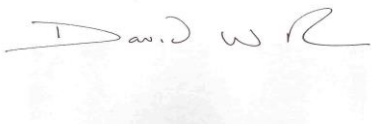
Public Document Pack

Health Policy and Performance Board

Tuesday, 12 January 2016 at 6.30 p.m.
Council Chamber, Runcorn Town Hall



Chief Executive

BOARD MEMBERSHIP

Councillor Joan Lowe (Chairman)	Labour
Councillor Stan Hill (Vice-Chairman)	Labour
Councillor Sandra Baker	Labour
Councillor Mark Dennett	Labour
Councillor Charlotte Gerrard	Labour
Councillor Margaret Horabin	Labour
Councillor Martha Lloyd Jones	Labour
Councillor Shaun Osborne	Labour
Councillor Carol Plumpton Walsh	Labour
Councillor Pauline Sinnott	Labour
Councillor Pamela Wallace	Labour
Mr Tom Baker	Co-optee (Healthwatch)

Please contact Ann Jones on 0151 511 8276 or e-mail ann.jones@halton.gov.uk for further information.
The next meeting of the Board is on Tuesday, 8 March 2016

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

Part I

In accordance with the Health and Safety at Work Act the Council is required to notify those attending meetings of the fire evacuation procedures. A copy has previously been circulated to Members and instructions are located in all rooms within the Civic block.

Agenda Item 3

REPORT TO: Health Policy & Performance Board

DATE: 12 January 2016

REPORTING OFFICER: Strategic Director, Community & Resources

SUBJECT: Public Question Time

WARD(s): Borough-wide

1.0 PURPOSE OF REPORT

1.1 To consider any questions submitted by the Public in accordance with Standing Order 34(9).

1.2 Details of any questions received will be circulated at the meeting.

2.0 RECOMMENDED: That any questions received be dealt with.

3.0 SUPPORTING INFORMATION

3.1 Standing Order 34(9) states that Public Questions shall be dealt with as follows:-

(i) A total of 30 minutes will be allocated for dealing with questions from members of the public who are residents of the Borough, to ask questions at meetings of the Policy and Performance Boards.

(ii) Members of the public can ask questions on any matter relating to the agenda.

(iii) Members of the public can ask questions. Written notice of questions must be given by 4.00 pm on the working day prior to the date of the meeting to the Committee Services Manager. At any one meeting no person/organisation may submit more than one question.

(iv) One supplementary question (relating to the original question) may be asked by the questioner, which may or may not be answered at the meeting.

(v) The Chair or proper officer may reject a question if it:-

- Is not about a matter for which the local authority has a responsibility or which affects the Borough;
- Is defamatory, frivolous, offensive, abusive or racist;
- Is substantially the same as a question which has been put at a meeting of the Council in the past six months; or
- Requires the disclosure of confidential or exempt information.

(vi) In the interests of natural justice, public questions cannot relate to a planning or licensing application or to any matter which is not dealt with in the public part of a meeting.

(vii) The Chairperson will ask for people to indicate that they wish to ask a question.

(viii) **PLEASE NOTE** that the maximum amount of time each questioner will be allowed is 3 minutes.

(ix) If you do not receive a response at the meeting, a Council Officer will ask for your name and address and make sure that you receive a written response.

Please bear in mind that public question time lasts for a maximum of 30 minutes. To help in making the most of this opportunity to speak:-

- Please keep your questions as concise as possible.
- Please do not repeat or make statements on earlier questions as this reduces the time available for other issues to be raised.
- Please note public question time is not intended for debate – issues raised will be responded to either at the meeting or in writing at a later date.

4.0 POLICY IMPLICATIONS

None.

5.0 OTHER IMPLICATIONS

None.

6.0 IMPLICATIONS FOR THE COUNCIL'S PRIORITIES

6.1 **Children and Young People in Halton** - none.

6.2 **Employment, Learning and Skills in Halton** - none.

6.3 **A Healthy Halton** – none.

6.4 **A Safer Halton** – none.

6.5 **Halton's Urban Renewal** – none.

7.0 EQUALITY AND DIVERSITY ISSUES

7.1 None.

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

8.1 There are no background papers under the meaning of the Act.

REPORT TO: Health Policy and Performance Board

DATE: 12 January 2016

REPORTING OFFICER: Chief Executive

SUBJECT: Health and Wellbeing minutes

WARD(s): Boroughwide

1.0 PURPOSE OF REPORT

1.1 The Minutes relating to the Health and Social Care Portfolio which have been considered by the Health and Wellbeing Board are attached at Appendix 1 for information.

2.0 RECOMMENDATION: That the Minutes be noted.

3.0 POLICY IMPLICATIONS

3.1 None.

4.0 OTHER IMPLICATIONS

4.1 None.

5.0 IMPLICATIONS FOR THE COUNCIL'S PRIORITIES

5.1 **Children and Young People in Halton**

None

5.2 **Employment, Learning and Skills in Halton**

None

5.3 **A Healthy Halton**

None

5.4 **A Safer Halton**

None

5.5 **Halton's Urban Renewal**

None

6.0 RISK ANALYSIS

6.1 None.

7.0 EQUALITY AND DIVERSITY ISSUES

7.1 None.

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

8.1 There are no background papers under the meaning of the Act.

HEALTH AND WELLBEING BOARD

At a meeting of the Health and Wellbeing Board on Wednesday, 16 September 2015 at The Halton Suite - Select Security Stadium, Widnes

Present: Councillor Philbin
Councillor Polhill (Chairman)
Councillor Woolfall
Councillor Wright
P. Cooke, Healthwatch
S. Johnson Griffiths, Public Health
T. Holyhead, HCSB
A. Jones, Democratic Services
E. O'Meara, Public Health
H. Patel, Citizens Advice Bureau & Healthwatch
I. Stewardson, St Helens & Knowsley Hospitals Trust
M. Anderson, Cheshire Fire & Rescue Service
N. Groudon, NHS England (C&M)
A, Lewis, Commissioning HBC
N. Rowe, 5 Boroughs Partnership
T. Barlow, Warrington & Halton FT
D. Keates, Bridgewater Community FT
D. Lyons, GP Representative – Halton CCG

Action

HWB12 APOLOGIES FOR ABSENCE

Apologies had been received from David Parr, Nick Atkin, Simon Banks, Richard Strachan, Simon Banks, Colin Scales, Ann McIntyre, Melanie Pickup and Alex Waller.

HWB13 MINUTES OF LAST MEETING

The Minutes of the meeting held on 8 July 2015 having been circulated were signed as a correct record.

HWB14 REPORT ON AIR QUALITY IN HALTON 2015

The Board received a report from the Director of Public Health, which presented an overview of air quality in Halton. It presented a summary of national and local air quality monitoring, progress against National and European Air Quality legislation and provided a response to a petition for Air Monitors received by Halton Borough Council in March 2015.

It was noted that the report provided a response to this petition and identified the facts around air quality and air quality monitoring in Halton within the national and

international frameworks, and identified recommendations going forward.

The Board was advised that Halton Borough Council monitored air quality within the Borough and complied with all Air Quality Objectives, with the exception of Nitrogen Dioxide (for which the Council had declared air quality management areas in two Widnes town centre locations, where Nitrogen Dioxide NO^2 objectives exceeded air quality directive standards as a result of road traffic).

It was reported that air quality in Halton had improved significantly in recent decades and the proportion of deaths attributable to air pollution was similar to the national average and consequently lower than other areas of the Country. The Board was advised that the Council were committed to improving air quality in Halton and would continue to do so through the development of a strategy and action plan.

The Board was then presented with the key recommendations made in the report and summary of the information presented.

It was noted that the Environment and Urban Renewal Policy and Performance Board had recommended that these recommendations be presented for approval by the Executive Board at its meeting on 3 September 2015.

RESOLVED: That the report be noted.

HWB15 RESPIRATORY STRATEGY FOR HALTON 2015 - 2020

The Director of Public Health presented the Board with a new strategy to address respiratory health for Halton.

The strategy identified key factors influencing respiratory health and provided recommendations for action to prevent respiratory illness, improve identification, treatments and outcomes and ensure provision of appropriate high quality primary, secondary and community health and social care services for all ages.

The Board was advised that respiratory disease was one of the key contributing factors to reduced life expectancy in Halton and was the third leading cause of death after circulatory disease and cancer. Further, there were also significant health inequalities in Halton concerning respiratory diseases where the mortality rate in the most deprived areas was double that of Halton as a whole. It was

noted that whilst most respiratory illnesses were associated with smoking or exposure to tobacco smoke in the environment, smoking was not the only risk factor to explain the relationship between deprivation and respiratory illness; as work related conditions, housing conditions, fuel poverty and exposure to outdoor air pollution were all associated with respiratory disease.

The report provided members with the *Respiratory Strategy for Halton 2015 - 2020*, which detailed the significant respiratory health issues in Halton. A summary of these were provided in the report.

It was noted by the Board that the recommendations included in the strategy related to the following areas:

- Preventing respiratory ill health;
- Earlier detection of respiratory diseases;
- Primary Care and Community based support;
- High quality hospital services; and
- Promoting self-care and independence.

Members were advised that the strategy would inform the continuous development of the Respiratory Action Plan, which was implemented and overseen by the Respiratory Strategic Group, outcomes against which were measured and fed back through to the CCG and the Health and Wellbeing Board.

Members of the Board discussed various elements of the report and felt that the strategy would go towards helping to further improve the respiratory health of residents in Halton.

RESOLVED: That the Health and Wellbeing Board supports the Respiratory Health Strategy for Halton 2015-2020.

HWB16 SEASONAL FLU VACCINATION

The Board considered a report which presented an overview of changes to and requirements of the annual seasonal influenza vaccination campaign for the 2015 – 2016 flu season and implications of this for the Local Authority (LA) and health and social care partner agencies.

Members were reminded that influenza represented a significant cause of morbidity and mortality, and was a particular concern in those with existing health problems. Flu was ultimately preventable and flu vaccination remained

an important tool in protecting the health of our population. The flu vaccination was a nationally developed programme for local implementation, the details of which were produced by Public Health England and published in the Winter Flu Plan, for local adoption and delivery. It was noted that this year saw some significant changes, predominately to the extension of the offer of flu vaccine to a wider age range of children.

The report discussed previous campaigns in Halton and presented the Flu Programme for 2015-16 and its delivery. Members discussed the potential challenges to the programme, namely the effectiveness of the vaccine and the vaccination of health care workers which was on the increase and the vaccination of the Council's front line social care staff, which had previously had a low uptake, for reasons unknown.

Members also discussed the importance of the collective efforts being made by all agencies with the vaccination programme and the need to focus on this in the future.

RESOLVED: That the Health and Wellbeing Board notes the changes to the national flu vaccination programme for 2015-16 and for each individual agency to note their requirements in relation to the programme.

HWB17 LOCAL OPPORTUNITIES FOLLOWING THE TRANSFER OF COMMISSIONING RESPONSIBILITIES FOR 0 - 5 PUBLIC HEALTH SERVICES

The Board considered a report from the Director of Public Health which sought to provide the Health and Wellbeing Board with an update on the changes to the commissioning arrangements for the Health Visiting and Family Nurse Partnership Services and articulated the opportunities arising from the transition into Halton Borough Council.

The importance of child development in the early years was noted by Members; as discussed in Appendix 1 of the report.

The report discussed the transfer of 0-5 Public Health services which would start on 1 October 2015 and the delivery of the Health Child Programme. It also provided commentary on the future opportunities as a result of commissioning the Health Child Programme.

RESOLVED: That the Health and Wellbeing Board

1) notes the report;

2) supports the investment in early years and notes its long term impact on health outcomes; and

3) supports the ongoing work to embed the delivery of the healthy child programme through the integration of health visiting and family nurse partnership teams with the wider children's workforce.

Meeting ended at 3.20 p.m.

HEALTH AND WELLBEING BOARD

At a meeting of the Health and Wellbeing Board on Wednesday, 4 November 2015 at The Halton Suite - Select Security Stadium, Widnes

Present: Councillor Polhill (Chairman)
Councillor Woolfall
Councillor Wright
P. Cooke, Healthwatch
T. Holyhead, HSCB
D. Lyon, Halton CCG
K. Mackenzie, Democratic Services
L. McDonnell, Cheshire Police
A. McIntyre, People & Economy
E. O'Meara, Public Health
D. Nolan, HBC/CCG
H. Patel, Citizens Advice Bureau & Healthwatch
M. Pickup, WHH NHS FT
N. Rowe, Five Boroughs Partnership
C. Samosa, Bridgewater Community Healthcare NHS FT
L. Thompson, NHS HCCG
T. Tierney, HHT
S. Wallace-Bonner, People & Economy
P. Williams, SH&K NHS Trust

Action

HWB18 APOLOGIES FOR ABSENCE

Apologies had been received from David Parr, Councillor Ged Philbin, Simon Banks, Colin Scales, Ann Marr, Sally Yeoman, Michelle Creed and Nick Atkin.

HWB19 MINUTES OF LAST MEETING

The Minutes of the meeting held on 16 September 2015 having been circulated were signed as a correct record.

HWB20 BRIDGEWATER COMMUNITY HEALTHCARE NHS FOUNDATION TRUST - STRATEGY FOR HEALTH AND WELLBEING BOARD 2015/16 TO 2020/21 - PRESENTATION

The Board received a presentation from the Director of People, Planning and Development of Bridgewater Community Healthcare NHS Foundation Trust. The presentation outlined the Trust Strategy for Health and Wellbeing 2015/16 to 2020/21. The Strategy aimed to improve the health and wellbeing of all the local authorities that commission Bridgewater Community Healthcare NHS

Foundation Trust.

The Board noted that the trust had evolved over its first year in operation, and was working in partnership with all sectors to put together a strategy for each individual partner. The next step would be to measure the difference that was being made by the work of the Trust, with a Borough based structure responding to local need.

RESOLVED: That the content of the presentation be noted.

HWB21 FOOD ACT!VE PRESENTATION

The Board received a presentation from the Chief Executive of the Health Equalities Group on Food Act!ve. This was a collaborative programme launched by the North West Directors of Public Health in November 2013 to tackle levels of obesity. This would focus on population level interventions which took steps to address the social, environmental, economic and legislative factors that affected people's ability to change their behaviour.

The Board noted the current initiatives on offer by the Group, such as "Give up loving Pop!" and the Sugar Rush Programme, which both concentrated on the impact of too much sugar in a diet and providing an informed choice. The Group was promoting a local government declaration to promote healthy weight.

The Board noted that local initiatives such as "Crucial Crew" also informed teachers and students of the importance of informed food choices.

RESOLVED: That the presentation be noted.

HWB22 A STUDY TO EXAMINE ACCESS TO HEALTHY & AFFORDABLE FOOD IN HALTON

The Board received a report from the Director of Public Health which informed them of a study to examine the ability of residents in Halton to access a healthy, affordable diet. The project, which was at the planning stage, would examine the ability of residents to access a healthy and affordable diet by mapping the availability of food across the Borough and assess the barriers that could prevent residents from accessing a healthy diet. The project findings would provide an evidence base to inform future policy with regard to improving the diet and reducing levels of obesity in Halton.

RESOLVED: That the report be noted.

HWB23 BETTER CARE FUND UPDATE

The Board considered a report from the Strategic Director of People and Economy, on the progress, performance and financial aspects of the Better Care Fund Quarter 1 for 2015/2016. The Board agreed the submission of the Better Care Fund plan in December 2014. This was authorised by the Department of Health in January 2015 without conditions.

The Better Care Fund plan outlined key areas for development, performance metrics and associated finance. Progress against these areas was subject to a quarterly return to the Local Government Association and NHS England.

The template for the return was published by the national Better Care Support Team. The time between publishing and submission precluded review at the Health and Wellbeing Board prior to submission. The submission was reviewed by the Better Care Board Executive Committee who monitored the plan on a monthly basis.

The submission demonstrated that Halton had made substantial progress on the implementation of the plan, had achieved the national and local targets and was delivering within the budget as planned.

RESOLVED: That the report be noted.

HWB24 HALTON SAFEGUARDING CHILDREN'S BOARD ANNUAL REPORT 2014-15

The Board considered a report which contained the Halton Local Safeguarding Children's Board (LSCB) Annual Report 2014 – 2015 and Business Plan 2015 - 2017.

