Adults of Working Age

SERVICE PLAN

April 2007 to March 2010

Advanced Draft 08.02.07

Contents

1.0 INTRODUCTION

To meet Halton's most pressing needs, the Borough Council has identified **6 key priorities,** which, as detailed within the Council's Corporate Plan, are: -

- **A Healthy Halton**

- **Halton's Urban Renewal**

- **Halton's Children & Young People**

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

- **A Safer Halton**

- **Corporate Effectiveness & Business Efficiency**

The primary purpose of Service Plans is to provide a clear statement on what individual services are planning to achieve and to show how this contributes towards achieving the corporate priorities of the Council. They are an essential tool for making key decisions about future service provision and the level of resources required. Additionally the service plan is designed to enable the public, Elected Members and staff to monitor how well this part of the Council is performing in improving the quality of life for local people.

2.0 SERVICE PROFILE

2.1 Purpose

The Adults of a Working Age Department provides a range of services to people with mental health problems and learning disabilities between the ages of 18 and 64, according to their identified needs, and an assessment and care management service for adults with physical and sensory disabilities. A number of our services also contribute to the work of other Departments, including children, older people and people with substance misuse problems. In addition, the Department is responsible for 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 the local community. In planning, delivering and monitoring our services, there is a strong commitment to consulting with and involving the people who use the services, their carers and local communities.

The service provides an assessment and care management function for vulnerable adults and offers a range of services to enable rehabilitation, encouraging people to retain or regain independence or to offer supported environments for them to live within Halton, whenever possible.

All this is delivered within the context of a strong national framework of statute and guidance, which includes:

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

2.1.1 Service Activities

Mental Health Services (for people aged 18-64)

- Assessment and care management functions
- Community Mental Health Services
- Care Programme Approach and Effective Care Co-ordination – an integrated approach to planning the care given to each person
- Approved Social Work (for all adults service groups)
- Outreach Service
- Out of Hours Emergency Services
- Delivery of day care services
- Delivery and develop of carer support services
- Development of a wider range of work opportunities for people with severe mental health problems

- Development of more vocational training and educational options for people with severe mental health problems
- Development of a greater range of supported accommodation
- Ensuring increased financial independence for users of the service and reducing the numbers of people who are subject to appointeeship.
- Promoting and enabling empowerment of people who use services
- Delivery of high quality practice placements for student social workers.
- Development of a greater range of advocacy services.

Adults with Learning Disabilities & Physical/Sensory Disabilities Assessment and Care Management

- Integrated health and social care assessment and care management function for adults with learning disabilities through an agreement with Halton and St Helen's PCT.
- Social care assessment and care management function for adults with a physical disability or sensory impairment.
- Development of preventive, promotional and enabling services which are responsive to individual needs and ensure that people live as independently as possible in the community
- Ensuring that transitional arrangements from Children's Services to Adults Services are seamless.
- The delivery of effective financial management through the ALD pooled budget between Halton Borough Council and Halton and St Helen's PCT
- The development of lead commissioning arrangements across the Borough Council and Primary Care Trust
- The promotion of Self Advocacy for people with a learning disability through a contract with Halton Speak Out
- Effective use of the Council's Adult Protection and Vulnerable adults procedures
- Provision of practice placements for student social workers

Adults with Learning Disabilities – Provider Services

- The delivery of modernised day services which support those with the greatest levels of individual need, whilst promoting independence and full social inclusion
- Delivery of safe and supportive living arrangements through the Halton Supported Housing Network
- Development of a wider range of employment opportunities for people with learning disabilities, which reflect a range of skills and abilities
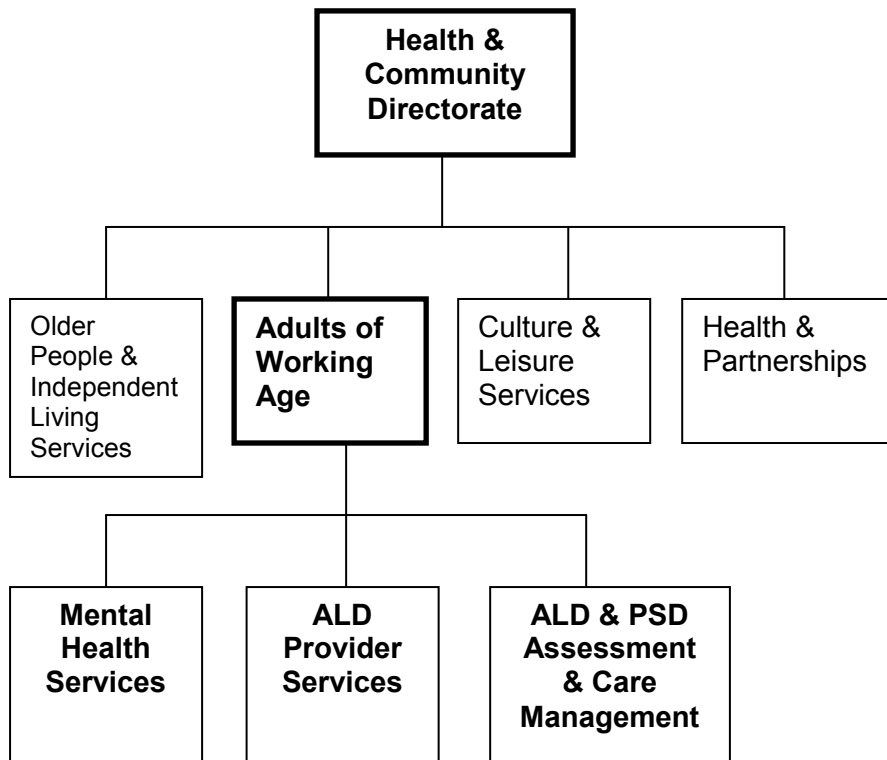
2.2   Key Messages

