



Communities  
Directorate



**DRAFT**  
**DIRECTORATE PLAN**

**April 2013 to March 2016**

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## 1.0 FOREWORD

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

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

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

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

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

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

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

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



A handwritten signature in blue ink that reads "Dwayne J".

Dwayne Johnson  
Strategic Director, Communities Directorate

## **2.0 INTRODUCTION**

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

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

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

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

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

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

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

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

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

### **3.0 KEY MESSAGES**

#### **Overall Directorate Strategic Direction**

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

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

#### **Strategic priorities and challenges facing the Directorate**

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

#### **3.4 Public Health**

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

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

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

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

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

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

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

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

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

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

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

### 3.5 Safer Halton Priorities

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

## 4.0 FACTORS AFFECTING THE DIRECTORATE

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

| POLITICAL  | SOCIAL FACTORS  |
|--|---|
| 1.The integration of Public Health into Local Authorities.   | 16. Ageing Population and the shift to an older population.   |
| 2. <u>Joint Strategic Needs Assessment/ Joint Health &amp; 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.Telcare/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>Draft Care and Support Bill 2012</u>  | 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.<br><br>HLF Heritage bid to see Sankey Canal from Spike Island to Fiddlers Ferry Marina restored to navigation. |
| 12. <u>Healthy Lives, Healthy People</u>   | 25.Affordable Warmth Strategy.  |
| 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. | 26.Preventing and reducing environmental crime.   |
| 14.The revised <u>EU Waste Framework Directive</u>   |   |
| 15.Legislative changes to local authority enforcement powers against householders who commit waste offences.   |   |

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

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

## **5.0 ORGANISATIONAL INITIATIVES**

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

### **5.1 Equality, Diversity and Community Cohesion**

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

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

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

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

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

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

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

## **5.2 Environmental Sustainability**

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

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

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

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

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

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

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

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

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

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

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

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

### **5.3 Risk Management**

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

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

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

### **5.4 Arrangements for managing Data Quality**

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

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

- |                  |   |
|------------------|---|
| <b>Accurate:</b> | For its intended purpose;   |
| <b>Valid</b>     | By being consistently recorded and used in compliance with predetermined definitions and rules;                       |
| <b>Reliable</b>  | By reflecting stable and consistent data collection processes;  |
| <b>Timely</b>    | By being made available as soon as possible after the activity or event and in line with organisational requirements; |
| <b>Relevant</b>  | For the purpose intended;   |
| <b>Complete</b>  | In that the monitoring of incomplete, missing or invalid data is avoided as far as is possible.                       |