The Annual Report provided a rigorous and transparent assessment of the performance and effectiveness of local services to safeguard and promote the welfare of children and young people. It identified areas of weakness, the causes of those weaknesses and proposals for action. The report included lessons from learning and improvement activity within the reporting period.

The LSCB was currently funded via contributions from the Council, Schools, Cheshire Constabulary, NHS Halton CCG and Cafcass. Contributions had reduced during

recent years with the LSCB losing contributions from Connexions, the Child Death Grant and year on year reductions from the Schools Forum. The LSCB was undertaking work with partners to uplift financial contributions and increase in kind contributions, as well as approaching partners who did not currently contribute financially to the Board.

RESOLVED: That the content of the report and associated Annual Report appended to the report, be noted.

HWB25 SCAMS VICTIMS PROJECTS - PREVENTION & IMPACT REPORT

The Board considered a report from the Director of Public Health, which informed Members that in September 2014 the Trading Standards Team began work on a Scam Victims Project following receipt of a list of 190 likely victims of mail mass marketing fraud in Halton. The report advised Members of the impact of the work to date, and the potential funding sources that were being explored to extend the project.

The project was important as the victims the Team were working with were largely regarded as vulnerable adults – 60% of people on the list were either currently or previously involved with Adult Social Care in Halton. The Team had undergone training to develop techniques to communicate effectively with the vulnerable and coach them towards behaviour change. This was often a lengthy process.

The Board were informed that the service cost £45,000 in total. Due to a reduction in the Public Health budget the funding would not be available in April 2016. Future options for consideration were:

- Cease running the project;
- Identify joint funding with partners;
- Reduce the number of older people worked with, to target the most vulnerable and cease providing the wider prevention element; and
- Focus on the wider prevention element and cease the help and education element for people at risk.

It was suggested that each Area Forum could be asked for £1,500 in future funding.

RESOLVED: That the Health and Wellbeing Board

Director of Public Health

1) note the report;

2) identify joint funding with partners; and

3) explore the possibility of seeking £1,500 from each Area Forum.

HWB26 COMPLEX DEPENDENCY / EARLY INTERVENTION AND TROUBLED FAMILIES

The Board received a report which summarised the outcomes achieved in Phase 1 of Troubled Families in Halton. The report outlined the key criteria for Phase 2 of the programme and provided the Outcome Plan.

An overview of the Cheshire Complex Dependency Project was included with the report, and how it supported the Early Intervention and Troubled Families agenda within the Borough.

RESOLVED: That the Health and Wellbeing Board

1) note the positive developments in Halton's Troubled Families Phase 1 Programme;

2) note and supports the key criteria and the Outcome Plan for Phase 2 of the Troubled Families Programme; and

3) supports the Complex Dependency Project and recognises the contribution it will make to establishing multi-agency, integrated working to tackle children, families and individuals with complex needs.

HWB27 LGC AWARD APPLICATION - EFFECTIVE HEALTH & WELLBEING BOARDS

The Director of Public Health provided the Board with an update on an application to the Local Government Chronicle Awards 2016 on behalf of the Halton Health and Wellbeing Board. The application was the "Effective Health and Wellbeing Board" category and had focused on "Tackling the Harm Caused by Alcohol."

RESOLVED: That the application be supported.

Meeting ended at 3.22 p.m.

REPORT TO: Health Policy & Performance Board

DATE: 12th January 2016

REPORTING OFFICER: Director of Public Health, Communities and Resources

PORTFOLIO: Public Health

SUBJECT: Men's Health

WARD(S) Borough-wide

1.0 **PURPOSE OF THE REPORT**

1.1 To inform the Board of local action to address the 'Ten questions Council scrutiny can ask about men's health' report

2.0 **RECOMMENDATION: That:**

i) The Board note the content of the report

3.0 **SUPPORTING INFORMATION**

3.1 In autumn 2014 Men's Health Forum, a national charity that works to improve the health of men and boys, undertook an assessment of 147 Joint Strategic Needs Assessments (JSNA). Looking at whether JSNAs included gendered data, and looking at 54 measures in detail, they concluded that the majority of JSNA included only limited data by gender.

3.2 Halton's JSNA was ranked 13 out of 147 JSNAs, the second highest in the North West, with 50% of its JSNA assessed as gendered. Wirral was the most highly ranked North West local authority at 52% with the top ranked nationally being the borough of Hillingdon at 71%.

3.3 Whilst Halton was ranked highly, nevertheless, it is important that we continue to refine and improve the JSNA. From 21 measures with gendered data in the autumn 2014 when the assessment took place, as at November 2015 Halton now has 32 measures gendered with planned updates over the next year covering most of the rest. Additionally Halton JSNA contains a substantial amount of data over and above the measures used by the Men's Health Forum to make their assessment. Whenever possible this is routinely analysed by gender (as well as age and geography).

3.4 Local analysis shows that average male life expectancy in Halton is lower than women, a pattern seen regionally and nationally. Male health experience, whilst similar to females, is for some issues on a different scale. For example, most suicides are amongst men and the levels of alcohol misuse and illegal substance use are higher in men than women. It is therefore important to understand the reasons for this in order to be able to engage with men to address these issues.

3.5. Despite this, national research has shown that men seek advice and help from preventative and medical services less than women. Thus whilst it remains vital that we have high quality universal services, we need to understand when it is also appropriate to have targeted services. There are a range of preventative and support services available in the borough which have been developed to provide specific advice and support to men, such as those detailed in the attached report. These should continue to address the needs of men and provide advice and support in a way that appeals to men.

3.6. The bulk of services will remain as universal provision, open to anyone who needs them. However, it is important that we continue to monitor the demographics of those assessing services, in line with the Equality Act.

3.7. In July 2015 the Centre for Public Scrutiny and the Men's Health Forum produced a guide designed to help scrutiny of local actions to promote men's health and tackle health inequalities. The attached report answers the ten questions posed to do this.

4.0 POLICY IMPLICATIONS

4.1 Question 10 of the Centre for Public Scrutiny and the Men's Health Forum guide suggests the development of a men's health strategy. Since the publication of the Marmot Review on health inequalities, Halton has taken a lifecourse approach with its strategies. This is the approach taken by the Health and Wellbeing Strategy as well as the topic-specific strategies for its five priorities and others.

5.0 OTHER/FINANCIAL IMPLICATIONS

5.1 There are no other implications arising from this report.

6.0 IMPLICATIONS FOR THE COUNCIL'S PRIORITIES

6.1 Children & Young People in Halton

It remains important to understand and respond to the differential needs of boys and girls and ensure both universal and targeted services are provided in such a way as to engage both genders (as well as other characteristics such as age, ethnicity, disability and so

on) and ensure they are user-friendly.

The Children's JSNA provides a platform upon which to understand need at a population level, as well as service monitoring to understand if there are any inequities in uptake.

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

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

6.3 **A Healthy Halton**

Health inequalities continue to be a particular concern in Halton and are a focus for the Health and Wellbeing Strategy. This report details some of the work on identifying the health and wellbeing needs of men in the borough and specific services aimed at addressing them. It is also important all services ensure they are accessible to and able to engage with men to meet these needs.

6.4 **A Safer Halton**

There are no implications for a Safer Halton arising from this report

6.5 **Halton's Urban Renewal**

There are no implications for Urban Renewal arising from this report

7.0 **RISK ANALYSIS**

7.1 None identified.

8.0 **EQUALITY AND DIVERSITY ISSUES**

8.1 This report concerns whether the health and wellbeing needs of men are being adequately identified and acted upon. The report details the approach taken locally to do this and some examples of specific services to advise and support men to improve their health.

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

None.

Men Behaving Badly? Ten questions council scrutiny can ask about men's health

1. **What's the difference between male and female life expectancy in the different parts of our area? What's driving it?**
   Within Halton, male and female life expectancy varies significantly. If we look at the variation geographically by ward, there is a difference of 12 years for males and 17.5 for females.

Life expectancy difference by ward for males and females 2011-13

		Ward	Life expectancy (years)
MALES	Lowest	Windmill Hill	70.7
	Highest	Birchfield	82.9
		Difference	*12.2*
FEMALES	Lowest	Riverside	75.8
	Highest	Birchfield	93.4
		Difference	*17.5*

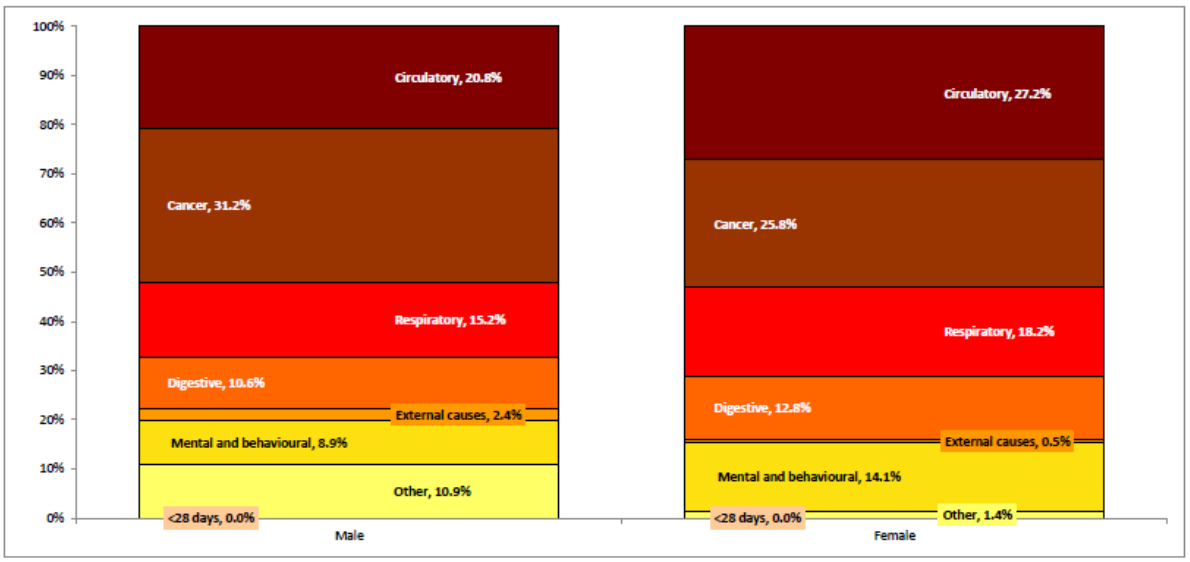
Source: Public Health Mortality File, ONS/HSCIC

These differences are driven by a range of complex, multi-layered factors, detailed in the diagram below.

Source: Dahlgren, G. and Whitehead, M. (1993)

Analysis against England shows that the main drivers for the difference in life expectancy between the borough and the national picture are mostly heart disease and cancers. This is the case for both men and women.

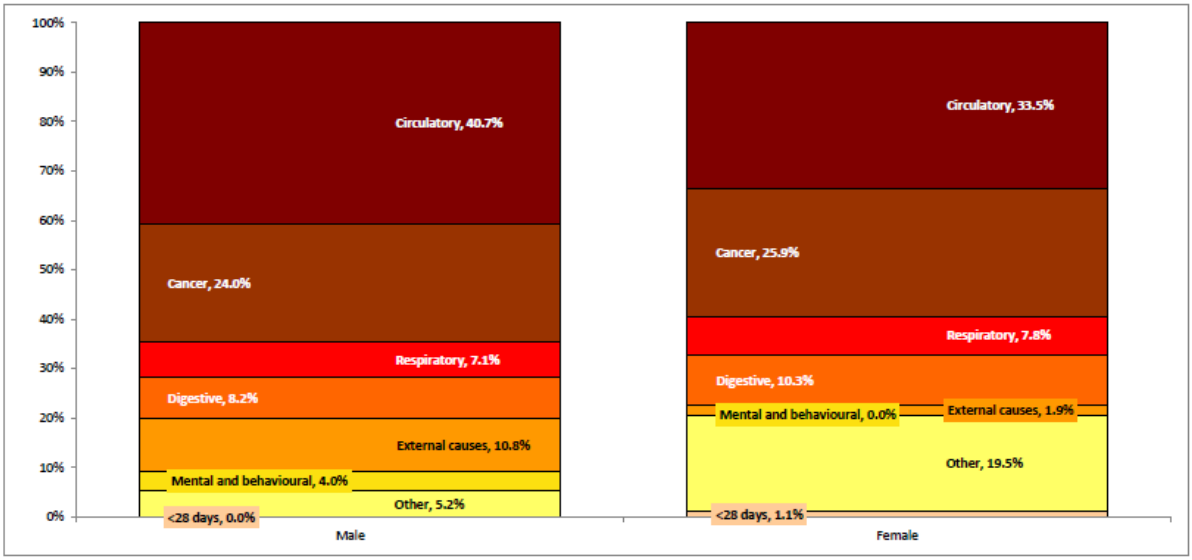
Chart showing the breakdown of the life expectancy gap between Halton as a whole and England as a whole, by broad cause of death, 2010-2012



Source: Public Health England 2015

This is also the case internally, when comparing the most and least deprived parts of the borough.

Chart showing the breakdown of the life expectancy gap between Halton most deprived quintile and Halton least deprived quinitle, by broad cause of death, 2010-2012



Source: Public Health England 2015

2. **Do we collect and report all health data by gender? Is there any data we don't report by gender?**

When data is available by gender, we report all health and wellbeing data by gender. The Men's Health Forum report placed Halton ranked 13 of the 147 Joint

Strategic Needs Assessments (JSNAs) it examined (with 1 being the best and 147 the worst). With 50% of the indicators it had chosen to look at having gendered analysis. This was one of the best results in the North West, with only Wirral scoring higher at 52%.

Most JSNAs are developed on a rolling programme with topics being refreshed at various times over a three year period. Therefore the timing of the analysis undertaken by the Men's Health Forum will have affected the results. This will also have been the case for other areas. The analysis took part during the autumn of 2014 when Halton's JSNA priorities were the Children's JSNA and the Pharmaceutical Needs Assessment. As such, many of the indicators included in the Men's Health Forum report will have been assessed using reports that were several years old. During late 2014 and 2015, 21 JSNA chapters were refreshed, including additional gendered analysis.

An assessment of Halton's current JSNA, as at November 2015, shows that whilst the Men's Health Forum report stated Halton had 21 indicators with gendered analysis this is now 32 with draft chapters currently in development including a further 13 indicators, bringing the total to 47 out of 54.

Some data that the report identified is not routinely included in the JSNA:

- cancer admissions (3 indicators) are not routinely included with the JSNA. It concentrates on incidence, early identification, treatment times and mortality as well as preventative services such as screening and smoking cessation.
- Chronic liver disease (3 indicators) is not in the current JSNA. There are plans to update the work on Alcohol during 2016/17 and this will include chronic liver disease
- Mental health of children and young people is covered in the current JSNA but the chapter on overall mental health of the borough is due for a refresh during 2016/17. As such only 3 of the 7 indicators are currently available by gender. The feasibility of including all 7 indicators by gender will be investigated as part of the refresh.

For data that it is included in the JSNA it is sometimes not possible to report it all by gender (or age or other protected characteristics). There are several reasons for this:

- We rely to a large degree of published, verified data and this is not always published by gender. An example of this would be the Quality Outcomes Framework data on the observed prevalence of various long-term conditions such as hypertension, cardiovascular disease (coronary heart disease and stroke), respiratory conditions and others. This data is generated from GP disease registers and is only available at an all persons level. Therefore whilst it is possible to generate estimated numbers by

gender this would not be comparable to the observed rates. This is important analysis to identify levels of under diagnosis. It would be possible to refresh the diabetes, hypertension, coronary heart disease and stroke chapters estimated prevalence by gender.

- Halton is a small borough and as such the numbers with particular conditions in any given time period (1 year, 3-years) may be small. For health data, numbers under 5 are regarded as person identifiable and for confidentiality reasons cannot be displayed. As such, there are occasions when splitting the data by gender would breach this threshold and so numbers are reported at the persons level. In such cases we will look at the data and where feasible make a judgement in the narrative about who the condition under question mainly affects; males or females, a particular age group, or is it equally spread.

