



Older People's Services

SERVICE PLAN

April 2007 to March 2010

Advanced Draft 08.02.07

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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 service provides an assessment and care management function for vulnerable older people and some people over 55 who have a mental health, physical disability or a learning disability. The Independent Living Team provides assessment, care management, and a service that provides equipment and minor and major adaptations to adults and children with physical impairments. It also offers a range of services to support re-enablement, encouraging people to retain or regain independence or to offer supported environments for them to live within Halton, whenever possible.

We retain a number of in-house provider services including home care, day services and residential care. The role of these services will further develop towards specialist functions such as intermediate care, out of hours, end of life care and dementia services. Increasingly maintenance and support services are purchased and commissioned from the independent sector and low level services enabling people to remain independent of social care are commissioned through the voluntary sector.

The delivery of a high quality service demands a balance, always placing the person needing a service at the Centre whilst recognising the demands and requirements of many others, stakeholders or policy influences. The Council's Fair Access to Care Services (FACS) Policy and Procedure assists in maintaining this balance. The Policy ensures equitable, transparent and consistent decision-making within available resources.

Whenever possible, individuals will be assisted to retain control of their life and direction of their services.

A number of professional services also contribute to the work of other departments, including working with Children, community development and supported employment, in order to deliver high-quality care to the local community in partnership with the NHS, private and voluntary sectors.

Much of our work is set down and delivered within the context of a strong national framework of statute and guidance, which includes:

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

2.1.1 Service Activities

Care Management Assessment and Provision

- Assessment and care management of older people, and those who care for them.
- Independent Living Team – Including Occupational Therapy and Independent Living Centre for all age groups
- Effective Care Co-ordination (older people with mental health problems accessing specialist services)
- The provision, monitoring and review of care packages
- Hospital discharge – all over 18's
- Adult Protection
- Moving and Handling

Direct Care Services

- Community Day Services
- Community Meals
- Equipment Service
- Lifeline/community wardens
- Extra Care (Dorset Gardens)
- Residential Services (Oak Meadow)
- Day Services - Bridgewater
 - Adult Placement
 - Community Day Services (Older People)
 - Oak Meadow Day Services (including dementia day care)

Intermediate Care Services (Assessment and provision)

- Home Care Services – dementia, intermediate care and end of life care, crisis intervention, and complex physical care.
- Intermediate Care Beds (Nursing and Residential)
- Rapid Access Rehabilitation Team

Who benefits;

Older People's Services provides a range of services to people aged 65+, although increasingly seeks to ensure preventative services are available to those in their 50s. The Independent Living Team provides a service for adults and children. Intermediate Care Services provide a service for adults age 55+, home care Services provide a service for adults, age 18+.

The main people who benefit from services are:

- Those who are at risk of being admitted to hospital or long term care.
- Those who require assessment and services to facilitate discharge from hospital
- Vulnerable/frail older people and some adults over 55 who need support to live at home – this can be through social care or supporting people.
- Vulnerable/frail older people, disabled adults and children who need support to live at home through the provision of equipment or adaptations.
- People who are at risk of adult abuse.
- Those who care for older people.

Eligibility for services is established through 'Fair Access' to Care Services, implemented in April 2003 and reviewed annually, which determines the Council's eligibility threshold. The FACS approach requires Councils to prioritise their support to individuals in a hierarchical way. However, whilst services to those at greatest risk are a priority, it is essential that our investments enable agencies within the community to develop preventive, promotional and enabling services i.e. Intermediate Care Services.

2.2 Key Messages

Progress has been made on a number of areas over the last year, for example new contracts have been let for meals on wheels and minor adaptations which have improved performance. Integration has been key to improving overall effectiveness and performance in service delivery throughout the last year, and a New Commissioning Board and Partnership have been established for intermediate care.

Following the successful housing stock transfer the Lifeline and Wardens services were transferred to social care aligned to strengthening integration of care and support services. A business plan is now in place. The service provided a very effective response during the summer heatwave.

The number of older people helped to live at home is high and continues to increase. Waiting times for care packages are good and improving, similarly the numbers of people waiting for Occupational Therapy assessment has been halved over the last year. There has not been a single delayed transfer of care in hospital over the last three years due to social care. The CSCI Annual Review meeting letter for 2005/06 found that the "overall performance during 2005/06 has been sustained and there have been improvements in many key areas with better delivery of national and local targets".

