

Relevant Business Plan Extracts
For Health PPB

April 2015 to March 2018

Introduction**Key Messages****Priorities in Focus****Factors Affecting Priority Focus****Organisational Initiatives**

- Equality, Diversity & Community Cohesion
- Environmental Sustainability
- Risk Management
- Arrangement for Managing Data Quality

Business Planning**Appendices**

1. Departmental Service Objectives/Milestones and Performance Indicators
2. National Policy Guidance/Drivers

This document represents an amalgamation of excerpts from Business Plans across the three Directorates. It highlights those areas pertinent to the Health Policy and Performance Board.

1.0 INTRODUCTION

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

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

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

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

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

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

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

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

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

Overall Directorate Strategic Direction

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

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

Strategic Priorities and Challenges

Based upon the national, regional and local picture, there are a number of key strategic priorities and challenges which the Council must consider.

The Directorate Plans reflect operational requirements while also taking into account the position and priorities of related Policy and Performance Boards. These two elements bond closely together to form the strategic outlook. For the Health Policy and Performance Board these priorities have been established as:

- Prevention
- Safeguarding
- Personalisation of Care and Support
- Quality Assurance
- Access to Care Services (including seven-day working)

Scrutiny Reviews

The Policy and Performance Boards continue to review and scrutinise areas of note. A number of scrutiny reviews have been undertaken during 2014 including (for the Health PPB) Care at Home. Areas for scrutiny for 2015-16 will be chosen early into the year.

Financial Pressures

The Council continues to operate within a challenging financial climate. Despite these constraints we are obligated to meet our statutory responsibilities across all areas of operation. This is achieved through effective financial management and the integration of national policy initiatives with efficient arrangements for service delivery.

Integration

In a move towards greater integration across the work of the Council and NHS, the position of Operational Director for Transformation, as a joint venture between the NHS Halton Clinical Commissioning Group and the Communities Directorate, forms a pivotal arrangement for ensuring cohesive and cost-effective approaches to services. In particular, requirements of the Care Act 2014 will necessitate effective collaboration between health and social care provision.

3.0 PRIORITIES IN FOCUS

The priorities for the Plans have been set against a backdrop of extensive legislative change and increased financial pressures. They reflect the service requirements for the Borough, the focal areas identified by the Council's Policy and Performance Boards, and consider areas for development in relation to forthcoming issues faced by the Authority.

The following section contains extracts of particular priorities which relate to Health.

3.1 Health, Wellbeing and Social Care

3.1.1 The Care Act 2014

The **Care Act 2014** sets out a single, modern law for adult care and support that replaces outdated and complex legislation. The Act provides an opportunity to develop and promote a change in culture that reflects good practice into statute.

The premise underpinning the Act is that, if adult care and support in England is to respond to future challenges it must help people to stay well and remain independent.

To achieve this the Communities Directorate must undertake activity to:

- Promote people's wellbeing
- Enable people to prevent and postpone the need for care and support
- Put people in control of their lives so they can follow opportunities to realise their individual potential

Fundamental to the provision under the Care Act is the requirement to work with both current and future service-users to identify and anticipate needs. **Prevention and early intervention** are key to this, and work undertaken by the Directorate is well-established and structured. Additional active engagement with the community will form new areas of work and the transfer of the Health Improvement Team (HIT) from the NHS to the Authority will underpin this approach. Approaches to **wellbeing** will be planned and delivered in cohesive and efficient ways, and will further ensure the integration of health and social care agendas.

The Directorate strives to put individuals at the heart of the provision and **Personalisation** has been embedded across adult social care services. The Care Act consolidates and legitimises the person-centred care and support approaches taken by the Authority and requires further development on process and practice already in place.

Among other duties aimed at enhancing person-centred approaches, the Act requires the Directorate to:

- Produce individual care and support plans for service-users and their carers (The Authority has a duty to assess whenever it appears there are care and support needs)
- Support and review a person's financial situation in relation to their personal budgets and direct payments
- Provide information and advice on eligibility for support

As with all additional duties coming under the Care Act, this will require workforce training and capacity development, and action plans will be rolled out over the coming period.

The Care Act provides a new statutory framework for adult protection. **Safeguarding** is everyone's business, and keeping people safe and ensuring that they are treated

with respect and dignity continues to be a high priority for Halton Borough Council. Halton has an established multi-agency Safeguarding Board arrangement which has been a positive move forward in dealing effectively with safeguarding issues in a more cohesive way. The multi-agency team has a good skill mix and knowledge base in leading on safeguarding across Health and Social Care and on cases that have a complex safeguarding element to them. Its remit now needs to be expanded to take account of the Care Act's enquiry, inter-agency information sharing and continuity of care duties.

The Care Act significantly changes the provision for **carers**, who now have the same right as the person they care for in terms of assessment, support plan, direct payments, and service access. Wide-ranging work including engagement with carers across Halton is to be planned and undertaken to address these changes.

3.1.2 **Mental Health**

As the local older population increases due to people living longer, we have seen a significant increase in the number of people diagnosed with **dementia**. As a result of this we have developed the local dementia strategy - 'Living Well with Dementia in Halton: 2013-2018' - that aims to address the needs of people with dementia and their carers. The strategy outlines the importance of early diagnosis, particularly in Primary Care, access to services in the community and improved quality in accommodation based service provision, for example, residential care. The strategy has an associated action plan and implementation of this plan is the responsibility of the local Dementia Partnership Board.

Further activity around the area of dementia will involve the formation of a new **Halton Dementia Action Alliance** which will be jointly supported by the Authority and the CCG.

Following a Supreme Court ruling the Council has seen, and is set to further see, an increase in **Deprivation of Liberty Safeguards (DoLs)** applications. The judgements in the cases 'P v Cheshire West and Chester Council and another' and 'P and Q v Surrey County Council' determined arrangements made for the care and/or treatment of an individual lacking capacity to consent to those arrangements and state decisions to continuous supervision and control without option. The Council's arrangements and policy will need to be reviewed in line with this change.

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

3.1.3 **Prevention**

There is growing recognition that **Loneliness** is a formidable problem with 10-13% of the population estimated to be acutely lonely. There is increasing evidence that people who are lonely are more likely to use health and social care services and a developing confirmation, through personal stories, of the emotional costs and misery that loneliness

can cause. A Loneliness Strategy is now in place and incorporates various strands to help combat the issue. The **Visbuzz pilot project** (which uses tablet technology to keep people in touch with their family and friends, a befriending service, various social groups, tele-friending, intergenerational services and care homes twinned with schools are just some of the ways in which the Directorate has been addressing this particular challenge.

Falls are one of the Health and Wellbeing Board's key priorities in Halton. Falls are a leading cause of mortality due to injury amongst people over 65. Falls can have a serious impact on the quality of life of older people and can undermine the independence of an individual. Falls may be caused by a person's poor health or frailty, or by environmental factors, such as trip hazards inside and outside their home. Halton's Falls Strategy was implemented during 2013 and will be monitored through its action plan.

3.1.4 **Integration**

Developments across the health, wellbeing and social care landscape reinforce the requirements for social services to work in closer partnership with NHS and Health Services.