3. **Do we have any local research to determine health differences between men and women or boys and girls?**

Health surveys and local research are costly and therefore we have been limited in the extent to which we have been able to invest in these. It is not feasible, or indeed necessary, to repeat them annually, but this does mean limit our ability to understand the lifestyle behaviours of our local population. Some examples of research undertaken over the last few years includes:

- The Men's Health Forum report highlights the work of Sefton council's lifestyles survey. This was in fact a Merseyside wide survey and Halton took part in this during 2013/14. The results are included in various JSNA Lifestyles chapters
- Also in 2013/14 Halton took part in the North West Mental Wellbeing Survey which included gendered analysis. This was used to inform the Mental Health Strategy
- Halton takes part in the biannual Trading Standards North West survey into alcohol, tobacco and drug use behaviours of young people. The latest survey results are due for publication shortly and include some analysis by gender
- HBC Public Health team commissioned a social norms company to undertake research with secondary schools into young people's perceptions and beliefs about a range of lifestyle factors. This included some analysis by gender.

4. **How many men and women use our weight loss services? Do we run the same programmes for men as women?**

In conjunction with Dietetic clinical support HBC Health Improvement Team (HIT) works across Halton to deliver the "Fresh Start" adult weight management service. "Fresh Start" is designed to support individuals to lose weight and make lifestyle changes to improve their health.

Between 30/9/2013 and 30/09/2015 1769 people have engaged on the programme. Of this number 1322 were female and 447 were male which equates to a 75%:25% female: male split.

To address this disparity, during the summer of 2015 Public Health re-tendered the dietetic element that supports this work and the contract has been awarded to 5 Boroughs NHS Trust as of Sept 2015.

As part of this new contract the service we have looked to commission a model that will be tailored to specific needs of individuals and will be more attractive towards hard to reach groups such as men by:

- Delivering flexible group and individual programmes in a variety of settings thereby meeting the requirements of clients
- Provide one to one intense practical support around healthy eating - shopping, menu-planning and cooking
- Highlight the importance and support families to adopt a "whole-family" approach to making healthy lifestyle changes
- Empower and facilitate sustainable improvements in eating habits, activity levels, self-esteem and confidence amongst individuals and family members
- Offer a variety of drop-in maintenance sessions to all clients as a means of open access and support
- Provide flexible outreach and engagement to attract adults to use the service and complete programmes

Other programmes such as those detailed in question 7, also seek to offer advice and support to men to promote healthy lifestyles and behaviour change.

5. **What is the split in NHS Health Check uptake between men and women in our area?**

The NHS Health Checks programme aims to identify those who have long-term conditions but do not have a current diagnosis. It is targeted at those between the ages of 40 to 74 years of age not currently on GP disease registers. During 2014/15, 7687 people were offered an NHS Health Check and 3192 received one. The gender split for uptake was:

Males – 1345 (42%), Females – 1847 (58%)
(Source: GP Data Quality).

6. **How do we join up services for men and women with a combined substance and mental health problem? Does a substance problem stop people being able to access mental health services?**

Halton currently commissions a specialist community substance misuse service which is delivered by CRI.

New clients to the community substance misuse service are asked for information around their personal mental health including current moods and emotions, previous history of mental health and any current/previous involvement with mental health services and/or prescribing.

Following assessment, any identified professionals are contacted to notify of engagement within the service so that appropriate information can be shared. If any concerns are raised around a service users mental health during assessment, a locally developed 'screening' process between CRI and local mental health services will confirm if someone is currently or previously known.

If a need for mental health services involvement is identified, the substance misuse service liaises directly with both the mental health service and the service users GP to establish an appropriate pathway for support.

In addition mental health staff will liaise with CRI regarding any of their service users who they feel need support around substance use.

As well as having screening and information sharing processes in place, local complex case reviews take place in order to provide a multiagency approach to supporting service users, regardless of their needs.

7. What public health outreach programmes do we have to reach men?

Across Halton there are numerous outreach programmes to engage with men:

NHS Health Checks – Vikings

HBC Public Health, HBC Health Improvement Team (HIT) and Widnes Vikings have recently been nominated for a HEART UK NHS Health Check Awards 2015 for their work on delivering the NHS Health Check scheme to residents in Halton with a particular emphasis on men.

The NHS Health Check is offered to people aged between 40 and 74 once every five years and assesses people's risk of developing diabetes, heart disease, kidney disease, stroke and dementia. If there are any warning signs, then individuals are offered advice on how to improve their health and lifestyle and if necessary are referred for specialist help or advice.

Usually eligible residents are contacted by their GP to make an appointment for a health check at their GP surgery. Since 2014 though, the Council's health trainers have also been carrying out health checks at surgeries and selected community venues around Halton. In 2015, the council teamed up with the local rugby team Widnes Vikings to extend the scheme and encourage more local residents, men in particular, to get their health check.

Health trainers from the HIT hold weekly sessions at the Select Security Stadium in Widnes. They are usually based in a box which overlooks the rugby field and gives those who attend an often unique experience. To further incentivise the offer those who attend can exchange vouchers for a free match ticket.

The NHS Health Check looks at blood pressure as well as lifestyle and includes blood tests for cholesterol and blood glucose. If any of these tests indicate a potential underlying problem such as high blood pressure, the health trainer will refer the patient to a GP. Many of those who come for a health check are signposted to local services such as weight management, exercise classes and other specialist services if required.

The partnership with the Vikings has proven popular with local men and has helped numerous residents make positive changes to their lifestyles.

The "Viking arms" - A Question of Men

Following on from the success of the NHS Health Check programme, the Widnes Vikings, HIT and partners are to deliver a Pilot Men's Health Programme "The Vikings Arms" which is to be delivered in 3 pubs across Widnes and Runcorn during January – March 2016

The 'The Viking Arms' is a vehicle to take over local pubs and social clubs for one night and engage regular attendees and the wider public in conversations about their health. It is an alternate, unconventional vehicle to raise awareness of conditions that affect men, especially in the 40 – 75 age group.

The intended audience for this programme is men who regularly attend pubs. It is likely that this audience will contain a high percentage of men who do not attend GPs; pharmacies etc. regularly.

The programme will have a focus on one message or several. From a male health perspective, the "Viking Arms" can engage conversations on prostate and testicular cancer, mental health, diabetes, obesity. Exact content will be informed by CCG and public health colleagues.

A Question of Men' would be a unique spin off to the well-known sports based TV quiz show 'A Question of Sport'. It would be the main part of the Viking Arms night and involve two panels of experts made up of Chief Officers/ Chairs from relevant organisations, but also include current players / ex-players and a member of the audience. These panels would then work through the activities as per 'A Question of Sport'

This programme provides a unique opportunity to engage with a particularly hard to reach group. Consideration should be given to how we can embed Health Checks in to the night, influenza vaccinations and data capture. With the 'Question of Men' activity being the main part of the night, there will still be plenty of opportunity round this to engage the men either in a group or on a one to one basis on health discussions.

Workplace Health Programme:

Workplace Health has been identified as a good way of engaging men on health. This year HIT has targeted both Fresenius Kabi and Kawneer UK LTD where the workface is predominately male and manual based. At Kawneer the ratio is 70:30 for male: female. HIT have run wellbeing days focusing on *Stoptober*, cancer awareness and in particular the NHS Health Check programme- with an emphasis on referring them on to lifestyle services post

health check. To date over 60 men have been checked at these two sites with more booked in over the coming months.

Moving forward the two leisure centres in Halton has been identified as sites to carry out NHS Health Checks, the footfall in the centre due to gym and 5 a-side football facilities being predominately male.

Men's Recharge

HIT runs an ongoing programme specifically for men known as Men's Recharge. Men's Recharge gives men over 50 in Halton the opportunity to come together and take part in activities and build friendships.

The overall aim is to improve the health and wellbeing for men aged over 50, and Men's Recharge offers a range of activities covering healthy eating, cook and taste sessions, physical activity sessions, health checks, arts and crafts and guest speakers. The activities may include things such as: making hanging baskets, bird houses and clocks. Every man is also offered a health check on a regular basis to ensure that if they need to seek further advice, referral and signposting is available.

In addition to this the men often go out for days together, such as Norton Priory, bowling and Christmas lunches.

Men's Recharge runs in both Widnes and Runcorn and men can attend either or both sessions if required.

Halton Havens Men's Shed

In July 2014 Halton Haven launched a new men's shed project. The Men's Shed project is a place for bereaved men of any age to have the opportunity to try something new or to do something they always wanted to do. The Men's Shed is a place for men to relax, take time out, and pursue a hobby whilst meeting like-minded men. The Men's Shed has a range of woodwork benches, computers, and a kitchen and Library area. All activities are decided upon and led by men.

8. **Are there any groups of men with particularly poor health? What services are available for them?**

Health in Halton is generally poorer than the national and often poorer than the regional averages. As such most of the programmes are generic. However, a needs assessment of the health needs of Military Veterans showed some particular issues for this group of people. In Halton these are predominantly men although the programme is open to all Veterans.

Halton Veterans

HBC Health Improvement has worked very closely with Halton Veterans Society to support staff and veterans in the area of post traumatic disorder. Senior staff within the society have

been trained in RSPH – Understanding Health and Mental Health and suicide awareness in a cascade train the trainer approach so that they can then go on to train and run support sessions within the society themselves as and when required. Health Improvement has also worked with the society to develop a Veterans section on the Live Life Well website, which is a self-help toolbox of support for those returning to the borough, providing help and advice around welfare, housing, health etc.

Protected Characteristics across the JSNA

We are constantly reviewing and looking to improve both the scope and quality of the JSNA. One piece of work, which Halton is jointly leading with Liverpool and Wirral, is to conduct a series of topic based reviews of the needs of people across the 9 protected characteristics identified within the Equality Act. Drawing on national data and research for example, what are the differential needs of men and women, young people and older people, black & minority ethnic groups, people of different sexual orientations, those with impairments, in relation to health issues such as smoking, cancers, mental health? This will act as a repository of evidence that local areas can draw on in developing their JSNAs. By collaborating across the North West region, working with other JSNA leads we can avoid duplication and create a resource that would be beyond the capacity of any one borough to produce.

9. **What is being done to promote better health awareness and health literacy amongst men and boys?**

Across all 64 schools in Halton, HIT in collaboration with partners delivers a health education programme called *Healthitude*. The *Healthitude* programme targets all children and young people aged 10-16 years. The programme is delivered during the school day, as part of the Personal Social and Health Education (PHSE) curriculum, and provides the opportunity to learn about a healthy lifestyle.

The key areas of the programme include:

- Healthy Eating (delivered by the HIT)
- Tobacco Education (delivered by the HIT)
- Alcohol Awareness (delivered by the HIT)
- Mental Wellbeing and Emotional Health (delivered by the HIT)
- Healthy Relationships and Sexual Health (delivered by the School Nursing Service and Young Addaction)
- Cyber Bullying Prevention (delivered by Widnes Vikings)

The Programme is extending and two additional sessions are being developed to the current programme:

- A Novel Psychoactive Substances (NPS) session delivered by PC Tetlow -Youth Engagement Officer. NPS is an emerging issue for young people and it is

recommended that this should be incorporated within the PSHE curriculum in schools

- A Breastfeeding Awareness session delivered by the Health Improvement Team. The Breastfeeding session will be delivered in secondary schools as a means of discussing cultural norms and to highlight the benefits of breastfeeding
- There is an element of flexibility depending on the need of the school – each school can identify the sessions they would like to be delivered to their pupils (all sessions are not compulsory).
- This year HIT has worked in partnership with CALM, a national suicide prevention and support charity, to deliver mental health and suicide awareness to 6 classes of young students studying engineering. This encompassed 70 male students aged between 18 and 25. HIT have also worked in partnership with the iVan, a mobile cancer screening van operating across Cheshire & Merseyside, at Riverside College to deliver health related messages and awareness around testicular cancer for young men.

10. **Who's responsible for men's health in your organisation? Do you have a strategy to tackle poor men's health? Does the Clinical Commissioning Group have a person responsible for tackling men's health?**

Neither Halton Borough Council not NHS Halton CCG has a person with specific responsible for men's health. Programmes are based on need identified in the JSNA and most public health programmes operate across a lifecourse. All aim to ensure the needs of men and women, different age groups and abilities are met within holistic, tailor programmes. As such all strategies are inclusive of men's health, women's health and the health needs of children & young people, working age adults and older people.

REPORT TO: Health Policy & Performance Board

DATE: 12th January 2016

REPORTING OFFICER: Strategic Director – People & Economy

PORTFOLIO: Health and Wellbeing

SUBJECT: Health Policy and Performance Board Work Programme 2016/17 – Scrutiny Topic

WARD(S) Borough-wide

1.0 **PURPOSE OF THE REPORT**

1.1 This report is the first step in identifying a scrutiny topic for the Health Policy & Performance Board (PPB) to examine during 2016/17.

2.0 **RECOMMENDATION: That the Board:**

i) Put forward and debate its initial suggestions for a Topic to be included in the Board's 2016/17 work programme;

ii) Agree the Scrutiny Topic to be examined during 2016/17 with a view to an associated topic brief being developed and agreed at the next meeting of the Board.

3.0 **SUPPORTING INFORMATION**

3.1 Whilst the Board ultimately determines its own Topics, suggestions for Topics to be considered may also come from a variety of other sources in addition to Members of the Board themselves. This may include members of the Council's Executive, other non-Executive Members, officers, the public, partner and other organisations, performance data and inspections.

3.2 Prior to determining the Board's preferred Topic, the PPB may wish to take soundings from relevant Executive Board portfolio holders, the Health & Well Being Board and other key partners.

3.3 In previous year's scrutiny topics have included :-

Year	**Topic**
2015/16	• Discharge from Hospital
2014/15	• Care at Home Provision in Halton • Cancer Services (Joint Scrutiny)
2013/14	• Mental Health
2012/13	• Falls Prevention • Vascular Services (Joint Scrutiny)

2011/12	• Homelessness • Dignity

3.4 At the time of writing this report, a meeting is scheduled to take place with members of the Board to discuss the priorities for Health and Social Care element of the People & Economy Directorate's Business Plan. Members may feel they would want to select a topic during 2016/17 that supports one of priorities identified during this process.

4.0 POLICY IMPLICATIONS

4.1 The outcome from the Scrutiny Topic may result in the need to review associated policies.

5.0 OTHER/FINANCIAL IMPLICATIONS

5.1 The outcome from the Scrutiny Topic may result in recommendations which have financial or other implications and these will be considered as necessary.

6.0 IMPLICATIONS FOR THE COUNCIL'S PRIORITIES

6.1 **Children & Young People in Halton**
None identified.

6.2 **Employment, Learning & Skills in Halton**
None identified.

6.3 **A Healthy Halton**
Any topic identified will support the Council's strategic priority of Improving Health.

6.4 **A Safer Halton**
None identified.

6.5 **Environment and Regeneration in Halton**
None identified.

7.0 RISK ANALYSIS

7.1 No risks associated with this report have been identified.

8.0 EQUALITY AND DIVERSITY ISSUES

8.1 An Equality Impact Assessment is not required for this report.

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

9.1 None identified.

Appendix 1

OVERVIEW AND SCRUTINY WORK PROGRAMME

Topic Selection Checklist

This checklist leads the user through a reasoning process to identify a) why a topic should be explored and b) whether it makes sense to examine it through the overview and scrutiny process. More "yeses" indicate a stronger case for selecting the Topic.

#	CRITERION	Yes/No
Why? Evidence for why a topic should be explored and included in the work programme		
1	Is the Topic **directly aligned with and have significant implications for at least 1 of Halton's 5 strategic priorities & related objectives/PIs, and/or a key central government priority?**	
2	Does the Topic **address an identified need** or issue?	
3	Is there a **high level of public interest or concern about the Topic** e.g. apparent from consultation, complaints or the local press	
4	Has the Topic been **identified through performance monitoring** e.g. PIs indicating an area of poor performance with scope for improvement?	
5	Has the Topic been **raised as an issue requiring further examination through a review, inspection or assessment, or by the auditor?**	
6	Is the Topic area likely to have a **major impact on resources or be significantly affected by financial or other resource problems** e.g. a pattern of major overspending or persisting staffing difficulties that could undermine performance?	
7	Has some **recent development or change** created a need to look at the Topic e.g. new government guidance/legislation, or new research findings?	
8	Would there be **significant risks** to the organisation and the community **as a result of not examining this topic**?	
Whether? Reasons affecting whether it makes sense to examine an identified topic		
9	**Scope for impact** - Is the Topic something the Council can actually influence, directly or via its partners? Can we make a difference?	
10	**Outcomes –** Are there clear improvement outcomes (not specific answers) in mind from examining the Topic and are they likely to be achievable?	
11	**Cost: benefit** - are the benefits of working on the Topic likely to outweigh the costs, making investment of time & effort worthwhile?	
12	**Are PPBs the best way to add value** in this Topic area? Can they make a distinctive contribution?	
13	Does the organisation have the **capacity** to progress this Topic? (e.g. is it related to other review or work peaks that would place an unacceptable load on a particular officer or team?)	
14	Can PPBs contribute meaningfully given the **time** available?	