Our first extra care housing scheme (in partnership with Riverside) opened on schedule in October 2006 (40 units at Dorset Gardens, Runcorn) to improve

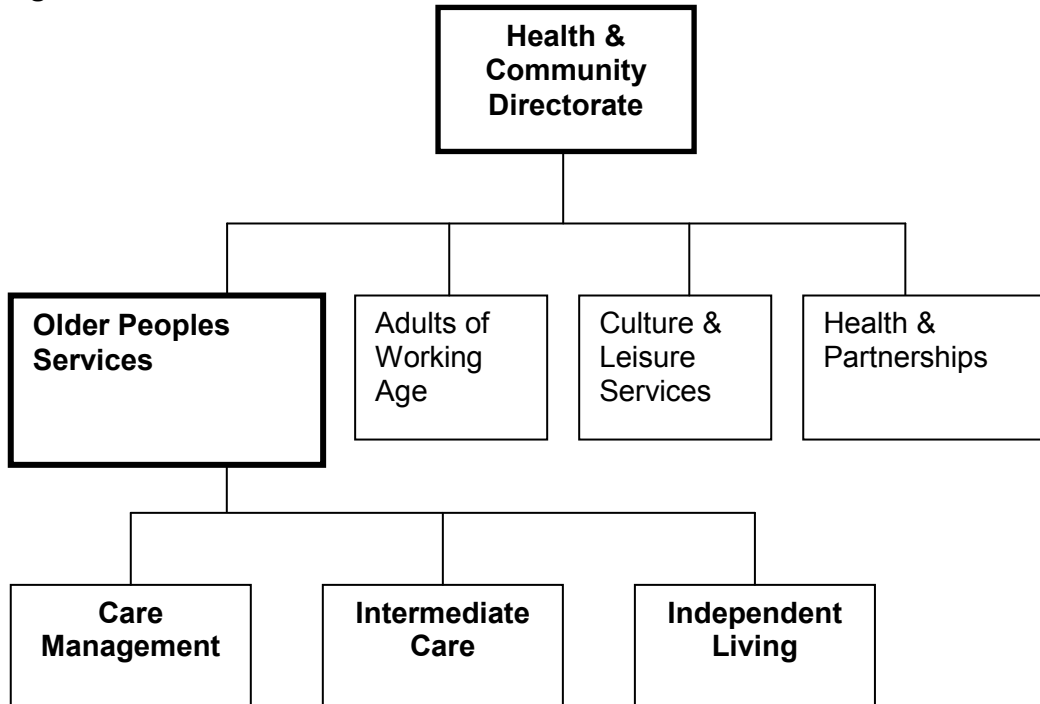
outcomes for people living independently in the community. In-house home care are delivering the care, and developing a model of care provision, which meets the needs of an extra care facility. A further bid has been submitted to the Department of Health for a further scheme and partners are being sought for other opportunities.

The Council has been proactive in providing the opportunity for vulnerable adults and older people to take control of their own care. Halton is third in the local authority league table for the use of direct payments. The Council is also promoting the use of telecare systems to help people live at home, in conjunction with the Halton Direct Link, 24 hour contact centre. A Community Bridge Building Service has been developed which aims to promote social inclusion for all adults and older people by helping them to access mainstream services.

By its very nature, adult social care deals with the most vulnerable and excluded members of the community. The Council monitors the ethnicity of all clients receiving assessments, and has commissioned external research on the needs of the BME Community which found no significant gaps in provision. Research is being undertaken by the University of Liverpool into our adult protection procedures and the early indications are that people's experiences are very positive. On the housing front, a common nomination agreement has been brokered with the larger RSLs to secure housing for those in greatest need (as part of the choice based lettings arrangements).

There has been some realignment of responsibilities with assessment and care management functions for people with physical and sensory disabilities joining the adults with learning disabilities assessment and care management team within the Adults of a Working Age department under a single Divisional Manager. Older People's Care Management now includes management of Adult Protection co-ordinator and oversight of Older Peoples Community Mental Health Team employed within 5 Boroughs Mental Health Trust

2.3 Organisation Structure



Staffing

	FTE	Headcount
Managerial	24	TBC
Professional/Technical	50	TBC
Administrative/Clerical	22	TBC
Front Line*	232	TBC
Total	328	TBC

*figures include PSD Social Work team

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 Older Peoples Services, and the Service Aims associated with them are: -

CORPORATE PRIORITY 1: HEALTHY HALTON

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

Service Aims:

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

SA 2: 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 4: Helping people to manage the effects of ill-health, disability and disadvantage.