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

Halton Borough Council and NHS Halton Clinical Commissioning Group are continuing to actively work together in conjunction with our partners on Halton's Urgent Care Working Group. A review and redesign of provision is being undertaken with emphasis on quality of and access to service.

The Better Care Fund (BCF), launched through the Spending Round in June 2013 and highlighted as a key element of public service reform, has a primary aim to '...drive closer integration and improve outcomes for patients and service users and carers'. The fund in Halton builds on the pooled budget arrangements already in place between the Council and the NHS Halton CCG, with a total BCF fund of £42M. The BCF fund covers the two-year period from April 2015 to March 2017. A portion of the funding is related to performance in non-elective admissions, which has been set at a reduction of 3.5% over the two-year period. There are 19 schemes within the BCF and the monitoring of these schemes will be undertaken by the Better Care ECB and Better Care Board. Progress will be reported regularly to the Health and Wellbeing Board who have overall responsibility for the BCF.

For more information about the BCF, click on the link [here](#).

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

The **Care Homes Project** is a partnership project between Bridgewater Community NHS Trust, Halton Borough Council, Halton Clinical Commissioning Group, Halton and St Helens NHS and Warrington and Halton Hospitals NHS Trust. National and local audit data from the Care Quality Commission identifies that there are a range of healthcare interventions and services that may not be easily accessible to people who live in

residential and nursing homes and as such their healthcare needs may not be appropriately met. These include the following areas: end of life care planning; medical cover; mental health support; dietetics and nutritional advice; access to therapy services; access to specialist services - tissue viability, falls, etc.; access to psychiatric services; access to Geriatricians; and multi-agency working.

A joint working initiative, in the form of a pilot entitled **'Living Well'**, is currently taking place across the community. The pilot engages with a number of agencies who come into contact with those 75 years and over. It involves conducting memory screenings, loneliness and falls assessments, and results in referrals where appropriate. The pilot runs until December 2014 after which evaluation is to take place to look at the potential for further development of the services being offered.

3.1.5 **Managing Needs and Access to Service**

Factors affecting **Urgent Care** requirements – for example, an ageing population and increased frailty; pressures on acute services across the NHS; changes to access of services (GP appointment systems); the need for rapid assessment and measures to defer more complex care - have impacted on Halton's need to take action. Halton is working closely with the CCG to look at the requirements for **Urgent Care Centres** within Runcorn and Widnes and will continue to collaborate on needs.

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

A shared out-of-hours **Emergency Duty Team** is already in place across Halton and St Helens, and is the subject of a formal partnership agreement. The current arrangement has drawn some interest from two local authorities who have engaged in preliminary discussions about joining the partnership. Halton Borough Council will be working in partnership with St Helen's Council to scope out and consider in detail the potential for developing future collaborations with these authorities.

3.1.6 **Complex Care**

The 2014/15 **Joint Health and Social Care Self-Assessment Framework** (SAF) builds on the 2013/14 submission released in late September 2014 and formally submitted in January 2015. The SAF requires the local validation and sign-off by individuals who use services and the Learning Disability Partnership Board. Resultant data and information will be used to ensure a targeted approach is made towards ensuring that people with a learning disability are supported to stay healthy, be safe and live well.

The **Halton Autism Strategy** action plan is to be refreshed following the release of Government revisions to the implementation of the National Autism Strategy in 'Think Autism – Fulfilling and Rewarding Live (an update). Halton's alignment to the updated paper will ensure that local priorities parallel the national agenda and ensure that partners and stakeholders are engaged in the process and implementation of the action plan up to 2016. The annual self-assessment of progress made against the baseline position in 2012 will highlight evidence of good practice which can be shared and remaining challenges which need to be addressed.

The Department of Health's "Transforming Care a National Response to Winterborne View Hospital" set out a timetabled action plan with 63 areas that would improve the lives of individuals with Learning Disabilities and/or Autism. The action plan is designed to be

implemented nationally with guidance and good practice cascaded to Local Authorities and CCGs for local implementation. In response, Halton has formed '**Halton Winterbourne Strategic Group**', a multi-agency strategic group that monitors and holds to account professionals working with individuals who are either an inpatient or are placed out of borough within a care home setting. This group reports to the Health and Wellbeing Board, Better Care Fund Board and Learning Disabilities Partnership Board.

The Local Authority and CCG are taking a joint approach to the completion and implementation of all the above programmes with a clear focus on improving life opportunities for individuals with Learning Disabilities and/or Autism. The Autism Strategy continues to be implemented. In 2015 the **Learning Disability Strategy** and **Transition Strategy** will be launched building on existing good practice and national developments, with particular reference to the Care Act (2014) and the Children and Families Act (2014), focussing on Special Education Needs Disabilities (SEND).

The **Positive Behaviour Support Service (PBSS)**, introduced in 2010, is aimed at meeting the needs of individuals with Learning Disabilities and/or Autism. PBSS employs Board-certified Behaviour Analysts (BCBA) who work with children and adults who present behaviours that challenge services and the team is a pivotal member of multi-agency teams. Halton's PBSS is the first of its kind within the country and, being based on evidence of positive outcomes, ensures that individuals access services and are given real-life opportunities. The PBSS team's model has been nationally recognised, winning the prestigious BILD Award for Innovation and Leadership during 2014. Building on this accolade and disseminating best practice will be key to service development. A **Positive Behaviour Support Strategy** is due for completion and will be taken forward over the next period. The strategy is informed by the recent publication by the LGA and NHS England, 'Ensuring Quality Services' and formalises Halton's innovative approach.

3.1.7 **Homelessness and Housing**

In line with the need to make savings and reduce pressure on already tight budgets, the Council's programme of Efficiency Reviews continues. **Halton Support Housing Network** is being reviewed as part of this programme and, during 2015, this will include a need to evaluate requirements for active support of complex needs.

The Council's **Housing Solutions** service has implemented effective prevention services. This foundation will be built upon over the coming period and re-evaluation of service needs will follow. Early intervention has the potential to create significant savings on more complex service requirements.

In the coming year, the Housing Solutions Team will be working towards accreditation under the Government's **Gold Standard** framework for homeless services, which is funded by the Department of Communities and Local Government and based on the Government report 'Making Every Contact Count'. This accreditation process comprises a sector-led peer review designed to deliver a more efficient and cost effective homelessness prevention service. The review follows a 10 step continuous improvement approach that starts with a pledge for local authorities aspiring to 'strive for continuous improvement in front line housing services' and culminates in an application for the Gold Standard Challenge.

Following consultation with young people across the Borough a **Youth Homelessness Strategy** is to be developed during 2015.

With new housing in mind, the authority is engaged with the **Liverpool City Region Combined Authority's Housing and Spatial Planning Board** and its developing role to recommend priorities across the City Region. The Board will look at managing the scale,

mix and distribution of new housing development and the allocations of pooled public/private sector/LEP (local enterprise partnership) housing resources to meet key strategic priorities.