Integration has been key to improving overall effectiveness and performance in service delivery throughout the last year. The assessment and care management functions for people with physical and sensory disabilities have been moved from the Older People's Department into the adults with learning disabilities assessment and care management team within the Adults of a Working Age department and are now managed by one Divisional Manager. The learning disability care management team have physically moved to the Bridges Learning Centre in Widnes to enhance the integrated working approach this team has with the PCT's care management function.

More daytime opportunities for adults with learning disabilities are provided in community-based settings and in partnership with community centres, thereby enhancing their inclusion into the community. A considerable amount of staff time and effort has gone into achieving this and managing the change arising out of the closure of Astmoor Day Centre. All stakeholders were involved throughout the process and regularly kept informed of developments.

A Community Bridge Building Service has been developed which aims to promote social inclusion for all adults and older people by helping them access mainstream services.

The merger of the two PCTs, Halton and St Helen's, has meant that new relationships have been developed with the newly formed PCT and with St Helen's Council. Joint commissioning functions with the PCT will be further developed throughout 2007/08 to ensure that we improve the health of Halton's residents.

2.3   Organisation Structure

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                    ┌─────────────────┐
                    │   Health &      │
                    │  Community      │
                    │  Directorate    │
                    └─────────────────┘
        ┌──────────────┬──────┴───────┬──────────────┐
┌──────────────┐ ┌──────────┐ ┌──────────┐ ┌──────────────┐
│ Older        │ │ Adults of│ │ Culture &│ │ Health &     │
│ People &     │ │ Working  │ │ Leisure  │ │ Partnerships │
│ Independent  │ │ Age      │ │ Services │ │              │
│ Living       │ │          │ │          │ │              │
│ Services     │ │          │ │          │ │              │
└──────────────┘ └──────────┘ └──────────┘ └──────────────┘
              ┌───────────┼───────────┐
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      │ Mental   │ │ ALD      │ │ ALD & PSD    │
      │ Health   │ │ Provider │ │ Assessment   │
      │ Services │ │ Services │ │ & Care       │
      │          │ │          │ │ Management   │
      └──────────┘ └──────────┘ └──────────────┘
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	FTE	Headcount
Managerial	12.2	14
Professional/Technical	29	30
Administrative/Clerical	15.5	15
Front Line	128.4	180
Total	**185.1**	**239**

3.0 AIMS OF THE SERVICE

The Council has identified six key strategic priorities that are detailed within the introduction to this plan. Whilst the majority of Council services will contribute in some way to each of these priorities those that are most relevant to the Adults of a Working Age Department, and the Service Aims associated with them are: -

CORPORATE PRIORITY 1: HEALTHY HALTON

Area of Focus 2: Improving the future health prospects of Halton residents through encouraging and providing the opportunities to access and participate in physically active lifestyles

Service Aims:

SA 1: To promote and support working aged people and their carers to make positive choices about their lifestyle and health.

SA2: To promote, support and encourage the social inclusion of service users and carers into the community and increase access to mainstream services.

Area of Focus 6: Providing services and facilities to maintain the independence and well-being of vulnerable people within our community

Service Aims:

SA 3: To encourage independence and choice to enable people to feel in control of their own lives, which in turn impacts positively upon their physical and mental health.

SA4: To involve service users and carers in service development initiatives to ensure services delivered are needs-led and outcome focussed.