REPORT TO: Health Policy & Performance Board

DATE: 12th January 2016

REPORTING OFFICER: Director of Adult Social Services

PORTFOLIO: Health & Wellbeing

SUBJECT: Halton OPEN activity report

WARD(S) Borough-wide

1.0 PURPOSE OF THE REPORT

1.1 To inform the Board of the work of Halton Older People's Empowerment Network (OPEN) in the Borough.

2.0 RECOMMENDATION

2.1 RECOMMENDED: That the Board:

i) Agree the contents of the report.

3.0 SUPPORTING INFORMATION

3.1 Halton Older Peoples Empowerment Network was established in 2002 as a response to the older people's National Service Framework. Since this time it has taken on many roles and has seen membership grow from a handful of members to over a thousand.

3.2 The network has always been supported by Age UK (previously Age Concern) and this has been in the form of different staff roles ranging from a full-time co-ordinator to a part time administrator. Halton OPEN is currently supported by a development officer (part-time) who is employed by Age UK Mid Mersey.

3.3 During the last 12 months the Chair of Halton OPEN had to step down due to ill health and the vice-chair Richard Ashworth has taken interim charge of the network.

3.4 During the same period Halton OPEN has conducted the following:

- Two public surveys (one in Runcorn, one in Widnes)
- A public AGM attended by 70 older people
- A public event to raise awareness of services in the borough and the changes in the Care Act (attended by more than 120 older people)

- Planned older people's event for November (this had not taken place at the time of writing)
- Increased active membership
- Renewed the Board members

The detail of this will be covered in the presentation.

3.5 Halton OPEN aim to continue in 2016 engaging with their membership as well as developing relationships with both the Local Authority and Health to establish work programmes that address the needs of older people in the borough.

4.0 POLICY IMPLICATIONS

None

5.0 FINANCIAL/ RESOURCE IMPLICATIONS

5.1 None identified.

6.0 IMPLICATIONS FOR THE COUNCIL'S PRIORITIES

6.1 **Children and Young People in Halton**

There are no implications for this priority.

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

There are no implications for this priority.

6.3 **A Healthy Halton**

There are no implications for this priority.

6.4 **A Safer Halton**

There are no implications for this priority.

6.5 **Halton's Urban Renewal**

There are no implications for this priority.

7.0 RISK ANALYSIS

None identified.

8.0 EQUALITY AND DIVERSITY ISSUES

8.1 There are no Equality and Diversity implications arising as a result of the

proposed action.

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

None under the meaning of the Act.

REPORT TO: Health Policy & Performance Board

DATE: 12th January 2016

REPORTING OFFICER: Director of Adult Social Services

PORTFOLIO: Health & Wellbeing

SUBJECT: Additional Payments (for accommodation) – Top ups

WARD(S) Borough-wide

1.0 PURPOSE OF THE REPORT

1.1 To outline the circumstances around 'Additional Payments' (sometimes known as Top-Ups) made by people who choose to pay extra for an enhancement to their home accommodation. Such additional payments can be made by individuals whose care home costs are partially or totally supported by the council, or who are self-funders with Halton arranging their social care.

2.0 RECOMMENDATION

2.1 RECOMMENDED: That the Board:

i) Agree the contents of the report.

3.0 SUPPORTING INFORMATION

3.1 Under the Care Act 2014 an individual can choose care home accommodation best suited to their needs. This may be more expensive than the 'going rate' for the type of accommodation that Halton has negotiated with the provider for a person with such needs. In such cases, a 3rd party, usually a nominated family member, will agree to pay the additional amount the provider is asking. Dealing with these 'additional payments', monitoring them and agreeing liability when the 3rd party can no longer continue to make such payments is what the policy sets out.

3.2 Prior to the Care Act, those who had the financial resources to pay for their own social care (self-funders) typically communicated entirely with their provider of choice. If they opted for an improvement on their current accommodation which was more expensive than initially arranged, then a 3rd party would agree to pay any additional amount required. This would be a private agreement between the 3rd person and the provider, Halton was not involved.

3.3 For those who were part-funded or wholly funded by Halton, the person or

their family would choose an appropriate care home from a number of affordable options. The provider would enter into a contract with Halton to provide care at the rate specified and on Halton's terms and conditions.

3.4 However, if the person or their family selected a provider that was more expensive than their funding entitlement from HBC allowed, or perhaps selected an upgrade to a slightly bigger room, then they would arrange to pay the extra separately to the provider as an additional payment. This would be a separate agreement between the 3rd party who was paying the extra amount and the provider. Halton was not involved, as this was viewed as part of the person's independence and freedom to choose his/her own living accommodation.

3.5 Because responsibility for top-ups has historically been between the 3rd party and the provider, Halton has never previously required an Additional Payments policy. However, in the light of the changes stemming from the Care Act and advice from Halton's legal department, this approach is no longer regarded as best practice. It could result in a greater risk of litigation in situations where the 3rd party is no longer able to maintain payments. The Act recommends that each LA should have a level of oversight of the Top-Up payments between 3rd party and provider.

3.6 The most appropriate way to achieve this is to have a policy and a tripartite agreement which clearly states that liability lies with the 3rd party if Top-Up payments can no longer be met. Failure to do so could result in prolonged and expensive legal cases involving not only the provider, but also the 3rd party or the person in need of care.

3.7 In addition, clearly identifying the 3rd party as being solely liable for any additional payments will indemnify the Council against unnecessary legal costs.

3.8 Advantages:

- If the agreement was between the 3rd party and the provider and the 3rd party failed to maintain payments for whatever reason, then depending upon the provider's accounting system it could be weeks before the deficit was noticed. In the absence of a contract clearly stating that liability lies with the 3rd party, the provider could make a claim for the shortfall off the council and this could have accumulated to a considerable sum. Having a tri-partite agreement (HBC, 3rd party and Provider) which clearly states that the 3rd party is liable for all Additional payments would be a better approach;

- Further, if the 3rd party notify the council at an early stage that they are experiencing difficulty making the extra payment then HBC could then take appropriate steps to investigate the problem and offer financial advice. Adopting this approach gives Halton a level of oversight that would enable any 3rd party financial difficulties to be spotted early and acted upon;

- The Care Act Guidance recommends that although not a duty, it is nonetheless best practice for a Local Authority to monitor and assist where possible by offering such financial information and advice;

3.9 According to estimates, of the number of self-funders in Halton 207 receive care and support at home and 300 are in residential or nursing homes. It is possible there could be a significant increase in the number of individuals choosing accommodation where an additional payment is required. Research carried out by Age UK in 2013 found that around 30% of care home residents in England were expected to supplement the cost of their stay by making additional payments (often as much as an extra £140 per week) through a 3rd party.

3.10 This policy recommends that as best practice, a 3-way agreement be drawn between the 3rd party, the provider and HBC. This agreement stresses that liability for payment of the additional amount lies with the 3rd party. The council will be responsible for paying agreed standard fee that it has negotiated with the provider and the 3rd party is responsible for making extra payments direct to the Provider. In the event of the 3rd party having financial difficulty making such payments, they must inform HBC as soon as possible, so that advice and assistance can be provided.

4.0 POLICY IMPLICATIONS

This is a new policy

5.0 FINANCIAL/ RESOURCE IMPLICATIONS

5.1 None identified as the responsibility for payment will be on the third party.

6.0 IMPLICATIONS FOR THE COUNCIL'S PRIORITIES

6.1 Children and Young People in Halton

There are no implications for this priority.

6.2 Employment, Learning & Skills in Halton

There are no implications for this priority.

6.3 A Healthy Halton

There are no implications for this priority.

6.4 A Safer Halton

There are no implications for this priority.

6.5 **Halton's Urban Renewal**

There are no implications for this priority.

7.0 RISK ANALYSIS

7.1 Where the agreement has been solely between the 3rd party and the provider then should payments fail to be made, it is quite possible that the provider depending upon their accounting system may not notice the default for some weeks or months. In the absence of a tripartite agreement they could make claim off the LA under the assumption the LA was liable for payments. This could be a sizeable accumulated amount and demonstrates the potential financial risk the LA could be faced with in the absence of an agreement.

7.2 Conversely, an agreement which clearly states that liability will lie with the 3rd party in the event of failure to maintain payments would significantly reduce the likelihood of legal action against the LA by other signatories to the contract. This would also enable the LA to take action to retrieve payment and if necessary use the legal system to force the 3rd party to pay.

8.0 EQUALITY AND DIVERSITY ISSUES

8.1 There are no Equality and Diversity implications arising as a result of the proposed action.

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

The Care Act – Additional Payments for Accommodation, Policy, Procedure and Practice, HBC, April 2015.

HALTON BOROUGH COUNCIL

Communities Directorate

The Care Act

Additional Payments for Accommodation In Residential Care

(Top-Up Fees)

Policy, Procedure and Practice

2015 - 2017

CONTENTS

INFORMATION SHEET

Service area	Financial Assessment and Social Care Commissioning
Date effective from	June 2015
Responsible officer(s)	Area Manager Revenues & Benefits Quality Assurance Manager Complex Care and Commissioning Policy Officer (Communities)
Date of review(s)	May 2017
Status: • **Mandatory (all named staff must adhere to guidance)** • **Optional (procedures and practice can vary between teams)** •	Mandatory
Target audience	Financial assessment and commissioning teams
Date of SMT decision	02/06/15
Related document(s)	Guardianship, November 2013 Nearest relative, November 2013 Section 135, November 2013 AMHP Management Responsibilities, November 2013 Mental Health Act, Section 117 Policy, HBC 2015
Superseded document(s)	None
File reference	GGCTUPJUNE15

	POLICY	Practice
	Scope This policy is intended to assist officers of Halton Borough Council involved in carrying out social care need assessments and financial assessments. It also includes officers carrying out reassessments, reviews, support planning, direct payment audits or who are otherwise involved in the arrangement and administration of services for people with assessed eligible care needs. It provides a clear framework to the Council's position on Care Top Up payments.	
1	**Background**	
1.1	Under the Care Act 2014, Local authorities (LAs) have a duty to arrange care and support for those with eligible needs and a power to meet both eligible and non-eligible needs. Where it decides to charge it **must** follow the Care and Support (Charging and Assessment of Resources) regulations and have regard to the guidance.	
1.2	The LA **must** not charge more than the cost it incurs meeting the assessed needs of the person. In addition, it cannot recover any administration fee related to arranging that care and support, with the exception of an individual who is self-funding their own care whose assets are above the upper capital limit.	Because of the postponement of Phase 2 of the Care Act, LAs no longer have a duty to arrange care for self-funders. It may do so however as 'good practice,' if the number of self-funders is small.
1.3	Prior to charging the individual, the LA must first carry out a financial assessment of what the person can afford to pay. It must explain how the assessment is carried out, what the charge will be and how often it will be made. It must be communicated to the person in a way that can easily be understood, in line with the LA's duty to provide Information and Advice under the Care Act 2014. If after the financial assessment a person has to make a contribution to the cost of their care, they must not be asked to pay more than the assessment says they can afford to pay.	
1.4	Where a local authority is meeting needs by commissioning a care home, it is responsible for contracting with the provider.	
2	**Choice of Accommodation**	
2.1	If the LA has determined that the person's needs are best met in a care home, it must provide for the person's preferred choice of accommodation, subject to certain conditions. Determining the appropriate type of accommodation will be made with the adult as part of the care and support planning process.	This being the case choice applies only between providers of the same type: nursing, residential…etc.

2.2	The LA **must** ensure that the person has a genuine choice and **must** also ensure that at least one option is affordable and within the person's personal budget. Provided choice of accommodation is: • Suitable and available; • Will not cost more than the amount specified in the adult's personal budget for accommodation of that type; and • The provider is willing to enter into a contract with the LA to provide the care at the rate specified in the personal budget **on the LA's terms and conditions**.	It **should** also ensure than one such option is always available. Choice is not limited to providers or settings with which Halton already contracts with or operates, or even those within Halton. It must be a genuine choice that can be outside the Halton area. (but see Care Act Guidance on Ordinary Residence).
2.3	However, a person must also be able to choose alternative options, including a more expensive setting where a third party or in certain circumstances the resident is willing and able to pay the additional cost. This is known as a Top-Up. This additional payment **must** always be optional and never as the result of market inadequacies or commissioning failures leading to a lack of choice.	Halton **must not** ask for the payment of a Top-Up fee. Such a payment can only be sought **when the person has chosen** a more expensive accommodation.
2.4	The LA must take steps to ensure the person understands the full implications of this choice, by providing sufficient information and advice around the terms and conditions. For example, it must be clearly established that suitable funding can be arranged by the person their family or friends and that this additional amount will be available long-term to fund Top-Up payments over a number of years (see sections 6 - 8).	This is a crucial part of the financial assessment and it is important that it is communicated to the person along with the consequences of failure to maintain Top-Up payments.
2.5	If no preference has been expressed and no suitable accommodation is available at the amount specified in the personal budget, then the LA must arrange care in a more expensive setting and adjust the budget accordingly to ensure needs are met. This however, would be treated as a temporary arrangement only, subject to review that would seek to secure care and support at the agreed council rates. Such temporary arrangements would be contracted at the best affordable price, closest to the Council's current rate. In such circumstances, the council cannot ask for the payment of a Top-Up fee.	The social worker who has completed the assessment, makes it clear that this would be a temporary arrangement only, until more suitable accommodation that meets needs, is found.
3	**Choice that Cannot be Met and Refusal of Arrangements**	
3.1	Inevitably there will be occasions when a person's choice cannot be met, for example if the provider hasn't the capacity to accommodate the person. In such situations the LA must set out in writing why it cannot meet the individual's choice and offer similar alternatives. It should present details of the LA's complaints procedure and if and when the decision may be reviewed.	
3.2	Where a person unreasonably refuses the arrangements the LA is entitled to consider that it has fulfilled its statutory duty to meet needs and may then inform the person in writing that	

	they need to make their own arrangements.	
3.3	However, this should be a step of last resort and the risks posed by such a step would need to be considered for both the authority and the person concerned.	
3.4	Should the person contact the LA again at a later date, then the LA should reassess the person's needs and re-open the care and support planning process.	
	PROCEDURE	
4	**Charging for Care and Support in a Care Home**	Where a person contributes to the cost of their care following a financial assessment, they must not be asked to pay more than their assessment shows they can afford.
4.1	As a consequence of the financial assessment, the LA must assure itself that even if the person remains responsible for paying for their own care, they must have sufficient assets for the arrangements that are put in place to be both affordable and sustainable.	
4.2	Where a person is receiving more expensive care and support solely because the LA has been unable to make arrangements at the LA budget cost, the personal budget must be adjusted to reflect this additional cost.	
4.3	In the case of a self-funder who approaches Halton for an assessment and asks the LA to arrange their care home placement. If Halton decides to help the person chose a care home, then the LA will charge the self-funder for the administrative costs in doing so.	
5	**Availability**	It is important to keep in touch with the person during the temporary arrangement. To do so the person's needs would ordinarily be reassessed after 6 weeks. This would ensure that any interim and assessed options still meet their needs and that their choice is unchanged.
5.1	The LA has a duty to shape and facilitate the local market of care and support services to ensure there is sufficient supply. As a result the person should not have a prolonged delay before their needs are met. However, in some cases a short wait may be unavoidable, especially when the person has chosen a particular setting that is not immediately available. Putting in place a temporary arrangement may be necessary, however as such arrangements can be unsettling for the person, they should be avoided where possible.	
5.2	In establishing temporary arrangements the LA must provide the person with clear information in writing as part of their care and support plan.	
5.3	A person may decide to remain in their interim setting, even if their original preferred choice becomes available. If the setting of their temporary residence is able to accommodate the arrangement on a permanent basis, then this should be arranged and the person removed from their preferred waiting list. However before doing so, Halton must make clear the	

	consequences of their choice, especially the long-term financial implications.	
6	**Additional Payments or Top-Up Fees**	
6.1	If a **person chooses** a setting that is more expensive than the amount identified for the provision of accommodation in their personal budget then an arrangement has to be made to meet the additional cost (Top-Up).	
6.2	In such cases the LA must arrange for the person to be placed there, provided a 'third party' or in certain circumstances, the person in need of 'care and support,' (first party) is willing and able to meet the additional cost. *First Party Top-Ups*	
6.3	A person can pay their own top-up fee if: • they have entered into either a 12 week Property Disregard; • They have a Deferred Payment Agreement in place; • They are receiving accommodation that is provided under Section 117 for mental health aftercare.	
6.4	If however, the LA has placed the person in the more expensive setting because it has not been possible to make arrangements at the anticipated cost, the personal budget must reflect this and the LA would not be able to ask the person to reimburse the Top-Up element. <u>A Top-Up Example</u>:	
6.5	If the LA had a standard rate of £450 a week and there are two care homes available, both of which have a place and are equally able to meet the person's assessed needs. The first is quite basic as far as décor is concerned and costs £450 a week. The second is more luxurious and costs £490 a week. If as is the case both are equivalent in terms of meeting needs, then the LA will only fund the standard rate. If the person chooses the second more expensive option, then the LA would ask for a Top-Up to cover the additional £40 a week.	The more expensive option is not a necessity. If the person chooses it, they must pay the extra amount.
6.6	If however, the only available care home to **meet all of the person's needs** was the second one, then the council would have to increase its standard rate to £490. This would be because the more expensive care home was supporting some additional needs. In this case the LA could not ask for a Top-Up.	The person has no choice in this case. So neither they nor a third person would have to pay the extra.
6.7	Such additional needs could be as follows: ➢ The person has to locate to a more expensive part of England to be nearer family;	