3.2 **Community and Residents' Quality of Life**

Introduction of the Government's '**Universal Infant Free School Meals**' in state-funded schools from September 2014, has been implemented across Halton resulting in a significant increase in service delivery. The Directorate has conducted a recruitment drive to achieve delivery of the service and needs to monitor resourcing of the initiative. The longer term impact of this initiative is sustained health benefits as well as influencing educational attainments. Within Halton, as a result of high deprivation, the scheme is likely to have a significant impact on the community.

The **Halton Sports Strategy**, 2012 to 2015 details the Directorate's priorities up to 2016 and seeks to enhance work in increasing participation and widening access to sport; the further development and strengthening of sports club; coach education and volunteer development; sporting excellence; finance and funding for sport; and the enhancement of sports facilities and provision.

The Council has an extensive programme of **physical activity** initiatives designed to improve health and develop healthy life styles. The current physical activity initiatives in Public Health will need to be integrated further with this programme.

Halton's network of **Community Centres** is to be promoted as Community Hubs. The range of services accessed through them is to be reviewed and increased, and will include activity aimed at community cohesion as well as initiatives to encourage the integration of health and social services.

3.3 **Public Health and Public Protection**

One of the major concerns for Public Health continues to be the issue of Health Inequalities across Halton. The main focus for this is the Health and Wellbeing Strategy. During 2014/15 the Health and Wellbeing Board has continued to implement the five priority action plans. This work is supported by the Public Health, Public Protection, Environmental Health and Health Improvement Teams. Details and progress on each of the five areas is outlined below.

3.3.1 **Prevention and early detection of cancer**

Cancer remains a particular challenge in Halton and is therefore a key priority for the local Health and Wellbeing Strategy. Contributory factors include poor diet, smoking and a screening rates.

Smoking rates in Halton have reduced dramatically over the past decade, however, the rise in the popularity and availability of E Cigarettes (not currently recognised as a quit aid by the NHS) has reduced smoking quit rates at both a national and local level. However, as Halton still has a higher than average proportion of smokers, we need to find new ways of encouraging people to stop.

Another key activity within this priority is around screening. Halton offers screening against breast, cervical and bowel cancers as part of national screening programmes. Uptake of

these programmes is variable across the borough. To reduce inequalities and reduce the burden of cancer, we need to increase the uptake, in particular for bowel cancer, to ensure that everyone has an equal opportunity to benefit from these preventive programmes.

During 2014 the **Halton Action on Cancer Board** developed a local Cancer Strategy and action plan with an emphasis on three key areas along the cancer pathway. These include; Prevention and early diagnosis, Better treatment and quality of life and patient experience. The strategy provides a framework and action plan for all those involved in delivering cancer care across Halton and across the cancer pathway.

3.3.2 **Improved child development**

Data from the national Millennium Cohort study shows that by 3 years children in families with incomes below the poverty line are 8 months behind in language and 9 months behind in school readiness compared to those with incomes above. The data also provides evidence that there are potential modifiable factors, daily reading, regular bedtimes and library visits, which parents can implement and health and social care professionals can recommend to parents in order to improve **cognitive development**.

Locally, the percentage of children achieving a good level of readiness for school development at the beginning of reception increased from 37% in 2013 to 46% in 2014, however, this is still significantly below the national average.

Commissioning responsibility of both the **Health visiting service and Family Nurse Partnership** moves to Halton Borough Council in October 2015. Both of these services are central to delivering the Healthy child programme, which works with families to maximise children's health and wellbeing, identify issues early and maximise child development. Work is therefore underway to ensure a smooth transition occurs and does not disrupt the service.

The Department of health has issued six high impact areas to improve children's health and development. Work is underway in Halton to implement recommendations where feasible. The priorities include:

- Transition to parenthood and the early weeks
- Maternal mental health
- Breastfeeding
- Healthy weight, Healthy nutrition (and physical activity)
- Managing minor illness and reducing hospital admissions
- Health, wellbeing and development of the child age 2 and integrated review.

Local work in these areas includes working towards **UNICEF Baby Friendly** award to support women to breastfeed, reducing the number of women who smoke and drink during pregnancy and reducing the number of children who are overweight when they go to school by working with families and early year's providers.

The impact of child poverty will continue to be a focus, through the local strategy and that directed by **Liverpool City region child poverty commission**. Examples of work in this area include work on reducing sugar intake, working with food banks and encouraging free school meal uptake.

Mental health is also an essential component to improving child development, and work is ongoing to ensure the early identification of mental health issues in pregnant and new mothers, and supporting families to ensure positive parenting and bonding practices.

3.3.3 **Reduction in the number of falls in adults**

Falls are a leading cause of mortality due to injury amongst people over 65. Falls can have a serious impact on the quality of life of older people and can undermine the independence of an individual.

In 2012 a review was undertaken to look at the falls service in Halton conducted by a multi-agency steering group. From an early stage the review highlighted that services linked to falls were fragmented and there was no overarching vision. In addition to this overall performance was significantly worse than the national average. For example the hip fracture rate in people over 65 in Halton was 499 per 100,000, compared to the National average of 452 per 100,000. At this point it was agreed that a falls strategy was required to cover the period of time between 2013– 2018. The strategy was important because for the first time it allowed agencies to focus on eight key deliverables that could and should improve performance.

The eight deliverables are:

- Develop current workforce training
- Develop a plan for awareness raising with both the public and professionals
- Improve partnership working
- Set and deliver specific targets to reduce falls
- Develop an integrated falls pathway
- Develop a prevention of falls pathway
- Identify gaps in funding of the pathway
- Improve Governance arrangements to support falls

Falls remain one of the 5 priorities of the **Health & Wellbeing Board** as work continues to address readmission rates to hospital and workforce development.

3.3.4 **Reduction in the harm from Alcohol**

Alcohol harm is a key public health issue and also has a significant impact on crime, community safety and the wider economy. Progress has been made in reducing levels of alcohol-related harm locally especially among local children and young people but there is still more work required.

In order to further reduce alcohol-related harm in Halton, an **alcohol strategy** has been developed in partnership with colleagues from health, social care, education, the voluntary sector, police and the community safety team. The strategy sets out our local 5 year plan aimed at rebalancing the relationship Halton has with alcohol. As a problem that cuts across our entire population and affects local residents of all ages, the strategy takes a life course approach to reduce harm at all stages of life from birth to old age.

In addition during 2014/15 Halton became one of only twenty areas in the country to have been awarded the status of being a **Local Alcohol Action Area (LAAA)**. This award provides support from the Home Office and Public Health England related to addressing the harm from alcohol across three areas – health, crime and anti-social behaviour, and diversifying the night time economy.

As part of the alcohol strategy development work a refreshed action plan for 2014-15 has been developed and signed up to by all partners.

