Friday"

"The Dementia Adviser who visited me was easy to speak to and didn't use jargon"

"The Dementia Adviser involved my mum in all aspects of our meeting. Myself as a carer learned more in the 1.5 hours spent with the Dementia Adviser than I have in the countless meetings with other services"

"More equipment at activity groups to stimulate those with dementia"

"Social outings for carers and people with dementia"

"I would like to attend a course to learn more about my condition"

"I would like half an hour sing-along incorporated into the activity groups"

Needs analysis and business cases are being undertaken during quarter 2 of 2013/14 for further development of the Dementia Care Advisor service, along with Reader Groups and the requirements for a late night dementia respite provision. This will identify where resources could be targeted to ensure the needs of people with a dementia diagnosis and their carers are more fully met.

Advancing Quality Alliance (AQuA)

Halton has committed to be an active partner in the AQuA Living Well with Dementia Programme for 2013/2014 and are working with leaders in the field to develop needs analysis and business cases for dementia provision locally.

This work will contribute to addressing fear and perceptions associated with receiving a diagnosis of dementia by aiding the development of appropriate, seamless services to meet the real needs of people with a dementia diagnosis.

Carers

Research has been undertaken to identify exactly what the key points of intervention for carers are and what types of information, advice and support they require at these junctures^x.

The evidence has highlighted a number of critical points when carers' needs for information, advice and help are particularly acute – and these are also points at which they are likely to encounter professionals and service providers. This means that all professionals and service providers will need to check that carers have the information and advice appropriate for the challenges they are currently experiencing and that they know where to go for further information and advice when future difficulties arise. Failure to recognise carers' needs at these points risks the breakdown of care-giving and the carer's health and other costs for carers and wider society. What is clear from the report is that integration of health and social care information, services and follow up is key to providing a holistic service for the carer. Information provided at the right time, with detail of who to contact for more information is key.

Work undertaken by the Council's Customer Intelligence Unit (Carer's Discussion Groups) highlights the needs of Halton carers generally, in relation to provision of information and support. Often carers of a person with a dementia diagnosis report of receiving too much information in one go, much of which may not be relevant to them or their loved one at the time, or not receiving the much information at all. The role of the Halton Dementia Care Advisor will be key to supporting access to information and assistance in interpreting that information.

Findings from the Carer's discussion groups include:

- Make sure that information about 'Formal' carers groups provided to carers directly and via networks is timely and consistent.
- How can we use current networks and carers to communicate and engage with hidden carers, young carers or those carers who do want / cannot attend meetings?
- Perception of a lack of trustworthy knowledge about specialist conditions / or who to ask for the information
- Listening to carer opinion when discussing health treatment – What about an 'official carer' card – so that professionals can share information with the carer.
- Too much information given / no support / expected to remember everything that was discussed.
- Assessment: lots of agencies and professionals visiting - becomes stressful not knowing who you are talking to person they care for.

Carers Dementia Forum

To better understand the experiences of people caring for those with dementia, the Alzheimer's Society, Council Commissioning Managers and the Customer Intelligence Unit are developing a web based tool whereby Carers can ask questions about and provide feedback on their care to health and social care professionals. It is anticipated that the results of the first round of questions and the usefulness of the tool will be available towards the end of 2013.

Carers will be encouraged to use the forum, accessing timely professional advice and the opportunity to provide feedback, on which services can further develop to meet the needs of those who utilise them.

Carers Assessments

Work is currently being undertaken to streamline the process through which carers are assessed and access direct payments to fund a break away from caring. Once in place the revised arrangements will have a significant positive effect on those individuals who care for people with dementia.

Current Council data shows that 4.9% of carers on the Carefirst system receiving a Direct Payment are caring for a person with a dementia diagnosis.

Dementia Support Service (part of the Positive Behaviour Support Service)

'Active Support' is one approach to increasing engagement, and increasing independence that has received much attention with learning disability populations. This is a system that relies on structured daily activity planning, and graduated levels of support and assistance based on the individual's needs to increase activity. A recent research project in Halton Borough Council's Oak Meadow day service conducted by members of the Positive Behaviour Support Service^{xi} found the Active Support approach to be equally as effective with people with dementia. They found significant increases in social interaction, and in domestic, personal care and leisure activities of the service users. Although the greatest statistical gains were found with the most able (most recent onset) service user, more socially significant effects were evident for the person in the latter stages of the illness.

The 'Living Well with Dementia' national strategy objectives identify goals for improving dementia services such as home care, carer support, intermediate care, residential care and end of life care. The work of a Behaviour Analyst has the potential to enhance support in the community and in care settings.