Service Aims:

SA 3: To provide opportunities for rehabilitation and recovery.

SA 4: To provide timely assessment service for older people and those who may require equipment/adaptations.

SA 5: To provide timely adaptations or alternatives

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

Service Aims:

SA 6: 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.

SA 7: 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 provide opportunities for rehabilitation and recovery.

SA 4: To provide timely assessment service for older people and those who may require equipment/adaptations.

SA 5: To provide timely adaptations or alternatives

SA 6: 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.

Area of Focus 22: To improve access to employment by providing opportunities to enhance employability skills and knowledge

Service Aims:

SA 8: To support older people remain in/return to work (or volunteer), training or education to enhance their skills, within the context of full equality of opportunity for all.

CORPORATE PRIORITY 5: A SAFER HALTON

Area of Focus 30: Improving the social and physical wellbeing of those groups most at risk within the community

Service Aims:

SA 9: To provide an effective adult protection function within a multi-agency partnership.

CORPORATE PRIORITY 6: CORPORATE EFFECTIVENESS AND BUSINESS EFFICIENCY

Area of Focus 31: Working with partners and the community, to ensure that our priorities, objectives, and targets are evidence based, regularly monitored and reviewed, and that there are plausible delivery plans to improve the quality of life in Halton, and to narrow the gap between the most disadvantaged neighbourhoods and the rest of Halton.

Service Aims:

SA 10: To ensure Divisional management team monitors team plans and performance on a quarterly basis.

SA 11: To work in multi-agency partnerships with a focus on promoting the needs of older people.

Area of Focus 33: Ensuring that we are properly structured organised and fit for purpose and that decision makers are supported through the provision of timely and accurate advice and information

Service Aims:

SA 10: To ensure Divisional management team monitors team plans and performance on a quarterly basis.

Area of Focus 38: Exploiting the potential of ICT to meet the present and future business requirements of the Council, and ensure that customer access is improved by means of electronic service delivery.

Service Aims:

SA 12: To make best use of the opportunities offered by new technology particularly telecare and mobile devices.

Area of Focus 40: Ensuring that the Council has the right people with the right skills and who are informed and motivated and provided with opportunities for personal development and engagement

Service Aims:

SA 13: To ensure all staff in the department have a Personal Action Plan which is implemented.

4.0 FACTORS AFFECTING THE SERVICE

4.1 External Factors

4.1.1 Political

The reconfiguration of PCT's resulting in a new PCT : Halton and St Helen's PCT. This has led to the requirement to form a new relationship with the PCT and also to take account of the changed function of the PCT. There is the risk that funding does not follow services moving out of hospital system into community settings.

The introduction of Practice based commissioning introduced a new complexity into the local health and social care system. In theory this should move commissioning budgets to GP's and local consortia. However arrangements are still in the formative stage, but there are opportunities for social care to influence at a locality level the provision and commissioning of services.

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. The model for older people is under review.

The North Cheshire Hospitals Trust has redesigned the roles of Warrington and Halton hospital sites with the move to elective activity at Halton and more acute care at Warrington. The social work service has been redesigned accordingly. There is a risk that funding does not follow services moving out of hospital system into community settings.

In November 2004 the Office of the Deputy Prime Minister produced a good practice guide for delivering housing adaptations for disabled people. From the responses to that document and research carried out by Bristol University the Government have undertaken a review of the Disabled Facilities Grant programme. Consultation is just beginning and responses are invited by 13th April 2007. This provides a tremendous opportunity to shape use of this programme in helping people to live as independently as possible through housing, health and social care working together.

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 as well as changing demographics towards an older population and Halton's generally poor health statistics mean increase pressure on front line services. Services need to ensure that they are designed to deliver greater efficiency and value for money without detrimental impact on those people who use them.

Pressure on the Community Care Budget has meant a stricter 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 twelve months.

Pressure on the transport budget has meant a stricter application of eligibility criteria for the provision of local authority transport. Charges for transport will need to be considered to ensure equity.

Registered Social Landlords (RSLs) are increasingly pulling back from adaptation work and requesting Disabled Facility Grants (DFGs).

Acute Trusts and PCTs are further defining areas of work and by default are expecting the local authority to fill gaps e.g. hospitals not undertaking environmental visits or reviewing equipment issued by health services.