Key activities include:

- Holding a **Halton Alcohol Inquiry**
- Developing a health education campaign promoting an alcohol free pregnancy
- Developing a coordinated alcohol awareness campaign

- Continuing school and community outreach alcohol awareness work to reduce underage drinking
- Training key staff in Halton in the early identification of people who misuse alcohol (alcohol IBA)
- Reviewing alcohol treatment pathways and ensuring the provision of effective local treatment services for young people and adults and promoting recovery
- Ensuring the local **licensing policy** supports alcohol harm reduction agenda
- Working with local premises to adopt more responsible approaches to the sale of alcohol
- Diversifying the night time economy offer within Halton

3.3.5 **Prevention and early detection of mental health conditions**

Mental Health is a key health and wellbeing priority and as such, is supported by the new **Mental Health Strategy and Action Plan**. This provides a robust framework which identifies need and co-ordinates activity across the life-course from maternal mental health, through to childhood and into old age. The strategy also covers the spectrum of need from prevention and early intervention to treatment services.

Key activities include:

- The commissioning of a new CAMHS Service.
- Training on maternal mental health
- Development of dementia programmes.
- A schools emotional health and wellbeing programme.
- A new Suicide Prevention Strategy and Action Plan.

3.4 **Public Protection - Trading Standards and Environmental Health**

3.4.1 **Food Supply Networks and Food Crime**

In July 2014 the final report of the **Elliot review** into the integrity and assurance of food supply networks was published. The purpose of the review was to consider issues which impact upon consumer confidence in the authenticity of food products. It included an examination of any systemic failures in networks and systems - including regulation - with implications for food safety and public health. The review followed the **2013 Horse Meat Crisis**.

The report recommends that a priority for food regulation must be the prevention and detection of food crime. Criminals are exploiting the high value of some food products to commit food fraud. In addition to meat products foods known to be subject to fraud include olive oil, honey, rice and alcohol including wine, spirits and champagne. In some cases the adulteration renders the food unfit for human consumption.

There will be a role for international, national and local regulators including Environmental Health and Trading Standards. A recommendation of the review is that the Food Standards Agency establishes a dedicated **Food Crime Unit** to direct local and national action. The Food Standards Agency has indicated that they will expect local authorities to have a greater focus on food authenticity and fraud.

The future challenge for the Environmental Health food team will be to balance the need to protect public health through the inspection of hygiene standards in food premises with the increased focus on food fraud and the labelling and composition of food stuffs.

3.4.2 **Trading Standards and Health Improvement**

To maximise the opportunities created by the return of trading standards and the transfer of health improvement team into the authority - the environmental health department will work directly with businesses and workplaces on initiatives that contribute to the borough's key public health objectives e.g. alcohol, tobacco, underage sunbed use and pre-school nutrition

4.0 FACTORS AFFECTING PRIORITY FOCUS

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

POLITICAL	SOCIAL FACTORS
The integrated working requirements across social care and health, including with Public Health and the Clinical Commissioning Group	Ageing Population resulting in pressures on acute health services
Implementation of the Care Act 2014 and the delivery of the Better Care Fund objectives	Dementia rising sharply amongst over 65s
Increased joint working with neighbouring Authorities	Rise in need for informal carers and how the Local Authority works with and supports them
Halton Clinical Commissioning Group	Greater access to information, choice and control, and further advances towards personalised care
Joint Strategic Needs Assessment (Joint Health & Wellbeing Boards)	Increased expectations of the social care workforce and the need to monitor standards and provide upskilling and progression opportunities
Health and Wellbeing Strategy	GP Strategy , Halton CCG has worked with local practices to redefine how primary care will work in the future, there will be new opportunities for practices to work differently, new models of engagement with health improvement, pharmacies; wellbeing and other community providers. The primary care strategy group has worked in concert with public health on developing a focus on cancer and cardiovascular disease.
ECONOMIC CLIMATE	TECHNOLOGICAL DEVELOPMENTS
Continued budgetary pressures	Telecare/Telehealth
Better Care Fund	Visbuzz pilot
Increased need to work with social enterprises and the voluntary sector to meet social care requirements due to budgetary constraints	Calls for greater data sharing across services to safeguarding welfare of service-users and provide more integrated ways of working – issues to overcome in relation of data protection
Personal Budget Holders and self-funders – potential impact on choices of services accessed	Carefirst Financials – implementation of real-time finance data for costings of services – to be captured within Carefirst
Anticipated rise in need for Housing Solutions services, such as Mortgage Rescue Service (MRS), as interest rates start to rise	Transfer and access of some required data sets- particularly relating to NHS data for which Public Health have accountability for reporting is problematic. This is a national issue and solutions are being sought both locally and nationally. Some data sets may not therefore be as current as possible and provisional data may not yet be verified as a result of this situation.

<p>Economic Downturn- This has affected a number of services across Environmental and Public Health, for example, pest control where residents are choosing to deal with issues themselves rather than pay the Pest Control service to deal with it. Evidence shows that economic crisis can also have implications for public health for example in terms of diet and healthy eating, mental health and depression, suicide rates and smoking.</p>	
<p>LEGISLATIVE</p>	<p>ENVIRONMENTAL</p>
<p><u>Care Act 2014</u> Major reform to the law relating to the care and support of adults, including standards of care; the funding of care, and requirements to steer service users through the complexities of care funding and signpost to independent advice; new rights to appeal against decisions on service eligibility; support for carers; and provisions for safeguarding against abuse and neglect. Additional requirement for Local Authority intervention in wellbeing and preventative services.</p>	
<p><u>Supreme Court judgement on DoLs assessments</u></p>	
<p><u>Universal Infant Free School Meals</u></p>	

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

5.0 ORGANISATIONAL INITIATIVES

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

5.1 Equality, Diversity and Community Cohesion

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

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

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

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

The Public Sector Equality Duty requires the authority to publish equality information annually and the progression of equality-related issues will be monitored through this process.

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

- Advise on housing options
- Establish the skills to maintain appropriate permanent housing
- Enable service users to remain in their own homes, and avoid eviction and homelessness
- Provide access other services including health, social care, education, training and leisure services.
- Help to ensure the more vulnerable amongst the minority and hard-to-reach communities can live independently
- Help prevent minority communities from feeling socially excluded and/or isolated, and provide community development support to build engagement mechanisms
- Support Gypsies and Travellers to access services including health, social care and education.

Directorate Equalities Group strives to develop and maintain a systematic approach to ensure that equality and diversity are embedded within our Directorate and members of the group will take on board the responsibility of being Equality and Diversity Champions.

5.2 Environmental Sustainability

The Council is committed to taking a lead and setting an example in tackling climate change. The Council has developed a Carbon Management Plan that will support the organisation in managing

its carbon emissions and developing actions for realising carbon and financial savings and embedding carbon management into the authority's day-to-day business.

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

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

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

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

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

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

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

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

The Council is committed to improving a good quality of life for the people of Halton and one of the ways this can be achieved is through allotment gardening. Being part of the allotment gardening community brings an opportunity to meet and share experiences with people from all walks of life. There are also health and social benefits which can give plot-holders a sense of well-being. Our aim is to continue to build on the good practices and positive improvements, but the biggest obstacle is the shortage of growing space. .

Halton is working with local authorities and Registered Providers in Merseyside and third sector organisation Fusion 21 to develop a fully worked up bid for European Regional Development Fund (ERDF) resources to provide energy efficiency measures to vulnerable households in the sub region, following a successful expression of interest. If successful, the bid should enable new

technologies such as combined heat and power systems to be installed in selected social rented blocks and provide solid wall insulation for hard to treat properties.