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

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

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

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

## **6.0 ORGANISATIONAL & DIRECTORATE STRUCTURE**

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

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

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

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

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

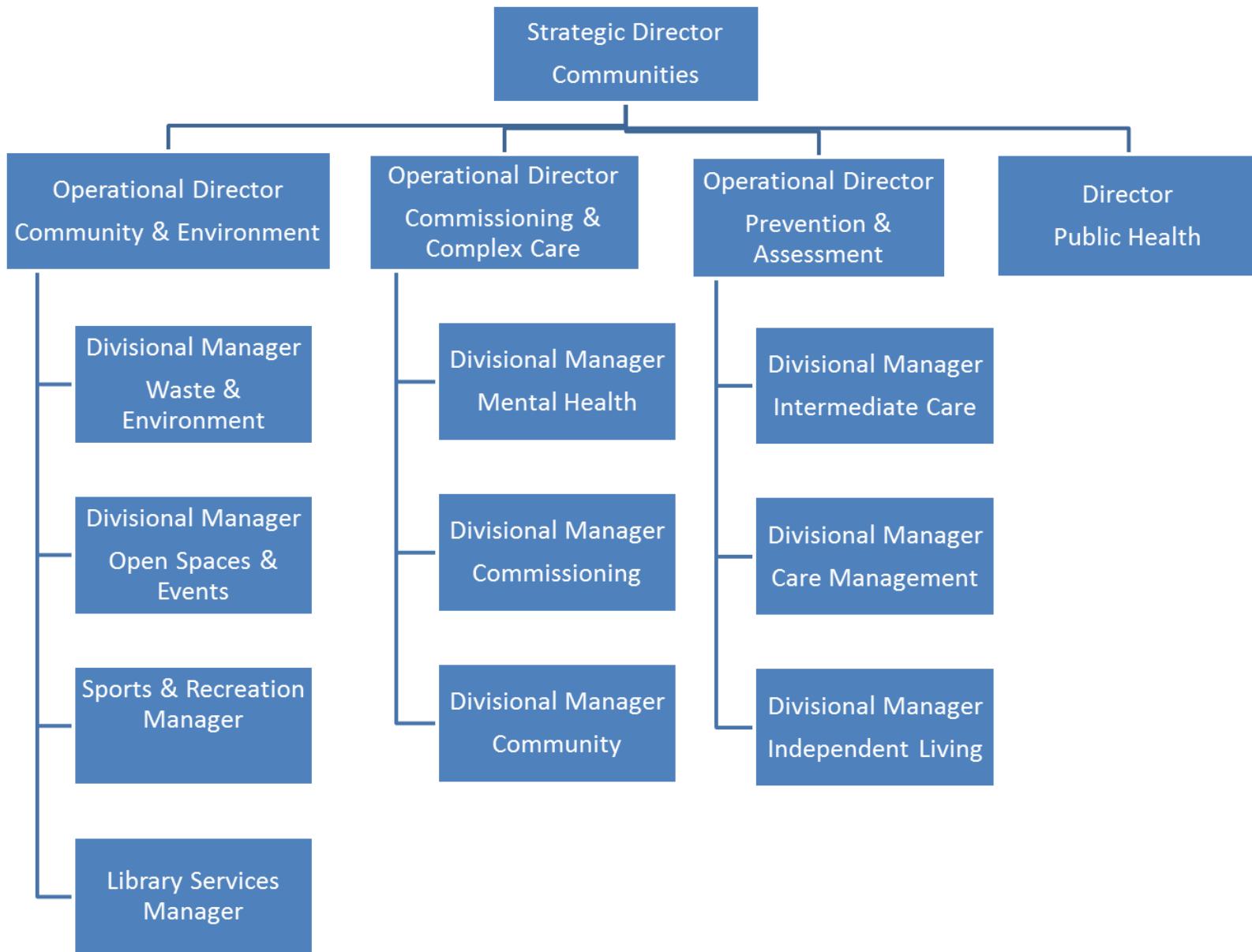
Lead Officers are identified to drive and direct corporate initiatives to bring together elements of the Council's activities which, for the purposes of day to day management, may sit within all or any of the different Directorates.