Area of Focus 7: Providing services and facilities to maintain existing good health and well-being

Service Aims:

SA 3: To encourage independence and choice to enable people to feel in control of their own lives, which in turn impacts positively upon their physical and mental health.

CORPORATE PRIORITY 4: EMPLOYMENT, LEARNING & SKILLS IN HALTON

Area of Focus 21: To improve access to employment by providing opportunities to enhance employability skills and knowledge

Service Aims:

SA 5: To support vulnerable people through their difficulties and back to work, training or education to enhance their skills, within the context of full equality of opportunity for all.

4.0 FACTORS AFFECTING THE SERVICE

4.1 External Factors

4.1.1 Political

The 5 Boroughs Partnership NHS Trust's new model of care for mental health services 'Change for the Better' has gone through the joint scrutiny process and will impact on the way mental health service are delivered. The new model aims to reduce the reliance on in-patient beds and develop more services based on recovery and social inclusion. This model will be implemented by April 2008. The full impact will not be clear until implementation is complete.

The reconfiguration of PCTs resulting in the merger of Halton and St Helen's PCTs has led to the requirement to form a new relationship. Partnerships across service areas have been strengthened as a result, eg, Mental Services and ALD.

4.1.2 Economic Climate

There are significant budgetary pressures within the Department. Gershon efficiency gains, the implications of the Base Budget Review and Supporting People's retraction plan, resulting in reduced funding in adults with learning disabilities, continues to have an impact on service areas. Services need to ensure that they are designed to deliver greater efficiency and value for money without detrimental impact on those people who use them.

A financial recovery plan to reduce the pressures on the adults with learning disabilities budget has been agreed with the PCT. It is expected that this will lead to more efficient services targeted to meet the most complex needs

Pressure on the Community Care Budget has meant a strict application of Fair Access to Care services, resulting in care packages being re-assessed and in some cases re-designed for some people. Re-assessments will continue over the next 12 months.

Pressure on the transport budget has meant a strict application of eligibility criteria for the provision of local authority transport. Transport will continue to be an area of increased focus this coming year.

4.1.3 Social Factors

Halton have entered into a partnership arrangement with St Helen's Local Authority to provide a 24 hour access/out of hours emergency service. This will be established in 2007/08 and provide a new locally based service.

There is an increase in the number of young people with more complex needs and a growing number of ageing people with learning disabilities, therefore, there is increasing pressure on resources within adults services.

A number of Government initiatives and legislative requirements have put social inclusion higher on the social care agenda. The Directorate's newly developed Community Bridge Building service aims to promote social inclusion for all adults and older people by helping them access mainstream services.

4.1.4 Technological Developments

A pilot of assistive technology in a number of properties within the Halton Supported Housing Network continues, which aims to promote and encourage independent living, with a view to rolling out this technology in all suitable properties in the future.

Work is still ongoing to develop an integrated health and social care mental Health system across the 5 Boroughs Partnership. Once completed this should allow for integrated case files and much simpler recording processes, but the Department will need to ensure that all relevant performance information continues to be captured.

4.1.5 Legislative

The Mental Capacity Act 2005 received Royal Assent in April 2005 and is due to be fully implemented by April 2007. The Act will be implemented with the development of an independent advocacy service.

The implications of the 2 White Papers published in 2006, Our Health Our Care Our Say and Strong and Prosperous Communities, and the consultation document A New Outcomes Framework for Adults Social Care will need to be managed by the Department. These documents place a stronger emphasis on the involvement of people who access social care services and their carers being involved in service planning and delivery to ensure services are needs-led and outcome focussed. Currently service users and carers are involved, but more systematic evidence will be required.

The Carers (Equal Opportunities) Act 2004 came into force in England on 1st April 2005. The Act gives carers new rights to information, ensures that work, life-long learning and leisure are considered when a carer is assessed and gives Local Authorities new powers to enlist the help of housing, health, education and other Local Authorities in providing support to carers.

The Statutory Code of Practice on the Duty to Promote Disability Equality, which was introduced in the Disability Discrimination Act 2005, came into force in December 2006. The Duty required that a Disability Equality Scheme be in place by public sector organisations by December 2006. The action plan developed as part of the Scheme continues to be implemented corporately and departmentally.

Details of changes to the Commission for Social Care Inspection (CSCI) inspection and regulation of adults social care services were published in March 2006 via the document 'Inspecting for Better Lives'. Some of these changes came into effect in April 2006, others will be fully introduced by April 2007.

4.1.6 Environmental

The modernisation of day services across the Directorate continues to have an impact, with a steady shift of service provision from building based services to community based services. This will encourage more efficient use of buildings, increase variety in daytime opportunities available and increase social inclusion for those who access these services.