4.1.3 Social Factors

Ageing Population:

AGE GROUP	2005	2006	2007	2008	2018	2028
65-69	5000	5000	5100	5200	7100	7400
70-74	4200	4200	4300	4400	6000	6300
75-79	3400	3400	3300	3400	3900	5400
80-84	2200	2200	2200	2200	2700	3900
85+	1500	1600	1700	1700	2100	3000
TOTAL 65+	16,300	16,400	16,600	16,900	21,800	26,000
TOTAL POPULATION	118,200	118,100	118,100	118,000	118,200	117,800
% 65+	13.8%	13.9%	14.1%	14.3%	18.4%	22.1%
% 85+	1.3%	1.4%	1.4%	1.4%	1.8%	2.5%

Population projection is not an exact science and figures are only available to the nearest 100 people. Forecasts suggest that Halton's population is ageing at a faster rate than England as a whole, which reflects a long-term demographic trend of an aging population.

Over 65's made up 13.6% (16,100) of population in 2003 and will be 22.1% (26,000) by 2028, this represents an increase of 61.5% in over 65's and 100% in over 85's. The over 65 population, is expected to rise annually, for example by 200 people between 2006 and 2007 and a further 300 between 2007 and 2008. The largest proportionate growth is in over 85 years population. There is also an increase in the number of older people with more complex needs, particularly around homelessness, alcohol abuse and dementias as people live longer.

This shift to an older population will have a large effect on demand for social care, local government and health services unless outcomes are improved through effective, adequate prevention. However health and social care are still focussed on meeting need as it arises, i.e. once someone has had a fall or is in difficulty. That is not sustainable given the levels of health in the Borough. The relative increase in older people also reduces the number of informal carers available, which necessitates a stronger focus on supporting the carers that there are and developing preventative services that reduce social isolation.

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. A preventative strategy has been developed and will be linked to SureStart for Older People.

4.1.4 Technological Developments

Following a successful pilot of assistive technology in a number of properties within Halton, the rollout of assistive technology will continue to offer real alternatives to care and reassurance to carers and families.

Work is still ongoing to roll out Single Assessment. E-forms are now being used in a number of teams to improve generation of documentation and care plans.

Work is underway to improve information about services available on the Halton Website. There are also developments in the use of self assessment and the use e.g. digital cameras in relation to adaptation work.

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. This also fits with the development of a barrier-free environment.

Lifetime homes is an term used to describe the 16 point design standard that can be used to build homes that contain features that make them easily accessible for disabled people and can be readily adapted to meet the needs of people who become disabled at a later date. These standards have already been adopted by other local authorities as a way of developing barrier free environments and reducing the overall cost of adapting homes for disabled people.

Typical features include switches, sockets and service controls at approx 1000mm above floor height, wider than usual doorways, a ground floor WC with drainage to create level access shower area in the future, if required.

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.

- Services have been reviewed against Progress in Sight standards and recommendations will be implemented.
- External consultant commissioned to finalise work on the Commissioning Strategy for Physical and Sensory Disability Services.
- Progress has been made to finalise the content of the Partnership Agreement for the Halton Integrated Equipment Service, although some financial information is yet to be agreed.
- Integrated Community Equipment Service computer system has been installed and date to go live delayed until October 2007. Training for staff had been arranged.
- Adult Placement Service validated and has been through first unannounced inspection. Service was rated highly and commended on being the first to establish carer approval panel.
- Access audit of community centres completed.
- Practitioners group for Deafblind Service set up and launched in October 2006 and includes professionals, users and carers.
- Benchmarking report for Physical and Sensory Disability Services has now been received and the Action Plan is being implemented.
- In-house home care have been commissioned to provide care at Dorset Gardens, and to develop care model and ready the service for tender in 2 years time.

- A Review of Care management capacity has been completed, including benchmarking and ensuring changes in demography and need is reflected in staffing and processes.
- Participated in the UK audit of Independent Living Centres, Halton received a specific commendation regarding effective partnership working.
- Older peoples services have redesigned a number of lower level preventative service to align towards supporting people rather community care. Several contracts, such as Age Concern information and Red Cross home from hospital are now funded this way.
- Funding for Accessible Homes Register identified and Occupational Therapy post to deliver will now be advertised.
- Telecare pilot completed and full rollout will take place during 2007/08.