Care at hospital

During 2013 Warrington Hospital was successful in their bid for Dementia Care Scheme funding. The total value of the funding is £1,053,322, which will be used to transform the care environment for patients with dementia in the hospital. Plans for the funding include a redesign of an existing ward at Warrington Hospital and a new garden area to promote relaxation, stimulation and a calmer environment for patients with dementia.

Funding comes from a £50 million fund from the Department of Health for projects that demonstrated how practical changes to the environment within which people with dementia are treated in will make a tangible improvement to their condition.

The projects will form part of the first national pilot to showcase the best examples of dementia friendly environments across England, to build evidence around the type of physical changes that have the most benefit for dementia patients.

Role of the Fire and Police Services

Older people are significantly more at risk from fire and account for higher representation in the numbers of fire deaths than any other group.

- Within the over 80 age group risk increases significantly, particularly for those living alone.
- Males living alone are at greater risk than same age females and therefore at ages below 80.
- The risk of fire related incidents increases with bereavement
- Fire risk will increase as other vulnerabilities and risks affecting independence start to emerge, including those associated with a dementia diagnosis.

Extensive work has been undertaken locally by Cheshire Fire Service in developing their partnership working with Age UK . Briefing and referral information has will be continue to be widely distributed to professionals, landlords and the public detailing fire related advice available for older people, and those with a dementia diagnosis. The Fire Service also provided fire related advice and support to all Care Quality Commission registered providers in the past 12 months.

Cheshire Fire Service currently joint fund two dementia advisors, one in Cheshire East and one in Cheshire West and Chester. These are co-funded with CCG's and Age UK Cheshire but could potentially replicated with a number partners, including Halton.

Working with the Fire Service will form an important part of developing dementia friendly communities

Cheshire Fire Service are exploring 'dementia friends' training for their advocate teams to better meet the needs of people with a dementia service accessing Fire Services.

Cheshire Fire Service are exploring a transition from hospital to home pilot in Macclesfield, and the support that can be offered by the Fire Service to vulnerable older people, including those with a dementia diagnosis. This may provide a learning opportunity for Halton to review how the Fire Service can further support vulnerable people in Halton.

Delivering the Dementia Strategy

Development of a performance dashboard

There are few national and local indicators that expressly measure the impact on people with a dementia diagnosis or carers of people with a dementia diagnosis. Whilst inferences can be made, links are not explicit. In addition, much of the data in the national indicator set is captured annually, and therefore will not make suitable indicators for a 'real time' dashboard.

A performance dashboard is currently being developed by the Halton Dementia Partnership Board to assess progress and improve outcomes for people with a dementia diagnosis and their carers against the 8 Halton Dementia Pledges. Two sources of information will be used to inform progress against improved outcomes. These are:

- Metrics, for example, the diagnosis level in relation to prevalence;
- Qualitative information on the experience of people with dementia, their family and carers

Gap Analysis

Providers have told us^{xii} that they are increasingly seeing individuals presenting with very complex needs. It has been suggested that there is increasing demand for a number of placements/beds for people that do not require hospital or a specialist placement but need more than the usual residential/nursing care and at times one-to-one care. As the number of older people with increasing complex needs is set to increase, there is some urgency to identifying current and future local need and developing the local market to meet increasingly complex needs. Further exploration between Commissioners and Providers is required.

Work has already been undertaken as part of the Halton's Joint Strategic Needs Assessment that identified the following key issues and gaps in relation to Dementia;

Improving public and professional awareness and understanding of dementia

Gaps include the quantity, quality and frequency of information that is available. There are also possible gaps within information that would support early diagnosis and access to improved community services. In relation to community services there is a gap in specialist knowledge that often leads to people with dementia being unable to access some generic community services and facilities.

Good-quality early diagnosis and intervention for all

There are no designated teams specifically designed to address early diagnosis and intervention. However, this is being addressed through the development of the Assessment, Care and Treatment Service.

Good-quality information for those with diagnosed dementia and their carers

Information is available; however it needs to be consistent, timely and widely available for people with dementia and their Carers.

Development of structured peer support and learning networks

Capacity for the Dementia Peer Support Network will need to be monitored to ensure that there are appropriate levels of service provision.

Implementing the Carers' Strategy

The specific needs of carers of people diagnosed with dementia are addressed in the Carers Commissioning Strategy. However, the additional support needs of carers of younger adults with dementia require further consideration.

Improved quality of care for people with dementia in general hospitals

Plans are being developed to identify a specific lead for dementia in general hospitals.

Living well with dementia in care homes

Improved professional training relating to dementia is required.

Improved end of life care for people with dementia

There needs to be greater clarity around direction of service provision and multi-agency working.