5.3 Risk Management

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

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

Following such assessments a series of risk treatment measures are identified that will mitigate against such risks having an adverse impact upon the delivery of departmental / organisational activities.

Each Directorate will maintain a Risk Register which will be reviewed and refreshed in conjunction with the annual budget setting and business planning process. Additionally the implementation of risk treatment measures will be monitored by the appropriate Strategic Director and reported through quarter 2 mid-year performance reports.

5.4 Arrangements for managing Data Quality

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

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

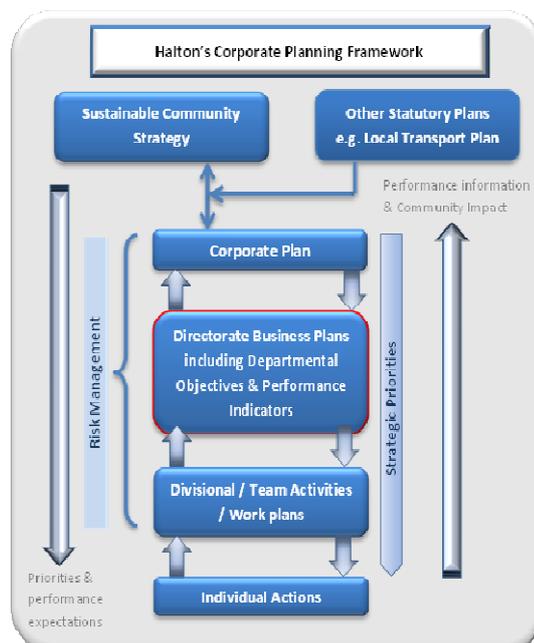
- Accurate:** For its intended purpose;
- Valid** By being consistently recorded and used in compliance with predetermined definitions and rules;
- Reliable** By reflecting stable and consistent data collection processes;
- Timely** By being made available as soon as possible after the activity or event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

6.0 BUSINESS PLANNING

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

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

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



Performance Monitoring and Reporting

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

As a result Departmental progress will be monitored through:

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

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

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

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

7.0 APPENDICES

Appendix 1: Service Objectives / Milestones and Performance Indicators

Appendix 2: National Policy Guidance / Drivers

Commissioning & Complex Care Services

Service Objectives/Milestones/Performance Indicators:

2015 – 2018

Departmental Service Objectives

Corporate Priority:	A Healthy Halton
Key Area Of Focus:	AOF 4 Providing services and facilities to maintain the independence and well-being of vulnerable people and those with complex care needs within our community.

Service Objective:		Responsible Officer
Service Objective:	CCC 1 – Working in partnership with statutory and non-statutory organisations, evaluate, plan, commission and redesign services to ensure that they meet the needs and improve outcomes for people with Complex Care needs	
Key Milestone(s) (15/16)	<ul style="list-style-type: none"> ▪ Continue to monitor effectiveness of changes arising from review of services and support to children and adults with Autistic Spectrum Disorder. Mar 2016. (AOF 4) (KEY) 	<i>Operational Director (Commissioning & Complex Care)</i>
	<ul style="list-style-type: none"> ▪ Continue to implement the Local Dementia Strategy, to ensure effective services are in place. Mar 2016. (AOF 4) (KEY) 	<i>Operational Director (Commissioning & Complex Care)</i>
	<ul style="list-style-type: none"> ▪ Continue to work with the 5Boroughs NHS Foundation Trust proposals to redesign pathways for people with Acute Mental Health problems and services for older people with Mental Health problems. Mar 2016. (AOF 4) (KEY) 	<i>Operational Director (Commissioning & Complex Care)</i>
	<ul style="list-style-type: none"> ▪ The Homelessness strategy be kept under annual review to determine if any changes or updates are required. Mar 2016. (AOF 4, AOF 18) (KEY) 	<i>Operational Director (Commissioning & Complex Care)</i>
Key Milestone(s) (16/17)	<ul style="list-style-type: none"> ▪ Monitor and review all CCC 1 milestones in line with three year planning cycle. Mar 2017. 	<i>Operational Director (Commissioning & Complex Care)</i>

Key Milestone(s) (17/18)	<ul style="list-style-type: none"> ▪ Monitor and review all CCC 1 milestones in line with three year planning cycle. Mar 2018. 	Operational Director (Commissioning & Complex Care)
Linked Indicators	CCC4, CCC5, CCC6	

Corporate Priority:	A Healthy Halton
Key Area Of Focus:	AOF 3 Working with service users to provide services focussed around intervention and prevention and where this is not possible, helping people to manage the effects of long term conditions.

Service Objective:		Responsible Officer
	CCC 2 - Effectively consult and engage with people who have Complex Care needs to evaluate service delivery, highlight any areas for improvement and contribute towards the effective re-design of services where required	
Key Milestone(s) (15/16)	<ul style="list-style-type: none"> Ensure Healthwatch is established and consider working in partnership with other Councils to deliver this. Mar 2016. (AOF 21) 	Operational Director (Commissioning & Complex Care)
Key Milestone(s) (16/17)	<ul style="list-style-type: none"> Monitor and review all CCC 2 milestones in line with three year planning cycle. Mar 2017. 	Operational Director (Commissioning & Complex Care)
Key Milestone(s) (17/18)	<ul style="list-style-type: none"> Monitor and review all CCC 2 milestones in line with three year planning cycle. Mar 2018. 	Operational Director (Commissioning & Complex Care)
Linked Indicators	None under Health priorities	

Departmental Performance Indicators

Ref ¹	Description	Halton 13/14 Actual	Halton 14/15 Target	Halton Targets		
				15/16	16/17	17/18

Service Delivery

CCC 4	The proportion of households accepted as statutorily homeless who were accepted as statutorily homeless by the same LA within the last 2 years (Previously CCC5 [13/14])	0	1.2	1.2	1.2	1.2
CCC 5	Number of households living in Temporary Accommodation (Previously CCC6 [13/14], NI 156)	12	12	11	10	10
CCC 6	Households who considered themselves as homeless, who approached the LA housing advice service, and for whom housing advice casework intervention resolved their situation (the number divided by the number of thousand households in the Borough) (Previously CCC7 [13/14], PCS 11)	2.0	5	5.5	6	6.5

Prevention & Assessment Services

Service Objectives/Milestones/Performance Indicators:

2015 – 2018

Departmental Service Objectives

Corporate Priority:	A Healthy Halton
Key Area Of Focus:	<p>AOF 2 Providing services and facilities to maintain and promote good public health and well-being.</p> <p>AOF 3 Working with service users to provide services focussed around intervention and prevention and where this is not possible, helping people to manage the effects of long term conditions.</p> <p>AOF 4 Providing services and facilities to maintain the independence and well-being of vulnerable people and those with complex care needs within our community.</p>