	➢ The person's first language is not English and it may be reasonable for the LA to pay more for a care home where there are staff and other residents who can speak the person's language; ➢ The person may have additional cultural or spiritual needs which can only be met in a specific type of care home which can cater for these or which is closer to the individual's pace of worship; ➢ The person requires special dietary requirements or requires specialist care, which can only be met in a home designed to meet such requirements; ➢ The person has very specific needs such as a hearing visual or physical impairment and the care home is specifically designed to meet such needs.	
7	**Third party Top-Ups**	
7.1	Any individual (self-funding or otherwise) who has decided to choose more expensive care and support can make use of a third party to help pay for the services which are more expensive than the LA would normally pay to meet their assessed eligible needs. This is called a third party Top-Up.	Any fees charged by the provider are likely to increase in line with inflation. Once a 3rd Party Top-Up agreement has been signed, the Provider would not be able to increase fees for a year.
7.2	The third party is usually a family member or a friend, but it can be anyone. This option allows people to choose the care and support they wish.	
7.3	Only one person can be named as the third party. However, this does not prevent other family members getting together and agreeing the payment between them. It does mean that only one individual (member of the family) is responsible for making the payments and can be liable for any default, if payments are not made.	It is important that both the provider and the person are made fully aware of the consequences (legal and financial) of the contract they have signed (see 8.3).
7.4	The third party must be both willing and able to continue making the Top-Up payments from their own account, for the duration of the person's stay at the care home. They cannot use the cared for person's assets or their income to cover the Top-Up payments.	
7.5	For an individual who lacks mental capacity (i.e. who has failed a capacity test), then any choice made on their behalf with the assistance of an advocate or other person (often a close family member or friend), would have to be shown to be in the person's 'best interests.'	See Mental Capacity Act 2005, Policy Procedure and Guidance, HBC, December 2013.
8	**Agreeing to a Top-Up Fee**	
8.1	Having chosen a more expensive setting it is important that the social worker responsible for conducting the care assessment makes the person aware of the full implications of this choice. This involves making the person more aware of the consequences of their choice which can lead to future crisis if payments can no longer be made. If the additional cost cannot be met then it is	This would be explained during the discussions that are an important part of support planning and financial assessment.

	important to explain that the care provided may have to be moved to an alternative setting.	
8.2	According to the Care Act best practice suggests that a written agreement between the person paying the Top-Up (third party), the provider and the LA must be drawn up (Appendix 1 is a draft agreement). The third party will agree the amount and will pay this themselves from their own financial resources directly to the Provider for the duration of the person's stay at the care home.	This 3-way agreement ensures that Top-Ups are a matter of choice and not a necessity. Guidance suggests relatives, residents, the Council and the provider to develop the third party Top-Up agreement together.
8.3	Prior to entering into the agreement, the Council must provide the person paying the Top-Up with sufficient information and advice to ensure that they fully understand the terms and conditions, including actively considering the provision of independent financial information and advice (see appendix 2 and the list of independent financial advice services available on the Council website (Appendix 3).	
8.4	The CareFirst 6 process for recording Top-Ups is as follows: • Social care and Financial care assessments carried out as closely to each other as possible, given time constraints; • Care Manager identifies Top-Up agreements on the person's Support Plan Summary (SPS); • Review date arranged; • A trigger is sent from the SPS to the Care Arranger for the standard agreed amount payable to the Provider (not the Top-Up); • Care Arranger records a service agreement for the amount in CF6 using the current Residential Service types.	
9	**Failure to Continue To-Up Payments**	
9.1	For a variety of reasons the Top-Up arrangement may fail with the result that Top-Up payments are no longer made and a Top-Up debt accumulates. The tripartite agreement between the LA, the 3rd Party and the Provider must make it clear that the LA will not under any circumstances accept liability for any arrears owed in relation to the top up element, which the service user or third party is liable for and has subsequently failed to pay.	The SW must be confident that the consequences of failure to pay are thoroughly explained to the person and / or the 3rd Party and fully understood by them and the provider. Only when this has been established can the agreement be signed.
9.2	The 3rd party must inform HBC as soon as possible if they are having financial difficulty in meeting the Top-Up payment. This gives the council a level of overview and an opportunity to offer financial advice and guidance where necessary. Ultimately however, the legal responsibility for making the additional payment to the Provider lies with the 3rd party and not HBC. This will have been explained in the signed agreement between the 3rd party, the provider and HBC.	This is in keeping with best practice under the Care Act 2014. This should be communicated to the **Revenues and Benefits Team.**
9.3	Providers must share information regarding any Top-Up agreements with HBC before the placement commences. This is to ensure the arrangement is in line with government guidance.	
9.4	Top-Ups will only be applied for costs and services over and above the standard assessed care needs of the person	
9.5	Such arrangements can be agreed both with new residents and those who were previously self-funding in the home, but can no	Halton may move the person to another provider if such needs

	longer continue with the self-funding arrangement and have been assessed by Halton as requiring residential care.	are not being met. Such changes must be communicated to the LA in a timely manner.
9.6	On commencement of the placement (or its continuation if the resident was self-funding), providers must satisfy themselves and record that the person and / or their representative, can afford to pay the third party contribution. Any increase resulting in a Top-Up must be appropriate and proportionate. The intention to apply an increase must be communicated to both the person and Halton at least 30 days before the date on which the increase commences.	
9.7	If the person fails to maintain Top-Up payments then a full assessment will be conducted to see if the current service is the only one that can meet the person's current assessed needs.	
9.8	The provider must inform the Quality Assurance Team if the person fails to maintain their Top-Ups or if their circumstances change and they can no longer pay.	
9.9	The Provider must also advise Halton, service users and/ or their representatives of all financial aspects of the ''Third-Party Arrangement. Typically this would include: • Thresholds, processes, current legislation and guidance for Top-Ups. • How much the charges are • Who is responsible for them • What services do they cover	
10	**The Amount to be Paid and Frequency of Payments**	
10.1	The amount of the Top-Up will be the difference between the actual costs of the preferred provider and the amount that has been set in the individual's personal budget or local Mental Health after-care amount, as a means of meeting eligible needs through the provision of accommodation of the same type.	It is important that the financial assessor considers the personal budget set at the time care and support is needed, rather than defaulting to a cheaper rate or to any other arbitrary figure.
10.2	Typically a range of costs will be identified, offering choice and which apply to different circumstances and settings. In agreeing to any Top-Up arrangement, it must be clearly set-out and explained how often such payments are to be made (whether weekly or monthly).	
11	**Responsibility for Costs and to Whom Payments are Made**	
11.1	The LA can enter into a contract to provide care that is more expensive than the amount identified in the personal budget. For example, a more expensive setting may be required because other more appropriate settings that matched the person's needs were unavailable at the time.	This is quite a different situation to one where the person receiving care chooses a more expensive option. In the case of 11.1 and 11.2 no choice is involved as there are no other options available which match the person's eligible
11.2	Also, a more expensive option may be required because of the complex nature of the person's needs. Hence, if there is a breakdown in the Top-Up arrangement (the person making the Top-Up ceases to make their agreed payments), then the	

	LA would not be liable for the Top-Up element alone. The authority could however agree to meet cost of the top-up to the provider until it managed to recover the additional costs incurred from the 3rd party or made alternative arrangements to meet the cared for person's needs.	needs. The only exception is where funding is by a deferred payment agreement, when it would be added to the amount owed.
11.3	This is the Care Act's and Halton's preferred approach and requires a tri-partite contract signed by the 3rd person, the LA and the Provider. This approach requires greater transparency between all parties to the agreement. This makes it clear from the outset that liability is with the 3rd party and the process that must be adopted in the event of failure to make payments. This process will necessarily require a further assessment and it may be necessary as a last resort, to move the cared for person to another provider.	
12	**Reviewing the Agreement and Price Increases**	This review would nominally be annual. However if a payment was missed a review would be triggered. Also, if the person's circumstances change, this would require a support plan review. This detail around such changes should be included in the contract.
12.1	The Act states that local; authorities should review Top-Ups 'from time to time' and the Guidance has clarified this to mean at least an annual review. The reason being that it is important to check that the Top-Up payments are still affordable and the 3rd party remains able and willing to pay.	
12.2	The review would necessarily look at changes in circumstances of the cared for person, the person making the Top-Up payments (if different from the cared for person), the LA's commissioning arrangements or a change in provider costs. Such changes are unlikely to occur together and the LA must set out in writing how they will be dealt with.	
12.3	The contract will include details of how agreement will be reached on the sharing of any price increases. This should also point out that there is no guarantee such increases will be shared evenly, should the provider's costs rise more quickly than the amount the LA would have increased the personal budget or local mental health after-care.	
12.4	One way of assuring the Top-Up remains affordable is to negotiate in advance any future price rises with the provider at the time of entering into the contract.	
12.5	The LA would expect a care home placement to be sustainable for at least 3 years, paid from the individual's own capital, assets or savings. Where this is not possible, the council would look to the nominated third party to commit to pay any Top-Up costs. Otherwise, the person would have to move to a care home which accepted the LA's contract rate with a lower Top-Up or no Top-Up at all.	
13	**Consequences of Changes in Circumstances**	
13.1	An unexpected change in a person's financial circumstances can	

	have a significant impact on their ability to pay the Top-Up. Halton has the power to make alternative arrangements to meet a person's needs subject to a needs assessment and can seek to recover any outstanding debt.	
13.2	The LA must set out in writing (as part of the contract) how it will respond to such a change and what the responsibilities of the person making the Top-Up payment are, in terms of informing Halton what their change in circumstances are.	Appendix 1.
14	**Self-Funders who Ask Halton to Arrange Their Care**	
14.1	Under the Care Act 2014, a person who can afford to pay for their own care and support in full can ask their local authority to arrange care on their behalf. This was to have been implemented in Phase 2 (April 2016) of the Act. This has now been deferred until 2020. Hence a local authority no longer has a duty to provide such an arrangement. However, it still may do so by way of providing information and advice.	
14.2	If the individual already has a contract with a provider then it must be made clear to them that although they are entitled under the Care Act to have their LA assess and commission their care with the same or a new provider, they must first see out the terms of their contract with their current provider. Usually they will have to give notice of termination to their provider 4-6 weeks in advance. In addition, they would have to meet all of their financial commitments to their provider prior to ending their contract. The person may also decide, having ended the contract and brought all payments up-to date, to move to another Care Home.	It is important that the Social Worker carrying out the social care assessment, discusses this issue and makes it clear where liability lies.
14.3	In supporting self-funders to arrange care, the LA can choose to enter into a contract with the provider, or may broker a contract on behalf of the person. Where the LA is arranging and managing the contract with the provider, it should ensure there are clear arrangements in place around how costs will be met, including any Top-Up element. These contractual arrangements must clearly set-out where the responsibilities for all costs lie and that the self-funder understands those arrangements.	
14.4	Self-funders will have to pay for the costs of their care and support. This includes situations where they choose a setting that is more expensive than the amount identified in their personal budget and the Top-Up element for the new cost for that setting.	The Care Act recommends this approach as 'best practice.' It enables the LA to monitor payments being made and any financial difficulties spotted at an early stage.
14.5	The Care Act recommends that LAs should enter into a tri-partite agreement with self-funders and care home providers. The self-funder would pay the full amount to the Council who would then pay the provider. This would enable the Council to monitor all payments from the self-funder and identify problems with payment at an early stage, before a large debt	

	was accumulated and the situation became critical.	
15	**People Who are Unable to Make Their Own Choice**	
15.1	If a person lacks capacity to express a choice for themselves then the LA will act on choices made by the person's advocate, carer or legal guardian in the same way they would on the person's own wishes.	This is provided the representatives are acting in the best interests of the person. Hence a Best Interests Assessment would be necessary.
16	**Choice of Accommodation and Mental Health After-care**	
16.1	Under Section 117A of the Mental Health Act 1983 those who qualify for after-care may express a preference for particular accommodation, provided such accommodation is specified in the regulations as part of that after-care.	For details of how S117 of the mental Health Act 1983 (amended 2007) overlap with the Care Act see HBC policy: Section 117, Mental Health Provision of Aftercare Services, April 2015. Top-Ups are discussed in 1.9.4.
16.2	After-care is provided free of charge and for the purposes of S117 after-care, references to a 3rd party should be read as 'the adult receiving the after-care.' This is because an adult can also meet the additional cost when a local authority is providing or arranging the provision of accommodation in discharge of the after-care duty.	
16.3	As a means of securing funds to meet the additional cost to the LA the person or 3rd party will pay the Top-Up amount to the LA and the LA then pays the full amount to the provider.	The SW (Mental Health) is responsible for developing a care plan with the person.
17	**Risk If 3rd Party Defaults on Payments**	
17.1	Where the agreement has been solely between the 3rd party and the provider then should payments fail to be made, it is quite possible that the provider depending upon their accounting system may not notice the default for some weeks or months. In the absence of a tripartite agreement they could make claim off the LA under the assumption the LA was liable for payments. This could be a sizeable accumulated amount and demonstrates the potential financial risk the LA could be faced with in the absence of an agreement.	
17.2	Conversely, an agreement which clearly states that liability will lie with the 3rd party in the event of failure to maintain payments would significantly reduce the likelihood of legal action against the LA by other signatories to the contract. This would also enable the LA to take action to retrieve payment and if necessary use the legal system to force the 3rd party to pay.	
18.0	**Agreeing Top-Ups and what happens next**	
18.1	The amount of the Top-Up must be agreed at the time the person starts receiving care and support or when they enter the care home. The care provider can review the Top-Up as long as they give suitable notice to the third party and it is	

	agreed between all three parties. The Care provider must notify the council of any intention they may have to alter the agreement.	
18.2	Once the council has received a copy of the Top-Up agreement from the third-Party and the financial assessment results, it will complete discussions with the provider and then inform the care manager to arrange a moving date for the person. However, this will only happen when the council is satisfied the third-party has the funds to make the agreed payments.	The social Worker is responsible for explaining the consequences, if the 3rd party should fail to make their Top-Up payments.