4.3 Efficiency Improvements

Summary of efficiency improvements in last 12 months, taken from the Annual Efficiency Statement:

- Review of the Community Meals service and re-contracting for the provision of meals, has resulted in a £10,000 cashable efficiency gain.
- Supporting people to live in their own homes has reduced the need for residential beds and increased the number of people who can be supported for the same cost. This has resulted in total efficiency gains of £251,000 of which £40,000 is cashable.
- An additional efficiency has been the re-tendering of the contract for minor adaptations to JC Construction which is both better value and more timely.

Possible efficiency gains for 2007/08 identified include:

- Transport Coordination will be taking over management of volunteer drivers
- Reviewing Disabled Facilities Grant "Top ups" and exploring Equity Release options
- Use of modular buildings
- Development of an Accessible Homes Register

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.

Opportunities for a joint equipment store across several local authorities/PCT's are being explored.

The development of joint policy, pathway and training for Moving and Handling assessments and risk management are underway.

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

Relevant information yet to be confirmed.

5.2 Future Staffing Requirements

Year	Managerial	Professional/ Technical	Administrative /Clerical	Front Line
2007/08	24	45	20	235
2008/09	24	45	20	235

Note: figures no longer include PSD SW team

Additional capacity will be required in Occupational therapy (1), social work (2) and community care workers (2 Full Time equivalents for carer's assessments). Occupational Therapist salaries have been affected by NHS Agenda for Change and will need to be reviewed during 2007.

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

It is proposed that staff working within Grosvenor House are relocated to Runcorn Town Hall during 2007/08. Further consideration needs to be given to rationalisation of office accommodation in Widnes – preferred option would be all social work and assessment teams be based out of contact centre (wardens and home care already located there).

There are also on-going discussions about further integration with health staff such as district nursing and advanced primary nurses that will affect accommodation requirements.

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:	A Healthy Halton Employment, Learning & Skills in Halton A Safer Halton Corporate Effectiveness and Business Efficiency
Key Area Of Focus:	AOF 2 Improving the future health prospects of Halton resident's through encouraging and providing the opportunities to access and participate in physically active lifestyles. AOF 4 Helping people to manage the effects of ill-health, disability and disadvantage. AOF 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. AOF 22 To improve access to employment by providing opportunities to enhance employability skills and knowledge AOF 30 Improving the social and physical wellbeing of those groups most at risk within the community AOF 40 Ensuring that the Council has the right people with the right skills and who are informed and motivated and provided with opportunities for personal development and engagement.

Service Objective:	OPS 1 – Plan and commission / redesign services to meet the needs of the local population
Key Milestone(s) (07/08)	<ul style="list-style-type: none"> • Ensure service supports development of Halton domiciliary care commissioning strategy with at least one DM level representative for the steering group by October 2007 to ensure that the strategy is owned operationally as it develops. • Ensure service supports development of the new specification for nursing and residential care beds for older people in Halton completed with at least one DM level representative for the steering group by September 2007 to ensure that the contract can be re-let. • Monitor implementation of Community Bridge Building Service as part of the Day Services Strategy and evaluate by March 2008 • Future role of Bridgewater & Oakmeadow identified within overall Day Services Review by July 2007 to ensure that we make best of all the community facilities available to the Council. • Priorities identified for improved accessibility by physically disabled people to community centres and other buildings by June 2007. • Tender completed and contract awarded for one EMI respite bed by June 2007 to ensure that EMI respite is available in Halton • Increase capacity for Adult Placement Service to 24 carers by September 2007 to ensure that this service option is available as an option to those who could benefit from it. • Day care and short term beds provision at Oakmeadow reviewed by July 2007 to ensure that we have right number of beds for level of need. • Identify housing needs for particularly vulnerable older people October by September 2007 to ensure we commission the right amount of extra care as and when opportunities arise.

	<ul style="list-style-type: none"> • Accessible Homes Register established by September 2007 to ensure adapted homes are able to be managed across the borough and can be matched quickly against individuals. • Home Care services reviewed and redesigned to ensure improved value for money by November 2007 (links to completion domiciliary commissioning strategy). • Report back on learning for Halton from CSED improving care management efficiency project by October 2007, report to identify opportunities to learn from best practice. • System established for quality assurance for all in-house services by September 2007 to ensure we continually monitor and get feedback from services that is used to improve those services. • Review of Equipment and HICES completed November 2007 to improve timeliness and delivery of equipment • 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 					
Key Milestone(s) (08/09)	<ul style="list-style-type: none"> • Review the Payment and Expenses Policy and Procedure to ensure payment levels are appropriate and procedures are adequate by June 2008 • Submit bids to DoH, Housing Corporation or other pots for at least one extra care development by March 2008 to provide additional extra care tenancies in Halton. • Establish strategy in partnership with other LAs to improve performance and service delivery to BME community by June 2008 • Build on learning for Halton from CSED improving care management efficiency project by June 2007, identifying areas and priorities for redesign. 					
Key Milestone(s) (09/10)	<ul style="list-style-type: none"> • Commission specialist housing provision for older people with higher levels of need, by March 2010 • Implement BME strategy developed in partnership with other LAs by March 2010 					
Risk Assessment	Initial	Medium	Responsible Officer	All DM's	Linked Indicators	PAF: C72, C28, C32, C62, B11, B17
	Residual	Low				