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

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

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

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



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

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

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

## **What are we for?**

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

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

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

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

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

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

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

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

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

## **6.2 Commissioning and Complex Needs**

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

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

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

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

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

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

## **6.3 Prevention and Assessment Department**

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

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

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

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

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

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

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

#### **6.4 Public Health**

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

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

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

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

## 7.0 RESOURCES

### 7.1 Budget Summary & Service Costs

**COMMUNITIES DIRECTORATE**  
**Revenue Budget 2013-14**

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

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

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

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

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

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

## 7.2 Human Resources

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

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

## 7.3 ICT Requirements

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

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

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

#### **7.4 Property Requirements**

The Property requirements/developments across the Directorate include:-

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

## 8.0 BUSINESS PLANNING

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

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

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

### Performance Monitoring and Reporting

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

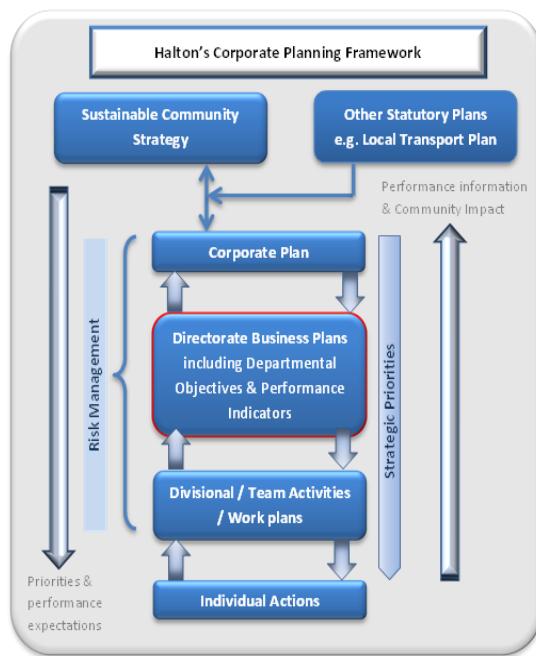
As a result Departmental progress will be monitored through:

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

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

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

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



# **Appendix 1**

## **Community & Environment Services**

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

**2013 – 2016**

**DRAFT**

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

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

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

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

|                          |  |        |                            |  |                            |                 |
|--------------------------|--|--------|----------------------------|--|----------------------------|-----------------|
| Key Milestone(s) (15-16) | • Monitor and review all CE4 milestones in line with three-year planning cycle. <b>March 2016.</b> |        |                            |  |                            |                 |
| <b>Risk Assessment</b>   | Initial  | Medium | <b>Responsible Officer</b> | Operational Director Community & Environment | <b>Linked Indicator(s)</b> | CE LI 6, 6a, 17 |
|                          | Residual   | Low    |                            |  |                            |                 |

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

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

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

|                           |   |      |                            |                              |                            |            |
|---------------------------|---|------|----------------------------|------------------------------|----------------------------|------------|
| <b>Corporate Priority</b> | <b>Environment and Regeneration in Halton</b>   |      |                            |                              |                            |            |
| <b>Key Area Of Focus</b>  | <b>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.</b> |      |                            |                              |                            |            |
| <b>Service Objective:</b> | <b>CE8 - Increase the Stadium turnover and improve efficiency to reduce the level of Council contribution.</b>  |      |                            |                              |                            |            |
| Key Milestone(s) (13-14)  | <ul style="list-style-type: none"> <li>Review and identify areas for improvement in line with the Business Plan and Marketing Plan. <b>January 2014.</b></li> </ul>   |      |                            |                              |                            |            |
| Key Milestone(s) (14-15)  | <ul style="list-style-type: none"> <li>Review and identify areas for improvement in line with the Business Plan and Marketing Plan. <b>January 2015.</b></li> </ul>   |      |                            |                              |                            |            |
| Key Milestone(s) (15-16)  | <ul style="list-style-type: none"> <li>Review and identify areas for improvement in line with the Business Plan and Marketing Plan. <b>January 2016.</b></li> </ul>   |      |                            |                              |                            |            |
| <b>Risk Assessment</b>    | Initial   | High | <b>Responsible Officer</b> | Operations Manager (Stadium) | <b>Linked Indicator(s)</b> | CE LI 1, 3 |
|                           | Residual  | Low  |                            |                              |                            |            |

### Cost & Efficiency

|                |   |      |      |  |       |       |       |
|----------------|---|------|------|--|-------|-------|-------|
| <u>CE LI 1</u> | No. of meals served versus hourly input of labour (Previously SH1). | 9.90 | 9.90 |  | 10.00 | 10.00 | 10.00 |
|----------------|---|------|------|--|-------|-------|-------|

### Fair Access

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

### Service Delivery

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

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

## Quality

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

# **Commissioning & Complex Care Services**

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

**2013 – 2016**

**DRAFT**

## Departmental Service Objectives

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

| <b>Service Objective:</b> | <b>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</b>        | <b>Responsible Officer</b>                                     |
|---------------------------|--|--|
| Key Milestone(s) (13/14)  | <ul style="list-style-type: none"> <li>▪ Continue to monitor effectiveness of changes arising from review of services and support to children and adults with Autistic Spectrum Disorder. <b>Mar 2014.</b> (AOF 4) <b>KEY</b></li> </ul> | <i>Operational Director (Commissioning &amp; Complex Care)</i> |
|                           | <ul style="list-style-type: none"> <li>▪ Continue to implement the Local Dementia Strategy, to ensure effective services are in place. <b>Mar 2014.</b> (AOF 4) <b>KEY</b></li> </ul>  | <i>Operational Director (Commissioning &amp; Complex Care)</i> |