4.2   Service Developments

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

- The outcomes of the internal review of ALD day services continue to be implemented. This has led to the establishment of community-based services.
- The outcomes of the internal review of mental health day services will be implemented and will lead to more community based services.
- The outcomes of the internal review of ALD supported living scheme and residential respite services are to be implemented. Respite services are subject to a tendering process leading to a more efficient service.
- The outcomes of the internal review of the Emergency Duty Team are to be implemented.
- The outcomes of a consultation exercise with Halton's BME community, conducted in partnership with the Cheshire Halton and Warrington Racial Equality Council, to establish their views and experiences of statutory social care services are to be used to improve services to this community group.
- Work continues with the Children and Young People's Directorate to promote the safeguarding of children, with the development of a joint working policy between the 2 Directorates.
- A formal process is now in place to identify and record any unmet needs and service deficits identified through the assessment and care management process. This process feeds into the service planning and commissioning process to ensure future needs of service users and carers are met and gaps in services are closed.
- The action plan arising out of the outcomes of the Mental Health Improvement Review, conducted jointly by the Healthcare Commission and CSCI in January 2007 continues to be implemented and monitored by CSCI.

4.3   Efficiency Improvements

Summary of efficiency improvements in the last 12 months, taken from the Annual Efficiency Statement:
- Review of methods of service delivery in Day Services has resulted in £37,000 of cashable efficiency gains.
- Improved bed occupancy for ALD respite beds has resulted in £15,000 non-cashable efficiency gains.
- A total of £81,000 of cashable efficiency gains has been delivered within the Department through a number of changes, eg, working practices, better management of staff time and client transport.

4.4   National, Regional & Sub-Regional Focus

The Department is working with other Local Authorities with a similar BME population with the aim of developing a joint working group and strategy to improve performance and service delivery to the BME community in Halton.

Work with St Helen's Local Authority continues around high cost care packages for adults with learning disabilities.

Collaborative work with the 4 Boroughs has taken place on implementing the Mental Capacity Act. Halton, in partnership with Knowsley, Warrington and St Helen's Local Authorities have tendered for an independent mental capacity advocacy service.

4.5 Equal Opportunities

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

The Council fully supports the broad principles of social justice and will oppose any form of discrimination and oppression. Council policy will apply to all of those who come into contact with it, i.e. those who presently use directly provided services of services provided on the Council's behalf; potential users of services; other agencies and professional; employees and job applicants; and the general public.

During the course of 2006-07 all Council Services conducted Equality Impact Assessments to examine the equality implications of all policies, procedures and practices within their area.

As a result this department developed an Equalities Action Plan, which is subject to an annual review, that identified a number of low / medium priority areas for action that will be taken during the lifetime of this plan (refer section 6.3).

4.6 Unforeseen Developments

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

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

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

5.0   RESOURCES

5.1   Budget Summary and Service Costs

This will be provided by Accounts and added prior to formal publication.

5.2   Future Staffing Requirements
(Headcount figures supplied not FTE)

Year	Managerial	Professional/ Technical	Administrative/ Clerical	Front Line
2008/09	13	28	14	176
2009/10	13	28	14	176

Practice Manager posts have been included in the Managerial category, however, the posts include a Social Work role. All Social Work posts have been included in the Professional category, however, their roles are also front line.

Staffing levels for ALD Provider Services may change as a result of the review of the Halton Supported Housing Network, which includes a review of the staffing structure for the Network, however, at this stage it is difficult to determine what impact the review will have.

The potential reduction of 1 rehabilitation post within the PSD Care Management Team is reflected in the above due to the end of the grant funding this post in March 2008.

Staff for the Bridge Building Service and a new social work post in the Crisis Resolution Team have been included in 2007/08 staffing figures, however, funding, for the Bridge Building Service is not guaranteed beyond March 2008 therefore they have not been included in the above.

5.3   Future ICT Requirements

During 2007/08 the CareFirst 5 system will be upgraded to CareFirst 6. CareStore and CareAccess will be implemented and evaluated. The project of implementation will be managed in conjunction with Corporate IT.

The use of electronic social care records will be piloted so that the CareStore system can be tested and evaluated.