Corporate Priority:	A Healthy Halton Employment, Learning & Skills in Halton A Safer Halton Corporate Effectiveness and Business Efficiency
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. AOF 22 To improve access to employment by providing opportunities to enhance employability skills and knowledge AOF 30 Improving the social and physical well-being of those groups most at risk within the community AOF 31 Working with partners and the community, to ensure that our priorities, objectives, and targets are evidence based, regularly monitored and reviewed, and that there are plausible delivery plans to improve the quality of life in Halton, and to narrow the gap between the most disadvantaged neighbourhoods and the rest of Halton. AOF 33 Ensuring that we are properly structured organised and fit for purpose and that decision makers are supported through the provision of timely and accurate advice and information AOF 38 Exploiting the potential of ICT to meet the present and future business requirements of the Council, and ensure that customer access is improved by means of electronic service delivery.

Service Objective:	OPS 2 – To work in partnership and strengthen governance and joint working arrangements
Key Milestone(s) (07/08)	<ul style="list-style-type: none"> • Draw up delivery plan for Local Area Agreement by May 2007 • Agree delivery plan for Local Area Agreement with partners by July 2007 • Contribute to the implementation of the development of 'Change for the Better', the 5BP's new model of care for older peoples mental health services, which aims to reduce reliance on in-patient beds and develop services based on recovery and social inclusion, by March 2008. • Agree a process for the review therapy provision across Halton with PCT by March 2008 to ensure that the level of need for therapy input can be met. • Launch directory of services for older people by June 2008 to provide single easily accessible source of information on service is available to older people and staff. • Launch ageing well strategy by June 2008 to ensure that Halton has a single approach to aging within a consistent framework and intentions. • Redesign RARS and IC pathways and processes to take into account the new PCT and commissioning priorities i.e. more focus on preventing hosp admission, by December 2007. • Joint commissioning strategy developed for intermediate care by • Representation of Practice Based Commissioning Bodies identified and agreed by June 2007 • Joint policy, Pathway and training for Moving and Handling in place to improve coordination of services that support moving and handling by August 2007. • Identify options for future HICES/Equipment with other local authorities and PCTs. By November 2007 to improve efficiency and reduce duplication.

	<ul style="list-style-type: none"> • SAP rolled out to older peoples community social work teams by October 2007 in line with government policy. • Agree and implement Joint Medication Policy with PCT by December 2007. • Complete Adaptations Review by October 2007 to ensure improved system and processes for adaptations. • Review social work provision within OPMH Team by January 2008 (dependent on future arrangements with 5B). • Participate in the Urgent Care Pathway redesign work due to complete end of May 2007 to ensure social care perspective on how that journey can be improved and resourced. 					
Key Milestone(s) (08/09)	<ul style="list-style-type: none"> • 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. • Similarly begin implementation of older peoples services redesign by March 2009. 					
Key Milestone(s) (09/10)	<ul style="list-style-type: none"> • Milestones yet to be confirmed. 					
Risk Assessment	Initial	Low	Responsible Officer	N. Parker L. Smith	Linked Indicators	PAF: D41, D54, E82, LPI 14
	Residual	Low				

Corporate Priority:	A Healthy Halton A Safer Halton Corporate Effectiveness and Business Efficiency
Key Area Of Focus:	AOF 4 Helping people to manage the effects of ill-health, disability and disadvantage. AOF 30 Improving the social and physical well-being of those groups most at risk within the community AOF 32 Building on our customer focus by improving communication, involving more service users in the design and delivery of services, and ensuring equality of access AOF 33 Ensuring that we are properly structured organised and fit for purpose and that decision makers are supported through the provision of timely and accurate advice and information AOF 37 Ensuring that Council buildings are safe and accessible, meet the needs of service users and the organisation, and comply with legislative requirements