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

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

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

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

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

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

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

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

## Departmental Performance Indicators

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

### Cost & Efficiency

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

### Service Delivery

|              |   |      |      |  |      |      |      |
|--------------|---|------|------|--|------|------|------|
| CCC 2        | Adults with physical disabilities helped to live at home per 1,000 population (Previously CCC4 [12/13], CSS 6)  | 8.05 | 8.0  |  | 8.0  | 8.0  | 8.0  |
| CCC 3        | Adults with learning disabilities helped to live at home per 1,000 population (Previously CCC5 [12/13], CSS 7)  | 4.13 | 4.3  |  | 4.3  | 4.3  | 4.3  |
| <u>CCC 4</u> | Adults with mental health problems helped to live at home per 1,000 population (Previously CCC6 [12/13], CSS 8, previously AWA LI13)  | 3.97 | 3.97 |  | 3.97 | 3.97 | 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) | 5%   | 5%   |  | 7.5% | 8%   | 8.5% |

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

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

### Service Delivery

|                     |   |        |     |  |      |     |     |
|---------------------|---|--------|-----|--|------|-----|-----|
| <u><b>CCC 6</b></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 |  | 1.2  | 1   | 1   |
| <u><b>CCC 7</b></u> | Number of households living in Temporary Accommodation (Previously CCC9 [12/13], CCC10, NI 156)   | 6      | 6   |  | 10.5 | 10  | 9   |
| <u><b>CCC 8</b></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) | 4.71   | 4.4 |  | 5    | 5.8 | 6.6 |
| <u><b>CCC 9</b></u> | Carers receiving Assessment or Review and a specific Carer's Service, or advice and information (Previously CCC8 [12/13], CCC14, NI 135)  | 21.64% | 25% |  | 25%  | 25% | 25% |
| CCC 10              | Proportion of Adults in contact with secondary mental health services living independently, with or without support (ASCOF 1H, Previously CCC12 [12/13], CCC 41)  | 89.8%  | 93% |  | 93%  | 93% | 93% |

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

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

### Fair Access

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

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

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

## Quality

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

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

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

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

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

# **Prevention & Assessment Services**

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

**2013 – 2016**

**DRAFT**

## Departmental Service Objectives

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

| <b>Service Objective: PA 1</b> | Working in partnership with statutory and non-statutory organisations, evaluate, plan, commission and redesign services to ensure that they meet the needs and improve outcomes for vulnerable people  | <b>Responsible Officer</b>                                    |
|--------------------------------|--|---|
|                                | <ul style="list-style-type: none"> <li>▪ Engage with new partners e.g. CCG, Health LINks, through the Health and Wellbeing Partnership to ensure key priorities, objectives and targets are shared, implementing early intervention and prevention services. <b>Mar 2014.</b> (AOF1, 3 &amp; 21) <b>KEY (NEW)</b></li> </ul> | Operational Director<br>(Prevention & Assessment)             |
|                                | <ul style="list-style-type: none"> <li>▪ Review the integration and operation of Community Multidisciplinary Teams. <b>Mar 2014.</b> (AOF2, 4, &amp; 21). <b>(NEW) KEY</b></li> </ul>  | Divisional Manager<br>(Urgent Care)                           |
|                                | <ul style="list-style-type: none"> <li>▪ Develop working practice in Care Management teams as advised by the Integrated Safeguarding Unit. <b>Mar 2014</b> (AOF 10) <b>(NEW) KEY</b></li> </ul>  | <i>Operational Director<br/>(Prevention &amp; Assessment)</i> |