5.4   Future Accommodation/Property Requirements

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

6.0   SERVICE PERFORMANCE

Plans are no use if they do not produce real results. We need to set targets and measure our performance to know if we are achieving the improvements intended. Various types of indicator are used here to do this:

- **Objectives and Key Milestones. These show the major events in the work of the Department that are planned to take place during 2007–10, such as the launch of new initiatives, production of key plans and strategies and progress on major projects†**

- **Performance Indicator Targets. These show performance on indicators that are prescribed by central Government as part of their drive to ensure that councils deliver best value in serving their local communities.**

- **Local Performance Indicators. These show performance on indicators that the Department or the Council has adopted locally themselves and those adopted from national and other sources.**

- **Local Public Service Agreement Targets. Such targets are the result of an agreement between the local authority and the Government. This agreement sets out the authority's commitment to deliver specific improvements in performance and the Governments commitment to reward these improvements.**

- **National Floor Targets. These are targets that set a minimum standard for disadvantaged groups or areas or a narrowing of the gap between such areas and the rest of the country.**

- **Local Area Agreement.** Text to follow.

†   Against each key objective the overall initial and residual risk assessment (before and after the risk control measures have been identified) is shown. The risk mapping exercise scores the potential impact on the key objective (severity) and the likelihood (probability) of the risks happening to arrive at a number. This is represented by a number with the associated level of assessed risk.

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

Objectives and Milestones

The following tables identify the objectives and/or any national and local indicators for the service. Each individual objective/indicator has been referenced to the Corporate Plan Priority to which it relates: -

6.1   Key Service Objectives

Corporate Priority:	Healthy Halton
Key Area Of Focus:	AOF 6, Providing services and facilities to maintain the independence and well being of vulnerable people within our community. AOF 7, Providing services and facilities to maintain existing good health and well-being.

Service Objective:	**AWA 1 – To work in partnership across traditional boundaries, always keeping service users and carers at the centre of the service, to strengthen service delivery to hard to reach groups, including those from the BME community, and to ensure that services are needs-led and outcome focussed.**
Key Milestone(s) (07/08)[1]	• *Implement the Payments and Expenses Policy and Procedure for service users and carers to encourage and recognise their participation in service development initiatives by June 2007* • Consult the BME community with the assistance of the Cheshire Halton & Warrington Racial Equality Council to ascertain whether services are meeting the needs of this community by April 2007 • Continue to implement ALD's financial recovery plan to ensure that the service becomes increasingly efficient and effective by March 2008 • *Review the policies and protocols in place for transitional arrangements to ensure children moving from Children's to Adults services receive a seamless service by Sept 2007* • *Contribute to the safeguarding of children in need where a parent is receiving Adults services by ensuring staff are familiar with and follow safeguarding processes by March 2008*
Key Milestone(s) (08/09)	• Review the Payments and Expenses Policy and Procedure to ensure payment levels are appropriate and procedures are adequate by June 2008 • Establish strategy in partnership with other LAs to improve performance and service delivery to the BME community by June 2008 • Contribute to the safeguarding of children in need where a parent is receiving Adults services by ensuring staff are familiar with and follow safeguarding processes by March 2009
Key Milestone(s) (09/10)	• Contribute to the safeguarding of children in need where a parent is receiving Adults services by ensuring that staff are familiar with and follow safeguarding processes by March March 2010 • Implement BME strategy developed in partnership with other LAs by March 2010

Risk Assessment	Initial	3 - Low	Responsible Officer	All DM's	Linked Indicators	See Below
	Residual	1 - Low				

PAF C73, PAFC29, PAFC30, PAFC31, BVPI201/PAFC51, PAFC62, PAFD39, PAFD40, AWA8, PAFB11

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[1] Note: those milestones in italics in 2007/08 will be reported in Quarters 2 and 4 only.

Corporate Priority:	Healthy Halton Employment, Learning & Skills in Halton
Key Area Of Focus:	**AOF 2,** Improving the future health prospects of Halton residents through encouraging and providing the opportunities to access and participate in physically active lifetstyles. **AOF 6,** Providing services and facilities to maintain the independence and well being of vulnerable people within our community. **AOF 21,** To improve access to employment by providing opportunities to enhance employability, skills and knowledge.