Service Objective: PA 1	Working in partnership with statutory and non-statutory organisations, evaluate, plan, commission and redesign services to ensure that they meet the needs and improve outcomes for vulnerable people	Responsible Officer
Key Milestone(s) (15/16)	<ul style="list-style-type: none"> ▪ Monitor the effectiveness of the Better Care Fund pooled budget ensuring that budget comes out on target (AOF 21 & 25) March 2016 (KEY) 	Operational Director (Prevention & Assessment)
	<ul style="list-style-type: none"> ▪ <i>Integrate frontline services with community nursing (AOF 2, 4, & 21) March 2016</i> 	Divisional Manager (Urgent Care)
	<ul style="list-style-type: none"> ▪ <i>Develop and implement the Care Management Strategy to reflect the provision of integrated frontline services for adults (AOF 2,3 & 4) March 2016</i> 	Operational Director (Prevention & Assessment)
	<ul style="list-style-type: none"> ▪ Implement the Care Act (AOF 2,4, 10, 21) NEW (KEY) 	Operational Director (Prevention & Assessment)
	<ul style="list-style-type: none"> ▪ <i>Develop an integrated approach to the delivery of Health and Wellbeing across Halton (AOF 2, 4, 21) March 2016</i> 	Operational Director (Prevention & Assessment)

Key Milestone(s) (16/17)	<ul style="list-style-type: none"> ▪ Monitor and review all PA 1 milestones in line with three year planning cycle. Mar 2017. 	Operational Director (Prevention & Assessment)
Key Milestone(s) (17/18)	<ul style="list-style-type: none"> ▪ Monitor and review all PA 1 milestones in line with three year planning cycle. Mar 2018. 	Operational Director (Prevention & Assessment)
Linked Indicators	PA 1, PA 4, PA 10, PA 11, PA 12, PA 13, PA 14, PA15, PA 16	

Corporate Priority:	A Healthy Halton
Key Area Of Focus:	<p>AOF 2 Providing services and facilities to maintain and promote good public health and well-being.</p> <p>AOF 3 Working with service users to provide services focussed around intervention and prevention and where this is not possible, helping people to manage the effects of long term conditions.</p> <p>AOF 4 Providing services and facilities to maintain the independence and well-being of vulnerable people and those with complex care needs within our community.</p>

Service Objective: PA 2		Responsible Officer
Key Milestone(s) (15/16)	<ul style="list-style-type: none"> Continue to effectively monitor the quality of services that are commissioned and provided in the borough for adult social care service users and their carers. 	Divisional Manager (Care Management)
Key Milestone(s) (16/17)	<ul style="list-style-type: none"> Continue to establish effective arrangements across the whole of adult social care to deliver personalised quality services through self-directed support and personal budgets. Mar 2016. (AOF 2, AOF 3 & AOF 4) 	Operational Director (Prevention & Assessment)
Key Milestone(s) (17/18)	<ul style="list-style-type: none"> Monitor and review all PA 2 milestones in line with three year planning cycle. Mar 2017. 	Operational Director (Prevention & Assessment)
Key Milestone(s) (17/18)	<ul style="list-style-type: none"> Monitor and review all PA 2 milestones in line with three year planning cycle. Mar 2018. 	Operational Director (Prevention & Assessment)
Linked Indicators	PA 1, PA 4, PA 10, PA 11, PA 12, PA 13, PA 14, PA15, PA 16	

Departmental Performance Indicators

Ref ²	Description	Halton 13/14 Actual	Halton 14/15 Target	Halton Targets		
				15/16	16/17	17/18

Service Delivery

<u>PA 1</u>	Numbers of people receiving Intermediate Care per 1,000 population (65+) (Previously PA 2 [13/14])	81.31	82	85	90	90
PA 4	Proportion of adults with learning disabilities who live in their own home or with their family (ASCOF 1G, Previously PA 5 [13/14])	83%	79%	80%	80%	82%
PA 7	Clients receiving a review as a percentage of adult clients receiving a service (Previously PA 8 [13/14])	82%	80%	80%	80%	80%
PA 10	Permanent Admissions to residential and nursing care homes per 100,000 population 18-64 (ASCOF 2Ai, Previously PA 11, [13/14])	8.96	12	12	12	tbc
<u>PA 11</u>	Permanent Admissions to residential and nursing care homes per 100,000 population 65+ (ASCOF 2Aii, Previously PA 12 [13/14]) <i>Better Care Fund performance metric</i>	637.7	636.6	635.1	tbc	tbc
<u>PA 12</u>	Delayed transfers of care (delayed days) from hospital per 100,000 population <i>Better Care Fund performance metric</i>	2293	2293	2235	tbc	tbc

Ref ³	Description	Halton 13/14 Actual	Halton 14/15 Target	Halton Targets		
				15/16	16/17	17/18

Service Delivery

PA 13 (SCS HH10)	Proportion of Older People Supported to live at Home through provision of a social care package as a percentage of Older People population for Halton (Previously PA 12 [13/14])	13%	15%	14%	13%	13%
PA 14	Total non-elective admissions in to hospital (general & acute), all age, per 100,000 population <i>Better Care Fund performance metric</i>	13437.2 <small>Admissions: 16,944 Population: 126,098</small>	13257.1 <small>Admissions: 16,717 Pop: 126,098</small>	12645.2 <small>Admissions: 15,981 Pop: 126,380</small>	tbc	tbc
PA 15	Hospital re-admissions (within 28 days) where original admission was due to a fall (aged 65+) (directly standardised rate per 100,000 population aged 65+) <i>Better Care Fund performance metric</i>	906.4	923.1	884.2	tbc	Tbc

Quality

PA 16	Proportion of Older People (65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services (ASCOF 2B) <i>Better Care Fund performance metric</i>	63.6%	68.2%	70%	70%	70%
--------------	---	-------	-------	-----	-----	-----

Public Health Services

Service Objectives/Milestones/Performance Indicators:

2015 – 2018

Corporate Priority:	A Healthy Halton
Key Area Of Focus:	<p>AOF 2 Providing services and facilities to maintain and promote good public health and well-being.</p> <p>AOF 3 Working with service users to provide services focussed around intervention and prevention and where this is not possible, helping people to manage the effects of long term conditions.</p> <p>AOF 4 Providing services and facilities to maintain the independence and well-being of vulnerable people and those with complex care needs within our community.</p>

Service Objective:		Responsible Officer
	<p>PH 1 – Prevention and early detection of cancer: Working with partner organisations to improve early detection of the signs and symptoms of cancer</p>	
Key Milestone(s) (15/16)	<ul style="list-style-type: none"> Work with Public Health England to ensure targets for HPV vaccination are maintained in light of national immunisation Schedule Changes and Service reorganisations. 	Director, Public Health
	<ul style="list-style-type: none"> Work with partners to identify opportunities to increase uptake across the Cancer Screening Programmes by 10%. Mar 2016 	Director, Public Health
	<ul style="list-style-type: none"> Ensure referral to treatment targets are achieved and minimise all avoidable breaches. Mar 2016 	Director, Public Health
Key Milestone(s) (16/17)	<ul style="list-style-type: none"> Increase the number of overweight and obese residents attending weight management services across the Borough by 10%. Mar 2017 	Director, Public Health
	<ul style="list-style-type: none"> Increase the number of smokers attending stop smoking services across the Borough by 10%. Mar 2017 	Director, Public Health
Key Milestone(s) (17/18)	<ul style="list-style-type: none"> Continue to follow the overall trend line in declining cancer Mortality, achieving a Directly Standardised under 75 mortality rate of 174 Cancer deaths per 100,000 population. Mar 2017 	Director, Public Health
Linked Indicator	PH LI 01	