Recommendations are already being acted upon through the Dementia Partnership Board Group. This multi-agency group is tasked with implementation of the dementia strategy and is specifically targeting the following areas:

- Development of Dementia Peer Support
- Commissioning of Assessment, Care and Treatment Service
- Commissioning of Dementia Care Advisors
- Training for professionals in Dementia Basic Awareness
- Advanced training for professionals
- Improved quality in existing services i.e. memory clinic, Community Mental Health Team etc.

Keeping up the momentum

The 'Living well with dementia in Halton Strategy and Implementation Plan' that accompanies this paper outlines key actions to be undertaken during 2013-2018.

Appendix 1 Later Life and Memory Service Pathway

Halton Later Life and Memory Service Pathway for Professionals. September 2013

Click [here](#) for NICE Pathway for Dementia Diagnosis and Assessment

Patient undertakes '6 CIT' Test (or other).
Link to '6 CIT' questions and scoring:
<http://www.patient.co.uk/doctor/six-item-cognitive-impairment-test-6cit>

Routine bloods and ECG
Primary Care
Referral to Dementia Care Advisors

Click [here for NICE Pathway for Dementia Specialist Assessment](#)

Referral triaged at single point of access (5BP) Patient offered face to face assessment appointment within 10 days (routine) and 24/48hrs if Urgent
Full Assessment within 6 weeks

- History taking
- Cognitive and mental state examination
- Physical examination
- Review of medication to identify any drugs that may impair cognitive functioning.
- Specialist Interventions

Later Life and Memory Service – New Referral letter faxed to 01925 666641
Tel. 01928 753162

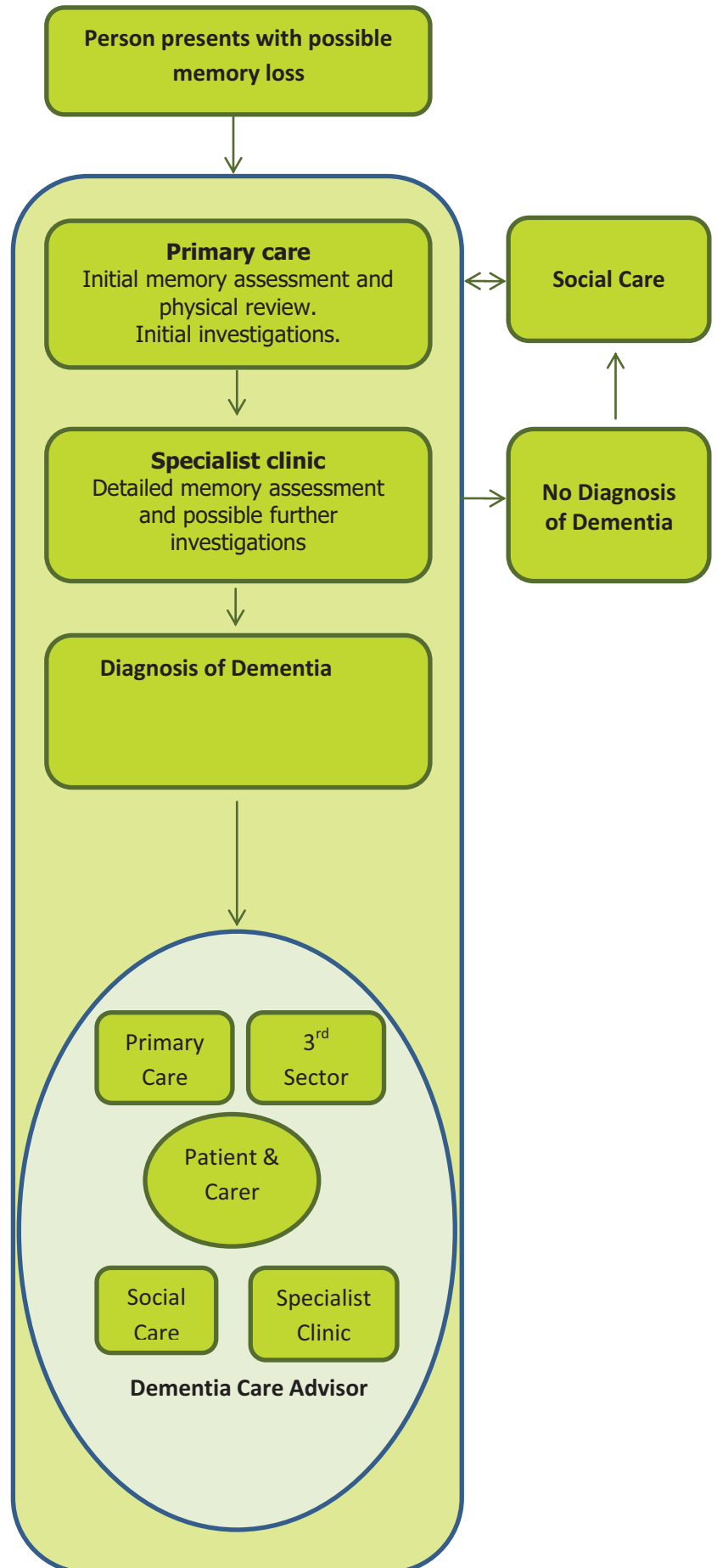
Click [here for NICE Pathway for Dementia Diagnosis and Assessment](#)