Service Objective:	**AWA 2 – To continue to modernise mainstream socially inclusive opportunities by implementing meaningful daytime activities and maximising employment opportunities for all vulnerable people to promote independence and community inclusion**				
Key Milestone(s) (07/08)[2]	• Monitor implementation of Community Bridge Building Service as part of the Day Services Strategy and evaluate by March 2008 • *Implement action plan for the National Service Framework for Long Term Conditions by March 2008* • *Contribute to the implementation of Change For The Better, the 5BP's new model of care for mental health services, which aims to reduce reliance on in-patient beds and develop services based on recovery and social inclusion, by March 2008.* • Implement "In Control" model pilot for people with learning disabilities and physical/sensory disabilities by Sept 2007 • *Continue to increase the number of people supported into employment, training, etc, by March 2008* • *Complete review of the Independent Living Centre in partnership with the PCT by June 2007*				
Key Milestone(s) (08/09)	• Review Day Services Strategy to ensure that it reflects the modernisation agenda by Sept 2008 • Continue to contribute to the implementation of Change For The Better, the 5BP's new model of care for mental health services by March 2009 • Evaluate In Control pilot and extend to other service user groups as appropriate by March 2009 • Review SLA for in-house Day Services by June 2008				
Key Milestone(s) (09/10)	• Continue to support and promote " In Control " model by March 2010				
Risk Assessment	Initial	12 - High	**Responsible Officer**	All DM's	**Linked Indicators**	See Below
	Residual	6 - Medium				
PAFC73, PAFC29, PAFC30, PAFC31, BVPI201/PAFC51, PAFC62, PAFD37, PAFD39, PAFD40, PAFD55/BVPI195, PAFD56/BVPI196, KTI1, KTI2, AWA1, AWA2, AWA3, AWA4, AWA5, AWA6, AWA7, AWA8, PAFB11					

[2] Note: those milestones in italics in 2007/08 will be reported in Quarters 2 and 4 only.

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

Service Objective:	**AWA 3 - To develop and improve a range of services and support for carers in accordance with the Carers Strategy to ensure carers needs are met and to support the delivery of the Carers LPSA Target**
Key Milestone(s) (07/08)[3]	• *Build on the success of both Carers Centres by developing new services for carers, eg, training courses, extending complementary therapies, to ensure Carers receive the help and support they need by March 2008* • Meet the Carers LPSA target to ensure carers receive the help, support and services they need by March 2008 • *Increase the number of carers provided with assessments leading to provision of service to ensure Carers needs are met by March 2008* • *Work with the Cheshire Halton & Warrington Racial Equality Council to increase carers services to the BME community by June 2007* • Develop new model to increase access to new funding for Carers Centres by March 2008 • *Work with Halton & St Helen's PCT to improve the physical health of carers by Sept 2007*
Key Milestone(s) (08/09)	• Increase the number of carers provided with assessments leading to provision of service, including black and minority ethnic carers, to ensure Carers needs are met by March 2009 • Increase the number of carers receiving a carers break by March 2009 • Work with the Drug Action Team to develop and improve services to carers with drug/alcohol problems by March 2009 • Consult carers on information and access to services to improve accessibility to services by Oct 2008 • Implement new model for Carers Centres to increase access to additional funding by March 2009
Key Milestone(s) (09/10)	• Ensure Carers Centres are able to access additional funding when available from bodies such as the Lottery by March 2010

Risk Assessment	Initial	16 - High	**Responsible Officer**	All DM's	**Linked Indicators**	See Below
	Residual	12 - High				

PAFC73, PAFC29, PAFC30, PAFC31, BVPI201/PAFC51, PAFC62, PAFD40, AWA8, PAFB11

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[3] Note: those milestones in italics in 2007/08 will be reported in Quarters 2 and 4 only.

6.1.1 Other Service Objectives

None.

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

Ref[4]	Description	Corp. Plan Priority	Halton 2005/6 Actual	2005/06 Quartiles[5] (All England)			Halton 2006/7 Target	Halton 2006/7 Actual	Halton Targets		
				Top	Middle	Bottom			07/08	08/09	09/10
Service Delivery											
PAF C73/ SA1&3	Admissions of Supported Residents aged 18-64 into residential/nursing care	1	0.4	2.7	2.1	1.4	0.4		0.4	0.4	0.4
PAF C29/ SA3	Adults with physical disabilities helped to live at home	1	7.14	5.6	4.5	3.4	7.2		7.4	7.4	7.4
PAF C30/ SA3	Adults with learning disabilities helped to live at home	1	4.23	3.4	2.8	2.3	3.9		4.3	4.3	4.3
PAF C31/ SA3	Adults with mental health problems helped to live at home	1	2.62	2.6	3.3	4.3	2.8		2.8	2.8	2.8
BVPI 201 (**PAF C51**)/ SA3	Adults and Older people receiving direct payments per 100,000 population * Key threshold >15	1	165.38	93	68	57	184		190	200	210

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[4] Key Indicators are identified by an **underlined reference in bold type.**
[5] No quartile data is available for local performance indicators