Appendix 1

HALTON BOROUGH COUNCIL

THIRD PARTY TOP-UP AGREEMENT FOR RESIDENTIAL CARE

This agreement is in respect of ("the service user").……
It concerns a placement in ……..
Residential Care Home ("name of the *Care Home*")……
The cost of this requires a Third-Party Top-Up.

Following a full social care assessment of the Service User's needs, we the Local Authority (LA) have established that residential care is necessary to meet their needs, and the Service User or their representative (where appropriate) has chosen to move to/ remain in "the Care Home" above, in which they will be/ are currently self-funding.

The Care Home's weekly fee is greater than the "usual cost" Halton Borough Council has negotiated with care homes in its area or (where the Care Home is outside Halton) the "usual cost" agreed by the local authority within which the care home is located.

I agree to pay the Top-Up fee in respect of
(service user's name)……..……
Resident at……
……

The cost of the Top-Up fee is £…….Per week as of (dd/mm/yy)

As third party, I agree to make the payments from the date of admission. The consequences of failing to maintain payment of Top-Up fees has been fully explained to me. I understand payment is an ongoing commitment for which I am financially liable until the service is no longer required.

I understand that the Top-Up cannot be paid from any monies that I hold, manage or receive for the resident other than as laid down in accordance with the provisions of the Care Act 2014, its accompanying statutory guidance and the Care and Support and After-care (Choice of Accommodation) Regulations 2014.

I understand that should I fail to pay the Top-Up fee for a period of more than 6 weeks, Halton Borough Council has the right to arrange for alternative residential accommodation to be provided for (**service user's name**), subject to a needs assessment.

The Top-Up is agreed at the rate and at the time of the person requiring care and support. The current weekly cost of the Care Home, Halton Borough Council's "usual cost" and the amount of Third Party Top-Up are as follows:-

	£
Care Home Weekly Fee	_____
The Council's "Usual Cost" (per week)	_____
Third Party Top-Up required (per week)	_____

The third party Top-Up is the difference between the agreed contract rate paid by Halton Borough Council and the charge made by the above care provider. The Top-Up payment excludes the individual's personal allowance and the assessed contribution the person is required to make towards the costs of the home. It also excludes any NHS nursing fees.

Name of third party……

Signature of third party……..

Name of Provider Manager……..

Signature of Provider Manager……

Name of HBC Area Manager …….
(Revenues and Benefits)

Signature of HBC Area Manager……
(Revenues and Benefits)

Those considering paying third party Top-Ups for a Service User should seek independent legal advice, if they have any concerns regarding matters set out in this agreement, or generally.

Declaration

- I understand that Halton Borough Council (HBC) will fund the Care Home placement at the level of its "usual cost", less the Service User's assessed weekly contribution (if applicable).
- I agree to pay the Third Party Top-Up set out above, and any subsequent increases, for the duration of the placement directly to the Provider. I agree to provide HBC with details of my financial circumstances and accept that the placement will not be agreed until this information has been provided. (In line with Guidelines from the Department of Health, HBC has the right not to agree to a Third Party Top-Up until they have received enough information about my financial circumstances and is reassured that I can continue to pay the difference.)
- I understand that, as a private enterprise, the Care Home may revise the overall cost of care and the level of Third Party Top-Up needed will always be the difference between the Care Home's fee and HBC's "usual cost".
- I understand that I will be given suitable notice (at least 4 weeks) by the Provider of any such increase in the overall cost of my Top-Up payment.
- I understand that the Third Party Top-Up will be paid direct to the Provider. I understand that failure to continue Third Party Top-Up payments may result in the need for the Service User to move to another room within the Care Home or to an alternative care home, but only after a full Community Care and risk assessment. The Service User may be moved, unless it is identified during the assessment that the current Care Home is the only home which can meet their assessed needs.
- In the event of financial difficulty in paying the Top-Up amount, I must inform HBC as soon as possible and HBC will provide me with advice on how I may receive further financial information from local or national Independent Financial Advisors.
- Should HBC be required to make payments in lieu of any unpaid Third Party Top-Up payments in order to safeguard the Service User's placement, I agree to indemnify HBC for such payments (provided that I have been given written notice of the amount and duration of such payments).

Signed _____

PRINT NAME _____

Relationship to Service User _____

Date _____

Appendix 2

Choice of residential accommodation and third party "Top Ups"

This information tells you about your right to choose the accommodation in which you will receive care and support, whether it is in a care home, supported living or shared lives, once the care planning process has identified that one of these types of accommodation is the most appropriate way of meeting your needs. It also explains what you will have to do if you wish to choose accommodation that costs more than the amount that has been specified in your personal budget for the provision of accommodation of that type.

For choice to apply the council could be proposing that you live in, a care home that also provides nursing care, a shared lives setting or supported living and social work staff will have advised you which will meet your care needs most appropriately.

A personal budget is the cost to the council of meeting those of your needs which it is required to or has decided to meet and has identified in your care and support plan.

Your Right to Choose

The care planning process will have identified how your needs are to be met. Where this involves a particular type of accommodation, you have the right to choose between different providers and/or locations of that type of accommodation in England and your social worker or care coordinator will be able to give you a list of all of the relevant settings for you to choose from. You may wish to choose to live near to where you are living now or move to a different area to be closer to your family, or in a specialist home such as one run by a religious organisation. There are special cross-border arrangements if you wish your local council to arrange for you to live in accommodation in Wales, Scotland or Northern Ireland. You should seek advice from social work staff if you would like the council to arrange this.

There are 6 conditions which need to be met for you to have your choice of setting. These are:

1. **Care and support needs**
   That your care and support plan specifies that your need a are going to be met by arranging care in a care home, shared lives or a supported living accommodation.

2. **Type of Accommodation**
   That the accommodation you choose is of the type specified in your care and support plan.

3. **Suitability of Accommodation**
   That the accommodation you choose is suitable to meet your eligible care needs. Social work staff will advise you which types of accommodation are suitable to meet the needs that are set out in your care and support plan.

4. **Cost**
   Your council will have undertaken a care planning process and prepared a personal budget for you that will cover the cost of meeting your eligible care and support needs. The amount in your personal budget must be sufficient to meet your

assessed eligible needs and ensure that you have at least one choice of setting that is affordable within that amount and the council should try to ensure there is more than one affordable setting. However, you might wish to choose a setting that costs more than the amount in your personal budget. If you do, a payment will need to be made to meet the difference between the weekly charge for accommodation and the amount in your personal budget. This extra amount is called a Top-Up payment and these are explained later in this leaflet.

If you choose a setting outside of your local area the local authority will still pay the amount identified in your personal budget.

5. **Availability**
   The accommodation that you choose may not have space available. If you do not want to choose different accommodation it may be necessary for you to go on a waiting list until a place becomes available and go into alternative accommodation or receive care at home while you are waiting. This is called an Interim Care arrangement.

   Your social worker will explain how long you are likely to wait, but this will only be an estimate and not a guarantee.

   If the temporary accommodation charges more than the amount in your personal budget the council will pay the difference. If this happens and you decide to stay in that accommodation permanently you will only be able to stay there if a Top-Up is made – Top Up payments are explained later in this leaflet.

6. **Terms and Conditions**
   The provider of the accommodation you choose must agree to contract with the council to provide you with accommodation subject to the council's usual terms and conditions.

If you are in Hospital

You have all of the rights set out in this leaflet if you are going to move from hospital to accommodation of your choice, but there are some special rules for this.

As soon as medical staff have agreed that you can be discharged from hospital the law requires that the council must arrange your move within a very short period. If the accommodation that you choose does not have a place available, the hospital will not be able to allow you to stay in hospital until a place becomes available. Instead, you may need to have an Interim Care arrangement, as set out above.

Your Right to Choose More Expensive Accommodation and Top Up Payments

When making your choice, you may choose a setting that costs more than the amount identified in your personal budget. There are many reasons why a setting may cost more. It could be due to commercial business reasons or because the provider considers that the accommodation is of a superior standard - a bigger room or other additional services.

The amount identified in your personal budget must be sufficient to meet your needs and the council must ensure that at least one option is available that is affordable within your personal budget and should ensure that there is more than one. However, you can choose to live somewhere that costs more if you wish. If you do, your family, a friend or someone

else such as a charity, or in some circumstances you, must be willing and able to make a top up payment to cover the difference between the care homes fees and the amount in your personal budget for the likely duration of your stay. Your council must never force you into having to pay a top up fee because no suitable accommodation is available within the amount in your personal budget. In these circumstances, the personal budget must be adjusted to meet the costs of the accommodation needed to meet your assessed eligible needs.

It is very important that you are aware of the following:-

- The amount set in your personal budget will be reviewed regularly and may increase to ensure the amount is still sufficient to meet your eligible needs. However, the council cannot guarantee that the accommodation will increase its costs at the same rate and this may affect the level of the top up payment.

- The Top-Up will always be the difference between the care home's fees and your personal budget.

- Whoever is paying the top-up (you or the third party) will need to sign a written agreement that they are willing, able and financially liable to meet the difference in cost and will continue to do so throughout your stay. Prior to signing the agreement, the person paying the top-up will have to satisfy the Council that they can afford the weekly top up amount. If the person paying the top-up cannot satisfy the Council that they will be able to afford the top up for the likely duration of your stay, the Council will not agree to arrange care and support in the preferred accommodation.

- The person paying the top-up should be aware that the top-up amount may vary as providers review their fee levels usually on an annual basis in line with inflation.

- If the person paying the top-up is unable to continue to pay the difference you may have to move to another room within the accommodation or to another accommodation that charges fees that are within the amount set in your personal budget.

- Any move to other accommodation will only happen after a community care and risk assessment of your needs to make sure that the other accommodation is right for you.

I am a considering paying a Top-Up fee, what does this mean for me?
The council providing care and support will want to know that you are willing and financially able to make the additional payment for the cared for person, for the likely duration of the contract. They will therefore want to assure themselves that you can afford this and will ask you to fill out a financial questionnaire and to sign a written agreement confirming you are willing and able to make the payments. Should you fail to make the necessary payments you will be liable for the cost of all Top-Up arrears. In addition, the cared-for person may have to be moved to alternative accommodation.

What will be in the written agreement?
The written agreement must include the following:

- The amount of the top up payment
- The amount of the Council will fund (Usual Cost)
- How often payments must be paid
- To whom the payments must be paid – this should normally be the council as they must have oversight of all top up arrangements.
- Signatures of: Third party, care provider and Area Manager (Revenues and Benefits).
- How and when the Top-Up arrangement is to be reviewed
- The consequences should you be unable to continue to make a payment. This could include moving the person receiving care.
- The effect of any increases in charges made by the provider
- The effect of changes in the finances of the person paying the Top-Up.

Other Information
If you or your family have any other questions about your rights to choose accommodation, please talk to your social worker.

Information on payments for the accommodation is given in a separate leaflet which your social worker can provide for you.

I confirm I have received and understand this factsheet: Choice of residential accommodation and third party contributions “top ups”

Service User Name: ……

Signed: …… Date: ……..

Appendix 3

Independent Financial Advice - Local and National

Financial advisors fall into two broad groups:

1. Those who are regulated by the Financial Conduct Authority (FCA) and have to charge for any advice they give;
2. Those which are not regulated by the FCA and who can offer free advice.

1. Since 2013 FCA **regulated advisors** cannot be paid a commission if they provide advice about: pensions, investments or retirement income products such as annuities. They must instead charge a fee. However, if they are giving advice on equity release, mortgages and general insurance (life insurance), they can charge a commission.

   Typical FCA regulated Independent Financial Advisor's fees vary from £75 to £350 per hour and the UK average is £150/ hour. Depending upon the nature of the advice there are alternative ways of paying:
   - A set fee for a particular type of work. Depending upon the size of the work this could be hundreds or thousands of pounds;
   - A monthly fee which can be either a flat rate or a percentage of what the person wishes to invest;
   - An ongoing fee if they are providing an ongoing service.

   To find a local financial advisor that is FCA regulated there are a number of websites which simply require your postal code to generate a list. Examples are:
   - Find Financial Advisors;
   - Local Financial Advisors.

We cannot recommend any particular adviser or advice service and it's important that you find out if an adviser is qualified to give advice. Below are list of organisations that may be able to help you find a suitable independent financial organisation:

Society of Later Life Advisers (SOLLA) (http://societyoflaterlifeadvisers.co.uk)

SOLLA helps people to find independent financial advisers who specialise in the financial needs of older people. All advisers on the database have to prove that they meet appropriate criteria and have the right qualifications before they are accredited by SOLLA.

See the adviser search on the SOLLA website to find a local, fully accredited adviser quickly and easily.

Paying for care (http://www.payingforcare.org/) Paying for Care is a website that offers advice on care costs and planning for care. They also help you to search for local care fees advisers.

The Money Advice Service (https://www.moneyadviceservice.org.uk/en) The Money Advice Service was set up by the Government, and offers impartial and unbiased money advice and information to help you make the most of your money, whatever your circumstances.

My Care, My Home (**http://www.mycaremyhome.co.uk/**) My Care, My Home is an organisation that provides support and guidance to people who fund their own care. The initial assessment, information and advice is free. They can offer telephone advice or do home visits.

2. Free Financial Advice – **non-regulated**. This means they are not liable for any product they are likely to recommend to you which later turns out to be unsuitable with the result that you have fewer rights in law. Examples of good general free financial advice are:
    - Which magazine;
    - Citizens Advice Bureau (local);
    - MoneySaving Expert.com is free to use;
    - Media – newspapers, magazines and the BBC (Moneybox) or their related websites;
    - Government-led or Government-backed services;
    - Commercial organisations such as comparison websites.

    In addition, there are specific services which are aimed at those who are over 50 or who offer free debt or free tax advice…etc. Examples are:

    Advice for those who are aged 50+
    - Age UK;
    - Tax help for older people

    Free Debt Advice:
    - Christians against poverty;
    - CAB local;
    - StepChange debt charity;
    - Debt Advice Foundation;
    - National Debtline.

    Free Tax Advice:
    - Low Income Tax Reform Group – provide advice to anyone on a low income such as students and pensioners;
    - Tax help for older people – independent free advice;
    - Taxaid (a charity).

REPORT TO: Health Policy & Performance Board

DATE: 19th November 2015

REPORTING OFFICER: Strategic Director, People & Economy

PORTFOLIO: Health

SUBJECT: Performance Management Reports, Quarter 2 2015-16

WARD(S) Borough-wide

1.0 **PURPOSE OF THE REPORT**

1.1 This Report introduces, through the submission of a structured thematic performance report, the progress of key performance indicators, milestones and targets relating to Health in Quarter 2 of 2015-16. This includes a description of factors which are affecting the service.

In addition Appendix 1 of the report contains a progress update concerning the implementation of all Directorate high-risk mitigation measures that are relevant to the remit of this Board

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

i) Receive the Quarter 2 Priority Based report

ii) Consider the progress and performance information and raise any questions or points for clarification

iii) Highlight any areas of interest or concern for reporting at future meetings of the Board

3.0 **SUPPORTING INFORMATION**

3.1 The Policy and Performance Board has a key role in monitoring and scrutinising the performance of the Council in delivering outcomes against its key health priorities. Therefore, in line with the Council's performance framework, the Board has been provided with a thematic report which identifies the key issues in performance arising in Quarter 2, 2015-16.

4.0 **POLICY IMPLICATIONS**

4.1 There are no policy implications associated with this report.

5.0 **OTHER/FINANCIAL IMPLICATIONS**

5.1 There are no other implications associated with this report.

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

6.1 **Children & Young People in Halton**

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

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

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

6.3 **A Healthy Halton**

The indicators presented in the thematic report relate specifically to the delivery of health outcomes in Halton.

6.4 **A Safer Halton**

There are no implications for a Safer Halton arising from this report.

6.5 **Halton's Urban Renewal**

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

7.0 **RISK ANALYSIS**

7.1 Not applicable.

8.0 **EQUALITY AND DIVERSITY ISSUES**

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

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

None under the meaning of the Act.