Corporate Priority:	A Healthy Halton
Key Area Of Focus:	<p>AOF 1 Improve the future health prospects of Halton residents, particularly children through, through encouraging and providing opportunities to lead healthier and physically active lifestyles.</p> <p>AOF 2 Providing services and facilities to maintain and promote good public health and well-being.</p>

Service Objective:		Responsible Officer
	<p>PH 2 – Improved Child Development Working with partner organisations to improve the development, health, and wellbeing of children in Halton and to tackle the health equalities affecting that population</p>	
Key Milestone(s) (15/16)	<ul style="list-style-type: none"> Facilitate the <i>Early Life Stages</i> development which focusses on a universal preventative service, providing families with a programme of screening, immunisation, health and development reviews, and health, well-being and parenting advice for ages 2½ years and 5 years. Mar 2016 KEY 	Director, Public Health
	<ul style="list-style-type: none"> Fully establish the Family Nurse Partnership programme. Mar 2016 	Director, Public Health
	<ul style="list-style-type: none"> Facilitate the Halton Breastfeeding programme so that all mothers have access to breastfeeding-friendly premises and breastfeeding support from midwives and care support workers. Achieve UNICEF baby friendly stage 3 award. Mar 2016 KEY 	Director, Public Health
Key Milestone(s) (16/17)	<ul style="list-style-type: none"> Monitor and review all PH 2 milestones in line with three year planning cycle. Mar 2017 	Director, Public Health
Key Milestone(s) (17/18)	<ul style="list-style-type: none"> Monitor and review all PH 2 milestones in line with three year planning cycle. Mar 2018 	Director, Public Health
Linked Indicator	PH LI 02	

Corporate Priority:	A Healthy Halton
Key Area Of Focus:	<p>AOF 2 Providing services and facilities to maintain and promote good public health and well-being.</p> <p>AOF 3 Working with service users to provide services focussed around intervention and prevention and where this is not possible, helping people to manage the effects of long term conditions.</p> <p>AOF 4 Providing services and facilities to maintain the independence and well-being of vulnerable people and those with complex care needs within our community.</p>

Service Objective:	PH 3 – Reducing the number of falls in adults	Responsible Officer
Key Milestone(s) (15/16)	<ul style="list-style-type: none"> Develop a new triage service between Rapid Access Rehabilitation Team and Falls Specialist Service. Mar 2016 	Commissioning Manager
	<ul style="list-style-type: none"> Develop a new Voluntary Sector pathway to support low-level intervention within Falls Service in the borough. Mar 2016 	Commissioning Manager
Key Milestone(s) (16/17)	<ul style="list-style-type: none"> Expand the Postural Stability Exercise Programme. Mar 2017 	Commissioning Manager
	<ul style="list-style-type: none"> Review and evaluate the performance of the integrated falls pathway. Mar 2017 	Commissioning Manager
Key Milestone(s) (17/18)	<ul style="list-style-type: none"> Link Falls service to an effective frailty pathway for both Hospitals and community services. Mar 2018 	Commissioning Manager
Linked Indicator	PH LI 03	

Corporate Priority:	A Healthy Halton
Key Area Of Focus:	<p>AOF 2 Providing services and facilities to maintain and promote good public health and well-being.</p> <p>AOF 3 Working with service users to provide services focussed around intervention and prevention and where this is not possible, helping people to manage the effects of long term conditions.</p> <p>AOF 4 Providing services and facilities to maintain the independence and well-being of vulnerable people and those with complex care needs within our community.</p>

Service Objective:	PH 4 – Reduction in the Harm from Alcohol Working with key partners, frontline professionals, and local community to address the health and social impact of alcohol misuse	Responsible Officer
Key Milestone(s) (15/16)	<ul style="list-style-type: none"> ▪ Implement the Halton alcohol strategy action plan working with a range of partners in order to minimise the harm from alcohol and deliver on three interlinked outcomes: reducing alcohol-related health harms; reducing alcohol-related crime, antisocial behaviour and domestic abuse and establishing a diverse, vibrant and safe night-time economy. 	Director, Public Health
	<ul style="list-style-type: none"> ▪ Deliver a local education campaign to increase the awareness of the harm of drinking alcohol when pregnant or trying to conceive. 	Director, Public Health
	<ul style="list-style-type: none"> ▪ Hold a community conversation around alcohol – using an Inquiry approach based on the citizen's jury model of community engagement and ensure recommendations for action are acted upon by all local partners. 	Director, Public Health
Key Milestone(s) (16/17)	Monitor and review all PH 4 milestones in line with three year planning cycle. Mar 2017	Director, Public Health
Key Milestone(s) (17/18)	Monitor and review all PH 4 milestones in line with three year planning cycle. Mar 2018	Director, Public Health
Risk Assessment	PH LI 04, PH LI 05	

Corporate Priority:	A Healthy Halton
Key Area Of Focus:	<p>AOF 1 Improve the future health prospects of Halton residents, particularly children through, through encouraging and providing opportunities to lead healthier and physically active lifestyles.</p> <p>AOF 2 Providing services and facilities to maintain and promote good public health and well-being.</p> <p>AOF 3 Working with service users to provide services focussed around intervention and prevention and where this is not possible, helping people to manage the effects of long term conditions.</p> <p>AOF 4 Providing services and facilities to maintain the independence and well-being of vulnerable people and those with complex care needs within our community.</p>

Service Objective: PH 5	PH 5 – Prevention and early detection of mental health conditions Working with schools, GP practices, and Children’s Centres to improve the mental health and wellbeing of Halton residents	Responsible Officer
Key Milestone(s) (15/16)	<ul style="list-style-type: none"> ▪ Implement a new tier 2 Children and Young Peoples Emotional Health and Wellbeing Service. Mar 2016 	Director, Public Health
	<ul style="list-style-type: none"> ▪ Monitor and review the Mental Health Action plan under new Mental Health Governance structures. Mar 2016 	Director, Public Health
	<ul style="list-style-type: none"> ▪ Implement the Suicide Action Plan. Mar 2016 	Director, Public Health
Key Milestone(s) (16/17)	<ul style="list-style-type: none"> ▪ Monitor and Review all PH5 milestones in line with the three year planning cycle. Mar 2017 	Director, Public Health
Key Milestone(s) (17/18)	<ul style="list-style-type: none"> ▪ Monitor and Review all PH5 milestones in line with the three year planning cycle. Mar 2018 	Director, Public Health
Linked Indicator	PH LI 06	