Ref[4]	Description	Corp. Plan Priority	Halton 2005/6 Actual	2005/06 Quartiles[5] (All England)			Halton 2006/7 Target	Halton 2006/7 Actual	Halton Targets		
				Top	Middle	Bottom			07/08	08/09	09/10
PAF C62/ SA3	Number of carers receiving a specific carers service as a percentage of clients receiving community based services	1	7.04	10.6	7.3	4.6	9		9	10	12
Quality											
PAF D37/ SA1	Availability of Single Rooms	1	100%	100%	97%	93%	100%		100%	100%	100%
PAF D39/ SA4 *CPA PI*	Percentage of people receiving a statement of their needs and how they will be met.	1	99.9%	97%	96%	92%	99.6%		99%	99%	99%
PAF D40/ SA3&4	Clients receiving a review as a % of adult clients receiving a service (cost effectiveness PSA Target)	1	77.24%	74%	66%	61%	80%		80%	80%	80%
PAF D55 (BVPI 195)/ SA1	Acceptable waiting times for assessment Key threshold >60%	1	84%	82%	79%	72%	80.5%		83%	85%	85%
PAF D56 (BVPI 196)/ SA1	Acceptable waiting times for care packages Key threshold >60%	1	91%	90%	85%	81%	88%		85%	87%	89%
Fair Access											
KTI 1/ SA2	Percentage of adults assessed in year where ethnicity is not stated Key threshold >10%	1	1.44%	-	-	-	1.5%		1.0%	1.0%	1.0%
KTI 2/ SA2	Percentage of adults with one or more services in the year where ethnicity is not stated Key Threshold >10%	1	0.76%	-	-	-	0.6%		0.5%	0.5%	0.5%

Ref[4]	Description	Corp. Plan Priority	Halton 2005/6 Actual	2005/06 Quartiles[5] (All England)			Halton 2006/7 Target	Halton 2006/7 Actual	Halton Targets		
				Top	Middle	Bottom			07/08	08/09	09/10
AWA 1/ SA5	Number of learning disabled people in work per 1000 population 18-64	4	0.36	-	-	-	0.54		0.27	TBC	TBC
AWA 2/ SA5	Number of learning disabled people in voluntary work per 1000 population	4	0.90	-	-	-	1.0		1.01	TBC	TBC
AWA 3/ SA5	Number of physically disabled people in paid work per 1000 population	4	0.60	-	-	-	0.67		0.74	TBC	TBC
AWA 4/ SA5	Number of physically disabled people in voluntary work per 1000 population	4	0.46	-	-	-	0.27		0.20	TBC	TBC
AWA 5/ SA5	Number of adults with mental health problems in paid work per 1000 population	4	0.52	-	-	-	0.60		0.67	TBC	TBC
AWA 6/ SA5	Number of adults with mental health problems in voluntary work per 1000 population	4	0.40	-	-	-	0.27		0.20	TBC	TBC
AWA 7/ SA2	Percentage of carers on the carer's database as a percentage of the number of carers identified in the 2001 census in Halton	1	23.5	-	-	-	22.75%		25%	30%	35%
AWA 8/ SA3&4	Percentage of Carer assessments completed for adults	1	30.87%	-	-	-	45%		50%	53%	55%
Cost & Efficiency											
PAF B11/ SA3	Intensive home care as a percentage of intensive home care and residential care	-	22%	29%	24%	19%	26%		26%	27%	28%
PAF B12	Cost of intensive social care for adults and older people	-	£527	£547	£509	£455	£473		TBC	TBC	TBC

Ref[4]	Description	Corp. Plan Priority	Halton 2005/6 Actual	2005/06 Quartiles[5] (All England)			Halton 2006/7 Target	Halton 2006/7 Actual	Halton Targets		
				Top	Middle	Bottom			07/08	08/09	09/10
PAF B17	Unit cost of home care for adults and older people.	-	£17.10	£17.40	£15.70	£13.20	£14.20		TBC	TBC	TBC

Corporate

No indicators of this type are applicable to this service.

Future targets for AWA1-6 will be agreed once succession funding to NRF has been identified.

6.3   Equality Action Plan

A new Directorate Equality Action Plan is currently in development, therefore, this will be inserted as Appendix 2 at a later date.

6.4   Local Public Service Agreement

The Department contributes to an LPSA Target for Carers, which sits within the Older People's Departmental Service Plan.