Service Objective:	OPS 3 – Ensure services are needs-led and outcome focussed and keep service users and carers, and those from hard to reach groups (including the black and minority ethnic community), at the centre of services
Key Milestone(s) (07/08)	<ul style="list-style-type: none"> • Build on the success of both Carers Centres by developing new services for carers, eg, training course, extending complimentary 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 • Create new sub-group of older people LIT and delegate carers grant to that group to manage by April 2007 to ensure better co-ordination and range of services for older carers and carers of older people. • A new services/initiative developed with Halton & St Helen's PCT to identify carers via GP practices, hospitals and clinics, by December 2007 and ensure that older carers and carers of older people are identified. • Work with Halton & St Helen's PCT to improve the physical health of carers by Sept 2007 • Increase the number of carers provided with assessments leading to provision of service to ensure Carers needs are met by March 2008 • Work with Cheshire Halton & Warrington Racial Equality Council to increase carers services to the BME community by June 2007 • Implement new model for carers Centres to increase access to additional funding by March 2009 • Working group developed with other LAs with similar BME population by December 2007
Key Milestone(s) (08/09)	<ul style="list-style-type: none"> • Consideration of Carers Centres to be transferred to an independent body linked to the Princess Royal Trust for Carers – can we state what the benefits of this will be, and by when? • Establish Strategy in partnership with other LA's to improve performance and service delivery to the BME community by June 2008. • Increase the number of carers provided with assessments leading to provision of a 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

Key Milestone(s) (09/10)	<ul style="list-style-type: none"> Milestones yet to be confirmed. 					
Risk Assessment	Initial	High	Responsible Officer	A. Williamson	Linked Indicators	PAF C51, C62, E47, E48
	Residual	Low		L. Smith		

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

Ref ¹	Description	Corp. Plan Priority	Halton 2005/6 Actual	2005/06 Quartiles (All England)			Halton 2006/7 Target	Halton 2006/7 Actual	Halton Targets		
				Top	Middle	Bottom			07/08	08/09	09/10
Service Delivery											
<u>PAF C72/SA3</u>	Admissions of supported residents aged 65+ to permanent residential/nursing care (per 10,000 population) <i>Key Threshold < 140</i>	CP2 AOF 11	74	100	94	79	80		74	74	74
PAF C28/BVPI 53/SA2	Households (all adults) receiving intensive homecare (per 1000 population aged 65 or over) <i>Key Threshold >8</i>	CP2 AOF 11	9.7	14.4	10.7	8.5	12		12	13	14
<u>PAF C29/SA14</u>	Adults with physical disabilities helped to live at home	CP2 AOF 5	7.1	5.6	4.5	3.4	7.2		7.4	7.4	7.4
<u>PAF C32/BVPI 54/SA14</u>	Older people helped to live at home (per 1,000 population aged 65+)	CP2 AOF 5	111	99	82	72	116		117	118	120
<u>PAF C51/BVPI 201/SA2</u>	Adults & older People receiving direct payments (per 100,000 population aged 18+) <i>Key Threshold >15</i>	CP2 AOF 11	165	93	68	57	184		190	200	210
PAF C62/SA2	No. of carers receiving a specific carers service as a %age of clients receiving community based services	CP2 AOF 11	7.0	10.6	7.3	4.6	9.0		9.0	10.0	12.0

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

Ref ¹	Description	Corp. Plan Priority	Halton 2005/6 Actual	2005/06 Quartiles (All England)			Halton 2006/7 Target	Halton 2006/7 Actual	Halton Targets		
				Top	Middle	Bottom			07/08	08/09	09/10
Quality of Services for Users and Carers Indicators											
PAF D37/ SA3	Availability of single rooms for adults & older people entering permanent residential / nursing care	CP2 AOF 11	100	100	97	93	100		100	100	100
PAF D39/ SA3	Percentage of people receiving a statement of their needs and how they will be met.	CP2 AOF 11	99.9	97	96	92	99		99	99	99
PAF D40/ SA3	Clients receiving a review as a %age of adult clients receiving a service	CP2 AOF 11	77	74	66	61	80		80	80	80
PAF D41/ SA4	No. of delayed transfers of care (all ages) per 100,000 population aged 65 or over	CP2 AOF 11	29	36	23	13	30		27	25	23
PAF D54/ BVPI 56/ SA2	Percentage of items of equipment and adaptations delivered within 7 working days <i>Key Threshold TBC</i>	CP2 AOF 9	76	91	85	80	90		91	92	93
PAF D55/ BVPI 195/ SA2	Acceptable waiting times for assessment <i>Key Threshold >60%</i>	CP2 AOF 11	84	82	79	72	82		83	85	85
PAF D56/ BVPI 196/ SA2	Acceptable waiting times for care packages <i>Key Threshold >60%</i>	CP2 AOF 11	91	90	85	81	85		85	87	89
PAF D52/ SA11	Older people home care user survey – satisfaction with services	CP6 AOF 32	51	64	60	55	-	-	-	-	-