Departmental Performance Indicators

Ref	Description	Halton 13/14 Actual	Halton 14/15 Target	Halton 14/15 Actual	Halton Targets		
					15/16	16/17	17/18
PH LI 01 (SCS HH 7)	Mortality from all cancers at ages under 75 ⁴ (Previously NI 122) 2011 Directly Standardised Rate, per 100,000 population <i>Published data based on calendar year; note year for targets</i>	199.3 2013/14 (Apr- Mar)	182.7 (2015)	177.7 Oct 13 – Sep 14	180.6 (2016)	178.7 (2017)	176.9 (2018)
PH LI 02	Children achieving a good level of development at the end of reception	37% (2012/13)	N/A	46% (2013/14)	TBC (Awaiting confirmation of new target definition)	TBC (Awaiting confirmation of new target definition)	TBC (Awaiting confirmation of new target definition)
PH LI 03 New SCS Measure Health 2013-16)	Hospital admissions for injuries due to falls (65+) Directly Standardised Rate, per 100,000 population	3515.6 2013/14 (Provisional)	3375.8	3414.5 (Oct '13- Sep '14)	3335.7	3301.8	3272.4
PH LI 04 (SCS HH 1)	Alcohol related admission episodes - narrow definition	811.8 (2013/14)	811.8	807.0 (Q1 2014/15)	808.4	785.9	753.6
PH LI 05	Under 18 alcohol-specific admissions	73.5 (10/11 to 12/13)	64.3	No data available yet	59.0	50.3	42.7
PH LI 06	Mental health: Self-reported wellbeing.	N / A	69%	N/A	TBC	TBC	TBC

⁴ Please note, PH LI 01 and PH LI 03 are based on directly standardised rates. During 2014 the standard population used for such calculations was updated, which has affected rates nationally. As such the rates displayed here may differ substantially from those previously produced. In these terms, the rates stated here, and from now on, are not comparable to those previously stated.

NATIONAL POLICY GUIDANCE/DRIVERS

Local Government	
<i>Comprehensive Spending Review</i>	With the continued Coalition Government's Comprehensive Spending Review, the Council has on-going budgetary pressures and each Directorate will need to ensure that they effectively contribute to the Authority's response to dealing with the current economic climate.
<i>Health & Social Care Act 2012</i>	It is the most extensive reorganisation of the structure of the National Health Service in England to date. It proposes to abolish NHS primary care trusts (PCTs) and Strategic Health Authorities (SHAs). Thereafter, £60 to £80 billion of "commissioning", or health care funds, would be transferred from the abolished PCTs to several hundred clinical commissioning groups, partly run by the general practitioners (GPs) in England. A new public body, Public Health England , is planned to be established on 1 April 2013.
<i>Care Act 2014</i>	<p>The Care Act 2014 is the first major reform to care legislation in over 60 years. Bringing together over 30 previous Acts, the new legislation aims to create a consistent, fair and streamlined framework. It puts those requiring care, and their carers, at the heart of the entire process from assessment to provision.</p> <p>The Act covers:</p> <ul style="list-style-type: none"> • General responsibilities of local authorities (wellbeing, prevention, integration, information and advice, provision of a diverse and quality provider market) • Putting carers on the same footing as adults with support needs • Care and financial systems (assessment, eligibility, charging, support and care planning, cap on care costs) • Safeguarding adults at risk of abuse or neglect • Provider failure and market oversight • Transition for children to adult services
<i>Localism Act 2011</i>	The Localism Act takes power from central government and hands it back to local authorities and communities - giving them the freedom and flexibility to achieve their own ambitions. The Localism Act includes five key measures that underpin the Government's approach to decentralisation: Community rights; Neighbourhood planning; Housing; General power of competence; and Empowering cities and other local areas.
<i>Care Quality Commission (CQC)</i>	The Care Quality Commission will regulate and improve the quality of health and social care and look after the interests of people detained under the Mental Health Act.
<i>National Autism Strategy</i>	Autism is a lifelong developmental disability and although some people can live relatively independently, others will have high dependency needs requiring a lifetime of specialist care. The strategy sets a clear framework for all mainstream services across the public sector to work together for adults with autism.
<i>National Healthy Eating Agenda</i>	The national healthy eating agenda and guidelines outline the need to have a school meal service that meets all national requirements around provision and healthy eating.

<i>Universal Infant Free School Meals</i>	Following the recommendations of the School Food Plan the Government obligated provision of free school meals, in state-funded schools in England, for pupils in infant education (Reception, Year 1 and Year 2). This was introduced from the start of the school year in September 2014.
<i>Valuing People Now</i>	The Government is committed to improving the life chances of people with learning disabilities and the support provided to their families. Government policy is that people with learning disabilities should lead their lives like any other person, with the same opportunities and responsibilities, and be treated with the same dignity and respect. This means inclusion, particularly for those who are most often excluded, empowering those who receive services to make decisions and shape their own lives.
<i>Healthy Lives, Healthy People – update and way forward</i>	This policy statement reaffirms the Government's bold vision for a new public health system. It sets out the progress that has been made in developing the vision for public health, and a timeline for completing the operational design of this work through a series of Public Health System Reform updates (July 2011).
<i>Transforming Social Care</i>	Is the first formal guidance outlining actions that local authorities are required to undertake in order to implement the 'personalisation agenda'. The guidance states that 'in the future, all individuals eligible for publicly funded adult social care will have a personal budget, a clear, upfront allocation of funding to enable them to make informed choices about how best to meet their needs, including their broader health and wellbeing'.
<i>Putting People First</i>	A shared vision and commitment to the transformation of adult social care outlines the aims and values which will guide the development of a new, high quality care system which is fair, accessible and responsive to people's individual needs.
<i>Adult Social Care and Health Outcomes Framework</i>	Transparency in Outcomes: a framework for quality in adult social care and health is a set of outcome measures, which have been agreed to be of value both nationally and locally for demonstrating the achievements of adult social care and health.
<i>Welfare Reform Act 2012</i>	The Act legislates for the biggest change to the welfare system for over 60 years. It introduces a wide range of reforms that will deliver the commitment made in the Coalition Agreement and the Queen's Speech to make the benefits and tax credits systems fairer and simpler by: creating the right incentives to get more people into work; protecting the most vulnerable in our society; delivering fairness to those claiming benefit and to the taxpayer.
<i>Fair Access to Care Services 2010</i>	Prioritising need in the context of Putting People First: A Whole System approach to eligibility of social care. The aim of this guidance is to assist councils with adult social services responsibilities (CASSRs) to determine eligibility for adult social care, in a way that is fair, transparent and consistent, accounting for the needs of their local community as a whole as well as individuals' need for support.
<i>DfT Blue Badge Scheme LA Guidance 2012</i>	This guidance provides local authorities with good practice advice on administering and enforcing the Blue Badge scheme. It replaces the previous guidance issued in 2008. This guidance was informed by an extensive independent programme of work undertaken on behalf of the DfT by Integrated Transport Planning Ltd (ITP) and the TAS Partnership Ltd (TAS). The final report of this work, referred to in the guidance as the 'independent review' has now been published.

<i>Sport England Strategy 2012</i>	The 2012-17 Youth and Community Strategy for Sport England was launched in January 2012. It describes how they will invest over £1billion of National Lottery and Exchequer funding over five years into four main areas of work: National Governing Body Funding; Facilities; Local Investment; and The School Games.
------------------------------------	--