6.5   National Floor Targets

Ref	Description	Government Targets
PSA 1 Home Office	• In partnership with drugs and alcohol services, social care to contribute to reduction of offending behaviour by provision of preventative and rehabilitative services. • Provision of lifeline's equipment to reduce fear of crime.	Reduce crime overall by 15%, and further in high crime areas, by 2007-08.
PSA 6 DTI	• Supported Employment Services to develop consultancy and assistance for the development of starter businesses.	Help to build an enterprise society in which small firms of all kinds thrive and achieve their potential, with (i) an increase in the number of people considering going into business, (ii) an improvement in the overall productivity of small firms, and (iii) more enterprise in disadvantaged communities.
PSA 7 ODPM	• Establishing a Disability Register to make more efficient use of public funds to meet the decency standard for all social housing.	By 2010, bring all social housing into decent condition with most of this improvement taking place in deprived areas, and for vulnerable households in the private sector, including families with children, increase the proportion who live in homes that are in decent condition.
PSA 10 DTI & DWP	• Implementation of Welfare to Work and individual employment strategies across service areas within social services to increase local employment opportunities for disabled and vulnerable people.	Over the 3 years to Spring 2006, increase the employment rates of disadvantaged areas and groups, taking account of the economic cycle – lone parents, ethnic minorities, people aged 50 and over, those with the lowest qualifications, and the 30 local authority districts with the poorest initial labour market position, and significantly reduce the difference between their employment rates and the overall rate.
PSA 11 DH	• Development of protocols across health and all social care services for the early reporting of and responsive to physical and mental ill-health. • Review, in partnership with key stakeholders, suicide prevention plan and develop cross-agency Action Plan. • Use of findings of Health Study to promote and develop strategies, which encourage higher levels of social capital.	Starting with Local Authorities, by 2010 to reduce by at least 10% the gap between the fifth of areas with the lowest life expectancy at birth and the population as a whole. Reduce inequalities in relation to deaths from cancer (6% reduction in equalities gap), heart disease, stroke and related diseases (40% reduction in equalities gap) in the worst Local Authority areas, and to reduce adult smoking prevalence (reduce to 21% or less by 2010) with a focus on routine and manual groups (reduce to 26% or less by 2010).

6.6   Local Area Agreement

To follow

7.0   PERFORMANCE REPORTING

One of the main purposes of having a Service Plan is to enable the Council and interested members of the public to keep track of how the Council and its Departments are doing and to help councilors and managers see whether the service is performing as planned and achieving its targets.

Progress will be monitored through:

- **Day to day monitoring by Strategic Directors through their regular interaction with Operational Directors;**
- **Quarterly progress reports to the Management Team;**
- **The inclusion of quarterly service plan monitoring reports as a standard item on the agenda of all the Council's Policy and Performance Boards.**

Policy and Performance Board agenda are public documents and can be accessed free using Internet access at any library where assistance with the technology is available if needed.

8.0   STATUTORY & NON-STATUTORY PLANS

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

- The Council's Corporate Plan 2006-11
- **Halton's Community Strategy**
- Comprehensive Performance Assessment
- **Halton Best Value Performance Plan 2006/07**
- Mental Health Commissioning Strategy
- Adults with Learning Disabilities Commissioning Strategy
- Commissioning Strategy for Physically Disabled People
- Carers Strategy
- Better Care, Higher Standards
- National Service Framework for Mental Health
- Valuing People Strategy for Learning Disabilities

Risk Assessment for Key Service Objectives initially assessed as 'High' risk

Key Objective Ref	Initial Risks identified*
AWA 2	• Continue to modernise mainstream socially inclusive opportunities: Risk – Resistance to move away from traditional segregated services leads to services remaining unchanged, with poor outcomes for service users. Risk Treatment Measures - - In Control facilitates move towards individual, outcome focussed services. - Development of Bridge Building service influences community capacity building and partnership work. - Current day service modernisation develops meaningful daytime activity within community settings. - Joint working with Employment & Enterprise Service creates wider opportunities for people to access employment. - Mental Health Partnership Board consolidates integrated, community services with the 5BP.
AWA 3	• Develop new model to increase access to new funding for Carers Centres by March 2008: Risk - Carers may not support this. Risk Treatment Measure – Continue to work with carers, St Helen's and the Princess Royal Trust. Options appraisal and impact assessment to be undertaken by May 2007. • Work with Halton & St Helen's PCT to improve the physical health of carers by Sept 2007: Risk – Service development with PCT does not take place. Risk Treatment Measure – Work with PCT to identify Lead and regularly report back to PCT Management Team.

*Risk treatment measures associated with the risks identified can be found in the departmental risk register.
A commentary will be included in the quarterly service plan monitoring report to indicate the progress

Equality Action Plan

A new Directorate Equality Action Plan is currently in development, therefore, this will be inserted as Appendix 2 at a later date.

The Department carried out an Equality Impact Assessment during 2005 and a number of actions that needed to be taken were identified. Those yet to be completed that are considered to be high priority are detailed in the table below.

Strategy/Policy/Service	Impact Assessment (High/Low/ None)	Action(s) Proposed	Timetable			Officer Responsible
			2007/ 08	2008/ 09	2009/ 10	