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

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

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

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

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

## Departmental Performance Indicators

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

### Cost and Efficiency

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

### Service Delivery

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

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

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

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

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

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

\*\* Targets amended for 2012/13 onwards

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

### Service Delivery

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

### 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) <i>(Previously PA20 [12/13], NI 125, PA 32)</i> | 74.07 | 70%   |  | 70% | 70% | TBC |
| 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) <i>(Previously PA21 [12/13], PA 34)</i>                    | 85.6% | 65%   |  | TBC | TBC | TBC |
| PA 16               | The Proportion of People who use services who feel safe – Adult Social Care Survey (ASCOF 4A, <i>Previously PA22 [12/13], PA 35</i> )  | 66.2% | 54%   |  | TBC | TBC | TBC |
| 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 <i>(ASCOF 4B, Previously PA23 [12/13], PA 36)</i>                   | 79.1% | 79.1% |  | TBC | TBC | TBC |
| <b><u>PA 18</u></b> | a) % of scheduled Local Air Pollution Control audits carried out<br><br>b) % of Local Air Pollution Control Audits being broadly compliant.<br><br><i>(Previously PA25 [12/13])</i>                      | 81%   | 93%   |  | 94% | 95% | 96% |
|                     |  | 85%   | 78%   |  | 79% | 79% | 79% |

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

\*\* Targets amended for 2012/13 onwards

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

## Quality

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

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

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

# **Public Health**

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

**2013 – 2016**

**DRAFT**

## Departmental Service Objectives

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

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

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

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

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

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

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

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

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

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

| <b>Service Priority:</b> | <b>PH 5 – Prevention and early detection of mental health conditions</b><br><br><b>Working with schools, GP practices, and Children's Centres to improve the mental health and wellbeing of Halton residents</b>  | <b>Responsible Officer</b> |            |                          |            |          |  |  |
|--------------------------|---|----------------------------|------------|--------------------------|------------|----------|--|--|
| Key Milestone(s) (13/14) | <ul style="list-style-type: none"> <li>▪ Implement the Mental Health and Wellbeing Programme in all schools and provide training for GP Practices and parenting behaviour training in the Children's Centres. <b>Mar 2014. KEY (NEW)</b></li> <li>▪ Implement the Mental Health and Wellbeing Action Plan to improve the physical wellbeing of people with mental ill health. <b>Mar 2014. KEY (NEW)</b></li> </ul>     | Director, Public Health    |            |                          |            |          |  |  |
| Key Milestone(s) (14/15) | <ul style="list-style-type: none"> <li>▪ Monitor and review all PH 5 milestones in line with three year planning cycle. <b>Mar 2015.</b></li> </ul>   | Director, Public Health    |            |                          |            |          |  |  |
| Key Milestone(s) (15/16) | <ul style="list-style-type: none"> <li>▪ Monitor and review all PH 5 milestones in line with three year planning cycle. <b>Mar 2016.</b></li> </ul>   | Director, Public Health    |            |                          |            |          |  |  |
| <b>Risk Assessment</b>   | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">Initial</td> <td style="padding: 2px;"></td> <td rowspan="2" style="padding: 2px; vertical-align: middle;"><b>Linked Indicators</b></td> <td rowspan="2" style="padding: 2px; vertical-align: top;">PH14, PH15</td> </tr> <tr> <td style="padding: 2px;">Residual</td> <td style="padding: 2px;"></td> </tr> </table> | Initial                    |            | <b>Linked Indicators</b> | PH14, PH15 | Residual |  |  |
| Initial                  |   | <b>Linked Indicators</b>   | PH14, PH15 |                          |            |          |  |  |
| Residual                 |   |                            |            |                          |            |          |  |  |

## Departmental Performance Indicators

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

|                |
|----------------|
| <b>Quality</b> |
|----------------|

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

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

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

## Outcomes

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

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

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

### Outcomes

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

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

## APPENDIX 2

### NATIONAL POLICY GUIDANCE/DRIVERS

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

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|   | 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   |

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|  | 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<br/>Communities &amp; Local<br/>Government –<br/>National Planning<br/>Policy Framework<br/>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<br/>of Waste Policy in<br/>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.  |