Health Policy & Performance Board Priority Based Report

Reporting Period: Quarter ": 1st July to 30th September 2015

1.0 Introduction

This report provides an overview of issues and progress against key service area objectives and milestones and performance targets, during the second quarter of 2015/16 for service areas within the remit of the Health Policy and Performance Board. These areas include:

- Prevention & Assessment
- Commissioning & Complex Care (including housing operational areas)
- Public Health

2.0 Key Developments

There have been a number of developments within the first quarter which include:

PREVENTION & ASSESSMENT

Minor Adaptations Service
The contract for delivering this service ended on 30th September 2015. A tender process was completed during quarter 2 and a contract from 1st October 2016 to 30th September 2017 awarded to a new provider. Provision has been made to extend the contract period for up to a further 3 years subject to satisfactory performance. The service will be closely monitored to ensure quality of work is maintained and delivery targets set as part of the Better Care Plan are achieved.

Care Act
All of the relevant elements of the Care Act implementation phase have been completed in line with the Government deadline of April 2015. All of the required policies have either been amended or written to ensure that the Act is operational. Training of frontline staff has been completed and this training has also been rolled out to partners and other stakeholders. The second phase of the Act that relates to the financial requirements for people has been postponed by the Government until 2020.

Learning Disability Nursing Team
The team continue to work proactively with individuals, their family, carers and professionals such as GPs, allied Health professionals. Key developments include:

- A team member attended the RCN Conference with 2 experts by experience to discuss reasonable adjustments within acute hospital settings and their experiences.
- A team member has continued supported a lady through treatment for breast cancer.
- The team have been working with other agencies and providers to promote positive outcomes for people.
- Relationship work has been carried out with couples as part of their support.
- Out of Borough reviews have been supported by team members.
- A team member has supported the acute trust with best interest decisions.

- A team member has been integral to the support for Muslim man to explore his faith in the area of marriage.
- The Monday walking group have met for a meal to celebrate their attendance at the group. This was very positive for all!
- A team member has provided advice and support to enable a man to move from home to his own place.
- A Friendship and relationships course was facilitated by some team members and self-advocates to a staff and self-advocate group.
- A team member has been supporting the Health Improvement Team to run the Freshstart group
- Ongoing monitoring of a customer following their discharge from an inpatient ward.
- A team member provided a learning disability awareness training session to CHC nurses and day service and HSHN support staff
- The team have received PBSS training and medication training

We have developed "Making a Difference" a strategy for transforming care management in Halton that is aimed at staff and partner agencies. The overall purpose is to provide a shared vision of the future of care management services and provide us with a plan to shape our future, over the next five years. This Care Management strategy has stemmed from the growing need to identify a future vision of assessment and care management services that are fit for purpose to meet the many challenges at national and local level whilst maintaining high quality, effective and safe practice. The Strategy has been to SMT and HPPB and out for consultation with staff and has now been approved at Exec Board.
A Progress Routes policy and procedure has been developed for Social workers in Adults across, that demonstrates Halton Borough Council that is committed to developing the careers of Social Workers through vocational and academic routes. Adopting a stepped advancement pathway allows for the successful recruitment, retention and succession planning of social work staff within the Borough. This means providing access to training, learning and development opportunities and increased professional responsibility based on a thorough assessment of the Social Worker's competence and ability. The Council's performance review and development process (Employee Development Reviews and Personal Action Plans) is used for monitoring this as well as the ongoing supervisory process. Progression is directly linked with maintenance of Professional Registration underpinned by the Professional Capabilities Framework (PCF) and, for the Communities Directorate, the Chief Social Worker's Knowledge and Skills Statement. The notion of progression aligns to Halton Borough Council's (HBC) learning and development values. Social Workers are accordingly rewarded for their knowledge, experience, potential and enthusiasm within their roles for HBC.

COMMISSIONING & COMPLEX CARE SERVICES

Halton Community Day Services
Halton Community Day Services continue to develop its small businesses and projects engaging all in meaningful day time opportunities. The service is delighted to have picked up the keys to its new venture the 'Route', and everyone is busy developing this shop to offer a shop mobility service, café, a place to sell our home produced beer, ice cream, along with fruit and veg. The shop is now open (a 'soft' opening) with the view to a more formal opening once all teething problems have been resolved.

Mental Health Services:
Operation Emblem: this is the joint initiative between the police, the CCG and the 5Boroughs, and supported by the Borough Council, designed to reduce the numbers of

people detained in the community by the police under Section 136 Mental Health Act 1983. The reported results continue to be impressive, with significant reductions in the numbers of people detained under this Section whilst the service is in operation. In addition it is reported that more people are being appropriately referred to support services (rather than being detained). This is being independently evaluated and the results of this evaluation will be known in the autumn of 2015. This will then inform future commissioning intentions.

Mental Health Crisis Care Concordat: this national policy initiative drives local mental health organisations to work together to deliver improvements in services for people who are in mental health crisis. Locally, the main impetus for delivery of the concordat has been led by a pan-Cheshire grouping of all key partners; a detailed action plan was developed and submitted to the national monitoring body early in 2015, and the delivery of this action plan is being closely monitored by the pan-Cheshire group. A local plan has been developed to complement this and delivery of this plan is overseen by the Halton Mental Health Delivery Group. Importantly, the key message from the Department of Health is that these plans should be meaningful and deliverable, but they should also evolve and develop over time, and therefore both plans are under regular review.

Review of the Acute Care Pathway (ACP) and Later Life and Memory Services (LLAMS), 5Boroughs Partnership: the ACP within the 5Boroughs is the term applied to the ways in which people with complex mental health needs are referred into the 5Boroughs, their needs are assessed and they are then provided with appropriate help, advice, treatment and support, which includes a range of services and supports from the Directorate. Both the ACP and LLAMS have been in place for over two years, and they have been formally reviewed by an external body commissioned by the joint CCGs across the 5Boroughs. The Borough Council contributed to this review and will be engaged in any service redesign that emerges as a result. The outcomes of the Review are expected in October 2015; there will be recommendations for the 5Boroughs as a whole and for the specific boroughs within the Trust's footprint. Local workshops will take place to consider the results of the review and develop joint action plans.

CQC inspection of 5Boroughs Partnership: in the summer of 2015, CQC did a detailed inspection of the delivery of mental health services within the 5Boroughs. The published outcome of this is expected in autumn 2015, and the Council will be fully involved in any action planning that emerges as a result of the inspection.

Review of social work service within the 5Boroughs: through the earlier part of the year and the summer, a review of the delivery of the social work service for people with mental health problems in Halton has been taking place. This was triggered by the publication of a national guidance document in 2014 which examined the roles and functions of social workers in mental health, and the local and national priorities for interventions at an earlier stage of a person's condition. The review, which involved key partners, has now concluded and an action plan has been developed to put into place the recommendations. One early outcome is that an additional social worker has been identified to work with people known to primary care services who may have complex needs, but who have not yet been referred into the 5Boroughs.

Other developments within the Commissioning and Complex Care Division:
Halton and St Helens Emergency Duty Team: this service, which runs as a joint partnership between the two councils across children's and adults services, has been in place for over 10 years. A review of the way it works is taking place to ensure that it remains fit for purpose, particularly given the changes in the way social care is delivered

over the past 10 years, and the substantially increased demand for those services. In addition two neighbouring local authorities have indicated that they may wish to join the partnership, and the review is therefore taking this into account. The review is expected to be completed by the end of the calendar year.

Homelessness
The Merseyside Sub Regional Homeless Group successfully qualified for single homeless funding. Each of the six authorities agreed that vulnerable client with complex needs was a priority, subsequently, it was agreed that the funding would be used to develop a small team of four who would provide intense support for high complex needs clients. The recruitment process has now been completed and the contract has been awarded to Whitechapel, whereby, the service is due to commence November 2015 for a period of two years.

Halton commissioned a new supported hostel Brennan Lodge, which officially opened July 2015. The scheme offers 39 bed self-contained units for single vulnerable homelessness clients. The building is owned by Halton Housing Trust and the Salvation Army are responsible for the operational management.

As part of the Gold Standard the Merseyside Sub Regional Homeless group have registered for the peer review. Each of the six authorities will review a number of services within the group. Halton recently completed a service review within Sefton and has presented the Authority with the overall findings and scores.
Halton was due to be reviewed by St Helens early September 2015, however, due to work commitments; the reviewing Authority was forced to cancel. The review process will be rearranged; however, Halton has agreed that due to other priority issues, the preference would be for the review to be arranged for early January 2016. Upon completion of the Peer Review, the Authority will then pursue registering for the Gold Standard and undertake the necessary assessment.

<u>Housing</u>

Following a consultation event held at the Stadium the annual review of the Homeless Strategy 2013/18 has been completed. The update to the associated action plan is being reported to Executive Board on the 5th November 2015. Good progress has been made and some new actions have been incorporated to reflect the challenges presented by new case law and continuing welfare reform pressures.

A further homelessness report is being submitted to Executive Board on the 5th November advocating that a new policy be adopted to utilise powers contained in the Localism Act 2011. This policy would enable the Authority to discharge its homelessness duty in certain circumstances by the offer of a suitable private rented sector tenancy instead of social housing.

Tenders have been invited for the provision of housing support services at Grangeway Court and the YMCA, with a view to having new contracts in place for April 2016.

The builder originally appointed for the construction of HHT's Barkla Fields extra care scheme went into administration at the end of April with the project 85% complete. A new builder has been appointed and building work re-commenced in October. Completion is now anticipated in February 2016. The scheme includes 5 bungalows designed for adult social care clients with physical and/or learning disabilities.

For all new private rented sector tenancies created after 1st October 2015, landlords are now required to install smoke alarms on every floor of their property, to test them at the start of every tenancy, and to install carbon monoxide alarms in high risk rooms.

In addition to the measures announced in the July Budget and outlined in the last monitoring report, the new Housing Bill contains measures aimed at improving the private rented sector. These include –

- A proposal to introduce a blacklist of landlords who repeatedly let out sub-standard housing or fail to do immigration checks, including the power to ban them from renting in certain circumstances.
- A tightening of the 'fit and proper person' test (including DBS checks) for those in charge of licensable Houses in Multiple Occupation.

An extension of Rent Repayment Orders, currently only enforceable against landlords who do not register licensable HMOs, enabling local authorities to reclaim rent or Housing Benefit from Landlords who are guilty of illegally evicting a tenant or failing to comply with statutory notices served by the local authority.

PUBLIC HEALTH

HPV vaccine which protects girls from developing cervical cancer in later life is on target and reaching the England average.

The One Halton board has identified cancer as a key priority area. Public Health is leading a piece of work to undertake a 'deep dive' into the system co-ordination and pathways.

The commissioning of the Health Visiting Service has now transferred to Halton Borough Council.

A ban on smoking in cars where children are present has been introduced.

Public Health England and Halton have agreed a Memorandum Of Understanding on bowel screening.

UNICEF stage 3 Baby Friendly Award has been achieved meaning that local services are fully compliant in enabling women to breastfeed.

Staff have now been recruited to the vacant public mental health positions. These staff will work with children and adults.

3.0 Emerging Issues

3.1 A number of emerging issues have been identified during the first quarter that will impact upon the work of the Directorate including:

PREVENTION & ASSESSMENT

Telehealthcare

We are involved in a project alongside Liverpool City Region to develop a range of solutions in relation to Telehealthcare. Funding of £25k to support a pilot is available from

the North West Coast Academic Health Science Network. The idea of the pilot is to provide evidence that technology can have a positive effect by enabling people to self-monitor and so change their own behaviour.

Rescon Lincus will provide the technology (a tablet and app). Their tablet aims to enhance a person's performance using various measures of their physical, social and emotional lives in order to combat social isolation, depression and loneliness (see below)

1. There will be a cohort of 300 people involved in the pilot across LCR. That means a quota of 50 per local authority within LCR.

2. A possible area that would suit us for our pilot cohort would be **supported living among younger adults**. It would also be suitable for **individuals undergoing a programme of behaviour modification** as this is essentially what the app is designed to do. It allows people to self-monitor and control their own physical, social and emotional behaviour.

Complex Dependency Programme

Adult services are working collaboratively with Children's services on the Funding Proposal for the Complex Dependency Programme, which has been successful, the Transformation Challenge Award 2015-16. The early conception is in relation to an integrated "Front Door" service.

COMMISSIONING & COMPLEX CARE

Mental Health Services:

Direct Payments in mental health: across the country, there has been relatively low uptake of direct payments for people with mental health problems, and this picture is the same in Halton. Although there has been some improvement in the local figures for direct payments in mental health, the figures still remain low. There are believed to be a number of reasons for this, including the fact that people with mental health problems can find the whole process very daunting, particularly if the direct payment is to be used to help them employ a personal assistant.

Halton is now setting in place a project with Halton Disability Partnership to support people who might benefit from a direct payment and personal assistant. Working very closely with mental health services, a project worker will be introduced to the person at a very early stage, and will spend time with them to help them consider the potential options. If a direct payment seems feasible, the worker will provide guidance and active support for them through every stage of the process. It is hoped that this will lead to a significant improvement in the uptake of direct payments.

Social Work for Better Mental Health: in 2013, The College of Social Work, in conjunction with the Association of Directors of Adult Social Services, published some national guidance on the roles and functions of social workers in mental health services. This guidance identified a number of key and essential aspects of the delivery of social work, and made recommendations as to how this could be used to improve services. In Halton, this guidance was used as part of the review of the social work described above.

A new project has now been established nationally, under the oversight of the Department of Health, to take forward this guidance and support localities in their delivery of more effective mental health social work services. Halton has put itself forward to be an

early implementer site for this project, and will receive national support in taking the project forward locally.

PUBLIC HEALTH

To date Halton is not achieving its cancer screening targets for cervical and bowel cancer. Cervical screening stands at 75.8% with a target of 80% and bowel cancer at 50.7% with a target of 60%, however, the overall trend shows an improvement. Public Health England is responsible for delivering on bowel screening and Halton CCG is responsible for cervical screening. Halton have signed up to a 2 year Memorandum of Understanding with Local Public Health England Screening and Immunisation team to address cancer screening across the zone.

Despite local Halton Hospitals improving in terms of the 62 day referral to treatment target for cancer Halton is unlikely to achieve this target due to breaches in specialist tertiary treatment.

4.0 Risk Control Measures

Risk control forms an integral part of the Council's Business Planning and performance monitoring arrangements. As such Directorate Risk Registers were updated in tandem with the development of the suite of 2015-16 Directorate Business Plans.

Progress concerning the implementation of all Directorate high-risk mitigation measures relevant to this Board is included within Appendix 1 of this report.

5.0 Progress against high priority equality actions

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

The Councils latest annual progress report in relation to the achievement of its equality objectives is published on the Council website and is available via:

http://www3.halton.gov.uk/Pages/councildemocracy/pdfs/EandD/Equality_-_objectives_progress_report_-_April_2013.pdf.

6.0 Performance Overview

The following information provides a synopsis of progress for both milestones and performance indicators across the key business areas that have been identified by the Communities Directorate. The way in which the Red, Amber and Green, (RAG), symbols have been used to reflect progress to date is explained at the end of this report.

"Rate per population" vs "Percentage" to express data

Four BCF KPIs are expressed as rates per population. "Rates per population" and "percentages" are both used to compare data but each expresses the same amount in a different way. A common guide used is that if a percent is less than 0.1 then a rate (e.g.

per 100,000) is used. For example, permanent admissions to residential care expressed as a rate (50 admissions per or for every 100,000 people) makes more sense when comparing performance with other authorities rather than as a percentage (0.05%) which is quite a small number and could be somewhat confusing. More examples below:

Location	Rate per 100,000 population	Percent
Region A	338.0	0.34%
Region B	170.5	0.17%
Region C	225.6	0.23%

Prevention and Assessment Services

Key Objectives / milestones

Ref	Milestones	Q2 Progress
PA 1	Monitor the effectiveness of the Better Care Fund pooled budget ensuring that budget comes out on target (**AOF 21, 25) March 2016.**	✓
PA 1	Implement the Care Act **(AOF 2,4,10, 21) March 2016.**	✓

Supporting Commentary

PA 1 Monitor effectiveness of Better Care Fund pooled budget:
Governance arrangements in place- predicted outturn is a small underspend
PA 1 Implement the Care Act:
All key stages of the first phase of the implementation of the Care Act have been completed. This includes completion of new policies, amending existing policies, changes to the assessment process, public awareness and staff training. We are currently waiting for details of the financial settlement for 2016/17 to fully understand what changes are required for next year.