Ref ¹	Description	Corp. Plan Priority	Halton 2005/6 Actual	2005/06 Quartiles (All England)			Halton 2006/7 Target	Halton 2006/7 Actual	Halton Targets		
				Top	Middle	Bottom			07/08	08/09	09/10
Fair Access Indicators											
PAF E47/ SA11	Ethnicity of older people receiving assessment	CP6 AOF 32	0.33	1.30	1.12	0.97	1.10		1.10	1.10	1.10
PAF E48/ SA11	Ethnicity of older people receiving services following assessment	CP6 AOF 32	0	1.07	0.99	0.91	1.00		1.00	1.00	1.00
PAF E82/ SA11	Assessments of adults and older people leading to provision of a service	CP6 AOF 32	60	81	73	67	60		60	60	60
OP LPI 2/ SA8 & 10	% of older people being supported to live at home intensively, as a proportion of all those supported intensively at home or in residential care	CP2 AOF 9	?	N/A			26		27	28	29
OP LPI 3/ SA11	Percentage of adults assessed in year where ethnicity is not stated <i>Key Threshold <10%</i>	CP6 AOF 32	2.32	N/A			1.5		1	0.5	0.5
OP LPI 5/ SA11	Percentage of adults with one or more services in year where ethnicity is not stated <i>Key Threshold <10%</i>	CP6 AOF 32	0.44	N/A			0.6		1	0.5	0.5
Cost & Efficiency											
PAF B11/ SA3	Intensive home care as a percentage of intensive home care and residential care	CP AOF 11	22	29	24	19	23		26	27	28
PAF B12/ SA11	Cost of intensive social care for adults and older people	CP6 AOF 34	527	547	509	455	473		TBC	TBC	TBC

Ref ¹	Description	Corp. Plan Priority	Halton 2005/6 Actual	2005/06 Quartiles (All England)			Halton 2006/7 Target	Halton 2006/7 Actual	Halton Targets		
				Top	Middle	Bottom			07/08	08/09	09/10
PAF B17/ SA11	Unit cost of home care for adults and older people	CP6 AOF 34	17.10	17.4	15.7	13.2	14.20		TBC	TBC	TBC
OP LPI 4 / SA11	No. of days reimbursement as a result of delayed discharge of older people	CP6 AOF 34	0	N/A			20		TBC	TBC	TBC
Corporate											
No indicators of this type are applicable to this service.											

6.3 Equality Action Plan

New Plan currently in development, therefore, to be inserted as Appendix 2 at a later date.

6.4 Local Public Service Agreement

Ref	Description	Corp. Plan Priority	Actual	LPSA target
8	<p>Improved care for long term conditions and support for carers</p> <p>1. Number of unplanned emergency bed days (Halton PCT registered population)</p>	CP2	58,649 04/05	- 6% (55,130) for 08/09
	<p>2. Number of carers receiving a specific carer service from Halton Borough Council and it's partners, after receiving a carer's assessment or review</p>	CP2	195 first six months of 04/05	600 for 08/09

6.5 National Floor Targets

Ref	Description	Government Targets
PSA 1 Home Office	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> 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 11 DH	<ul style="list-style-type: none"> Development of protocols across health and all social care services for the early reporting of and responsive to physical and mental ill-health. Use of findings of Health Study to promote and develop strategies which encourage higher levels of social capital. The further development of intermediate care services (step up and step down) around RARS, stroke and housing. Changing domiciliary care culture to one of promoting independence and maximizing what people can do for themselves. 	<p>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.</p> <p>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).</p>

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*
OPS3	<ul style="list-style-type: none"> <li data-bbox="443 464 2002 595">• 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. <li data-bbox="443 635 2002 735">• 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

New Plan currently in development, therefore, to 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	