- Holistic approach
- Brain scan
- Clarify diagnosis
- Prescribe Medication
- Ensure social support

If non dementia diagnosis refer back to Primary Care

Dementia Care Advisors to assist patient and carer to navigate pathway and provide information on services available, including community delivered services Call Alzheimer's Society for referral to Dementia Care Advisors 0151 420 8010

Social care referrals via Later Life and Memory Service Social Care Support Service Pathway



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Claire Goodchild October 2011
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- vi. Research Reference: Barnes et al, 'The projected impact of risk factor reduction on Alzheimer's disease prevalence', published online in Lancet Neurology, Tuesday, 19 July 2011.
- vii. Dementia: A Public Health Priority. World Health Organisation 2012
- viii. Department of Health. Spotting the signs of dementia: Department of Health Campaign. 7-11-2011. 22-11-2011.
- ix. Alzheimer's Society 'Dementia Friendly Communities Survey', to which over 500 people with dementia responded. It also includes results from a poll of over 2,200 UK adults conducted by YouGov.
- x. A Road Less Rocky – Supporting Carers of People with Dementia. Carers Trust 2013
- xi. Toogood, Doherty & Welch, 2012
- xii. Halton Adult Social Care Market Position Statement 2013

REPORT TO: Safer Policy and Performance Board

DATE: 14 January 2014

REPORTING OFFICER: Strategic Director, Communities

PORTFOLIO: Community Safety

SUBJECT: Night Time Economy Scrutiny Review Update

WARD(S) Borough-wide

1.0 PURPOSE OF THE REPORT

1.1 To update Members of the Board on the progress of the Night Time Economy Scrutiny Review.

2.0 RECOMMENDATION: That:

- (1) the verbal report be received and noted; and**
- (2) a further update report be presented to the next meeting of the Board.**

3.0 SUPPORTING INFORMATION

3.1 The Night Time Economy Scrutiny Review report was considered by the Executive Board at its 21 November 2013 meeting. The Executive Board had resolved the following:-

- 1) Executive Board support, in principle, the findings of the report and thank the Topic Group for their work;
- 2) further work be undertaken to identify the cost of implementing the proposals set out in the report; and
- 3) a further report be presented to Executive Board
 - a) Setting out the financial implications should the recommendations in the Topic Group Report be implemented; and
 - b) Giving consideration to how the proposals relate to the Council's available budget and spending priorities.

3.2 Officers are currently investigating the financial implications of the recommendations and a verbal report on the progress will be

provided at the meeting.

4.0 POLICY IMPLICATIONS

4.1 Existing policies are endorsed by the original report.

5.0 OTHER/FINANCIAL IMPLICATIONS

5.1 The recommendations highlighted within the Action Plan will require resources to undertake, mainly from operational teams.

6.0 IMPLICATIONS FOR THE COUNCIL'S PRIORITIES

6.1 Children & Young People in Halton

N/A

6.2 Employment, Learning & Skills in Halton

N/A

6.3 A Healthy Halton

Elements of the Night Time Economy Scrutiny Review impact on this priority, for example, underage alcohol sales and alcohol reduction plan. Implementing a six-month report on test purchasing, along with the continued monitoring of underage sales will ensure our good performance is maintained.

6.4 A Safer Halton

The scrutiny review report and recommendations support the Council's strategic priority of a Safer Halton. Taking on board the recommendations from the report will be positive steps to improving all aspects of the Night Time Economy for the residents of Halton.

6.5 Halton's Urban Renewal

N/A

7.0 RISK ANALYSIS

7.1 The report and recommendations support the Council's strategic priority of a Safer Halton. Taking on board the recommendations from the report will be positive steps to improving the Night Time Economy for the residents of Halton.

8.0 EQUALITY AND DIVERSITY ISSUES

8.1 The implementation of the recommendations will help to improve the Night Time Economy for all residents within Halton.

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

9.1 None under the meaning of the Act.