Key Performance Indicators

Ref	Measure	14/15 Actual	15/16 Target	Q2 Actual	Q2 Progress	Direction of travel
PA 1	Numbers of people receiving Intermediate Care per 1,000 population (65+)	80	77	**41.1** **(835 referrals)**	✓	↑
PA 2	Percentage of VAA Assessments completed within 28 days	86.8%	85%	**64.91%**	✓	↓
PA 6a	Percentage of items of equipment and	95.5%	97%	**99%**	✓	↑

Ref	Measure	14/15 Actual	15/16 Target	Q2 Actual	Q2 Progress	Direction of travel
	adaptations delivered within 7 working days					
PA 6b	Percentage of items of equipment and adaptations delivered within 5 working days – new indicator	89.5%	95%	**94%**	✓	⇔
PA 11	Permanent Admissions to residential and nursing care homes per 100,000 population,65+ (ASCOF 2A1) *Better Care Fund performance metric*	600.8	635.1	**261.0 (53 admissions)**	✓	⇑
PA 12	Delayed transfers of care (delayed days) from hospital per 100,000 population *Better Care Fund performance metric*	tbc	2831	**1203 (cumulative)**	n/a	n/a
PA 14	Total non-elective admissions in to hospital (general & acute), all age, per 100,000 population *Better Care Fund performance metric*	tbc	12771.8 Admissions: 16,141 Pop: 126,380	**6559.58 (8290 Admissions)**	n/a	n/a
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+) *Better Care Fund performance metric*	823.89	884.2	**Not yet available**	?	⇑
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 2B1) *Better Care Fund performance metric*	65.6	70%	**n/a**	n/a	⇑
PA 20	Do care and support services help to have a better quality of life?	93.3%	91%	**n/a**	n/a	⇑

Ref	Measure	14/15 Actual	15/16 Target	Q2 Actual	Q2 Progress	Direction of travel
	(ASC survey Q 2b) *Better Care Fund performance metric*					

Supporting Commentary

PA 1 Numbers of people receiving Intermediate Care per 1,000 population (65+):
Figures may be subject to change as some data cleansing is currently taking place which may result in a potential increase in the total number of referrals received. The total number of Intermediate Care referrals is up on the same quarter last year (approximately a 7% increase).

PA 2 Percentage of VAA Assessments completed within 28 days:
VAA completed within 28 days is being monitored, exception reports are circulated on a monthly basis.

PA 6a Percentage of items of equipment and adaptations delivered within 7 working days:
The contract for delivering this service ended on 30th September 2015. A tender process was completed during quarter 2 and a contract from 1st October 2015 to 30th September 2017 awarded to a new provider.

PA 6b Percentage of items of equipment and adaptations delivered within 5 working days:
The contract for delivering this service ended on 30th September 2015. A tender process was completed during quarter 2 and a contract from 1st October 2015 to 30th September 2017 awarded to a new provider.

PA 11 Permanent Admissions to residential and nursing care homes per 100,000 population, aged65+:
We are on target to achieve this indicator.

PA 12 Delayed transfers of care (delayed days) from hospital per 100,000 population:
With a monthly target of 236 (per 100,000), for Q2 average monthly total of 210, which indicates we are below target.

PA 14 Total non-elective admissions in to hospital (general & acute), all age, per 100,000 population: No commentary provided.

PA 15 Hospital re-admissions (within 28 days) where original admission was due to a fall, aged 65+:
Performance has improved from the quarter 4 which stood at 927 per 100,000. It is expected that the further developments within the falls service will support continued improvement.

PA 16 Proportion of Older People (65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services:
This information is collected annually between October and December.

PA 20 Do care and support services help to have a better quality of life?:
This information is collected annually via the Adult Social Care Survey.

Commissioning and Complex Care Services

Key Objectives / milestones

Ref	Milestones	Q2

		Progress
CCC 1	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)	✓
CCC 1	Continue to implement the Local Dementia Strategy, to ensure effective services are in place. **Mar 2016.** (AOF 4)	✓
CCC 1	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)	✓
CCC 1	The Homelessness strategy be kept under annual review to determine if any changes or updates are required. **Mar 2016.** (AOF 4, AOF 18)	✓

Key Performance Indicators

Supporting Commentary

CCC1 - Services / Support to children and adults with Autism:
The autism strategy continues on track. The council now has more accurate information about children and adult on the autistic spectrum and this is improving the quality of planning and service delivery.

CCC 1 Dementia Strategy:
The review of the Dementia Community Pathway continues, with a view to reconfiguring existing specifications and resources into a 'Prime Provider' model. Recruitment for the Admiral Nurse Service posts got under way during Sept 2015. Halton Dementia Friendly Communities was awarded recognition for 2015/16 (an annually applied for recognition process), with 24 active member organisations of the Halton Dementia Action Alliance. The dementia diagnosis rate for Halton remains above the national target (67%) at 70%

CCC 1 Mental Health:
As described above, a formal external review of the Acute Care Pathway and the Later Life and Memory Service has been commissioned by the joint CCGs operating across the footprint of the 5Boroughs. The council has been fully involved with this review and will be actively supporting any action plans that are developed as a result. The review is scheduled to report in October 2015, focusing on both the 5boroughs as a whole and on the individual localities within the Trust.

CCC 1 Homelessness Strategy:
The homelessness strategy 2014 – 2018 is a working document that captures future change, trends, and demands. A consultation event was held in June 2015 to review the strategy and action plan, which involved both statutory and voluntary agencies to determine the key priorities for next 12 months. The main priorities identified for 2015/16 are Health and Homelessness, and Complex needs. The focus will be around the key priorities, with additional emphasis placed upon achieving the objectives outlined within the St Mungo's report, which will be incorporated within the reviewed strategy action plan. The purpose of the review is to ensure that the working document is current and reflects legislative and economical change.

Key Performance Indicators

Ref	Measure	14/15 Actual	15/16 Target	Q2 Actual	Q2 Progress	Direction of travel

Ref	Measure	14/15 Actual	15/16 Target	Q2 Actual	Q2 Progress	Direction of travel
CCC 3	Adults with mental health problems helped to live at home per 1,000 population	2.64	3.0	**2.43**	✓	↓
CCC 4	The proportion of households who were accepted as statutorily homeless, who were accepted by the same LA within the last 2 years (Previously CCC 6).	0	1.2	**0**	✓	↑
CCC 5	Number of households living in Temporary Accommodation (Previously NI 156, CCC 7).	19	11	**20**	✓	↑

Supporting Commentary

CCC 3 Adults with mental health problems helped to live at home per 1,000 population:
The numbers of people supported to live at home have fallen steadily over recent months. This is mainly due to the fact that the introduction of the Acute Care Pathway within the 5Boroughs has resulted in a greater focus on people with complex needs; those with less complex needs are increasingly managed through primary care services. As a result the caseloads within the social work service have reduced but the complexity has increased considerably. A review of the social work service has taken place, alongside a wider review of the Acute Care Pathway in the 5Boroughs, and this is resulting in plans which will mean that more people in the community will receive support through an enhanced primary care service.

CCC 4 The proportion of households who were accepted as statutorily homeless, who were accepted by the same LA within the last 2 years:
The Authority places strong emphasis upon homelessness prevention and achieving sustainable outcomes for clients.
The Authority will continue to strive to sustain a zero tolerance towards repeat homelessness within the district and facilitate reconnection with neighbouring authorities.

CCC 5 Number of households living in Temporary Accommodation:
The Housing Solutions Team has taken a proactive approach to preventing homelessness. There are established prevention measures in place and the Housing Solutions team fully utilise and continue to promote all service options available to clients.
The changes in the TA process and amended accommodation provider contracts had a big impact upon allocation placements. However, the opening of Brennan Lodge hostel, which offers 39 single units and the new priority legislation, will have a gradual increase on the total number of clients placed into temporary accommodation.
The emphasis is focused on early intervention and empowerment to promote independent living.

The improved service process has developed stronger partnership working and contributed towards an effective move on process for clients.

Public Health

Key Objectives / milestones

Ref	Milestones	Q2 Progress
PH 01	Work with PHE to ensure targets for HPV vaccination are maintained in light of national immunisation Schedule Changes and Service reorganisations. **March 2016**	✓
PH 01	Working with partners to identify opportunities to increase uptake across the Cancer Screening Programmes by 10%. **March 2016**	?
PH 01	Ensure Referral to treatment targets are achieved and minimise all avoidable breaches. **March 2016**	?
PH 02	Facilitate the *Early Life Stages* 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. **March 2016**	✓
PH 02	Fully establish the Family Nurse Partnership programme **March 2016**	✓
PH 02	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 **March 2016**	✓
PH 03	Development of new triage service between Rapid Access Rehabilitation Team and Falls Specialist Service. **March 2016**	✓
PH 03	New Voluntary sector pathway developed to support low-level intervention within falls in the borough. **March 2016**	✓
PH 04	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. **March 2016**	✓
PH 04	Deliver a local education campaign to increase the awareness of the harm of drinking alcohol when pregnant or trying to conceive. **March 2016**	✓
PH 04	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. **March 2016**	✓
PH 05	Successfully implement a new tier 2 Children and Young Peoples	✓

	Emotional Health and Wellbeing Service. **March 2016**	
PH 05	Monitor and review the Mental Health Action plan under new Mental Health Governance structures. **March 2016**	✓
PH 05	Implementation of the Suicide Action Plan. **March 2016**	✓

Supporting Commentary

PH 01 HPV vaccinations:
HPV vaccinations protect young women from later developing cervical cancer. Data on previous year's performance is not yet available. Indications from service providers suggest that we are likely to achieve target uptake for 2014-2015. School nurses are delivering this service across Halton.

PH 01 Cancer Screening Programmes:
Halton has exceeded its target for breast screening achieving 71.4% with a target of 70%. To date Halton is not achieving its cancer screening targets for cervical and bowel cancer. Cervical screening stands at 75.8% with a target of 80% and bowel cancer at 50.7% with a target of 60%. Public Health England is responsible for delivering on bowel screening and breast screening and Halton CCG is responsible for cervical screening.

Halton have signed up to a 2 year Memorandum of Understanding with Local Public Health England Screening and Immunisation team to address cancer screening across the zone. Halton are actively participating and are currently undertaking a localised version of a national Bowel Cancer Screening awareness campaign to run until the end of the year in addition to ongoing work with the Be Clear on Cancer campaigns and local Health Improvement Team work.

Cancer Research UK (CRUK) is also launching a bowel cancer screening campaign in the Merseyside (Liverpool, South Sefton, Knowsley, Halton and St Helens) area. CRUK have developed a campaign designed to increase awareness of the test and increase uptake. The Merseyside campaign will re-use many elements of these early campaigns.

An advertising campaign will run from August 2015 through to March 2016 and will include posters in bus shelters, posters in and outside of buses, adverts on pharmacy bags and posters in telephone kiosks and will be supported by regional press articles. There is a possibility that the campaign will be supplemented by direct mail activity early in 2016, which will include an additional letter and 'kit enhancement pack' being sent to the patients two days after they receive the Feacal Occult Blood (FOB) kit from the programme hub.

In Halton, the Health Improvement Team intends to support the CRUK activity by promoting the campaign locally and actively engaging with the local population. Bowel cancer has been identified as a key public health priority, particularly in terms of targeting men to participate in the screening process.

Cancer has been identified by the One Halton board as a key priority area to undertake a 'deep dive' into the system co-ordination and pathways. Public health is leading the piece of work to map Cancer as a whole system and understand where improvements in joint working and outcomes can be maximised.

PH 01 Referral to treatment:
62 day breaches for referral to a cancer treatment are now being reported through the Halton System Resilience Group which includes the CCG and adult social care. Individual breaches by hospitals continue to be investigated and analysed so that the root causesfor the delays can be assessed and mitigated. Quarter 2 data has not yet been assessed however the year to date suggests that in the last 12 months both Halton and Warrington and St Helens and Knowsley hospitals have achieved 85% of the 62 day target which is an improvement. However, overall Halton is likely to have failed the target as a result of breaches in tertiary/ specialist treatment centres, such as Christies Hospital.

PH 02 Early Life Stages:
The transfer of commissioning of the Health Visiting service and Family Nurse Partnership from NHS England to Halton Borough Council will take place at the start of October 2015. Work is underway with the Health Visiting Service to ensure that the additional components of the national Healthy Child Programme will be delivered to all eligible families. For example, each child aged 2-21/2 will have a health developmental check, the results of which will be shared with the early years setting to inform their assessment of the child, and services will collaboratively put in place a support package as required.

A perinatal mental health pathway action plan is being developed, including training for staff to ensure they are able to support bonding and the early identification of mental health issues.

Five Boroughs NHS trust have been jointly commissioned by the CCG and Public Health to deliver the tier 2 children and young people's mental health service. This service has now been in place since July 2015 and, as well as providing the targeted mental health service, work will include mental health and wellbeing training for staff working with children and young people, such as schools, school based face-to-face work and an online counselling service.

A joint application to Public Health England for funding to run the BabyClear smoking cessation programme has been successful and covers Halton, St Helens and Knowsley midwifery services. Halton midwives are currently being trained to deliver enhanced smoking cessation support to all pregnant women.

A no smoking in cars that carry children or young people policy has been introduced nationally. Halton is working to enforce this.

Public Health and the CCG are working with the local hospitals to place a paediatrician in the community. The aims of the pilot are to increase access to paediatric expertise within the community for families and importantly for health professionals. This will build knowledge and expertise, which has been shown elsewhere to improve patient care, and reduce attendance by families at A&E.

PH 02 Family Nurse Partnership programme:
Halton's Family Nurse Partnership programme is fully operational, all staff have been trained and mothers are being recruited to the programme. At present the service has the capacity to work with all eligible families. This programme supports young teenage parents to improve outcomes for their children

PH 02 Breastfeeding programme:
Bridgewater Community Health Trust, Halton and St Helens division achieved Stage 3 UNICEF baby friendly inspection status in July 2015. Achieving stage 3, the final BFI stage shows that the services are fully able to support women to breastfeed through their policies, training and staff knowledge. Breastfeeding support continues to be available across the borough in community and health settings.

PH 03 New triage service - Rapid Access Rehabilitation Team and Falls Specialist Service:
The initial stages of the triage system have been implemented that has allowed for improved access through the existing pathway. The next stage will be further integration between the Rapid Access Rehabilitation Team and the Falls Specialist Service that will lead to improved response times, faster triage and improved outcomes for patients who have had a fall or who are at risk of falling in the future. It is anticipated that this additional work will be completed by the end of the financial year.

Falls prevention awareness sessions continue across Halton. The new provision of classes increases the range of options available for clients. There are now 3 levels of classes in both Widnes and Runcorn. Falls assessments to ascertain ability and improvement have been undertaken across all classes.

There are 3 levels of provision which are based on a falls assessment which grades a person's balance, strength and flexibility.

Clients are assessed at 12 weeks and 24 weeks in addition to the initial assessment to assess need, and to progress the client through the Levels 1-3.

The classes are held in both Widnes and in Runcorn, with transport available to clients at the entry level class (level 1). Level 1 is the entry point and is for people with the poorest levels of mobility, level 2 is for people as they improve and finally level 3 is for people who are close to completing the course and have seen enough of an improvement that they are about to move off the service.

PH 03 Voluntary sector pathway to support low-level intervention within falls:
Redesign work on existing services is well under way and should be completed by December 2015. The pathway will be completed once the final elements of redesign have been completed. This will allow improved access into exercise programmes, home environment visits and to specific falls information.

PH 04 Alcohol Strategy Action Plan:
Good progress is being made towards implementing the Halton alcohol strategy action plan. Key activity includes:

- Developing a coordinated alcohol awareness campaign plan.
- Delivery of alcohol education within local school settings (Healthitude, R U Different, Amy Winehouse Foundation, Cheshire Police, Alcohol education Trust, wellbeing web magazine).
- Ensuring the early identification and support of those drinking above recommended levels through training key staff members in alcohol identification and brief advice (alcohol IBA).
- Reviewing alcohol treatment pathways

- Working closely with colleagues from licensing, the community safety team, trading standards and Cheshire Police to ensure that the local licensing policy supports the alcohol harm reduction agenda, promoting more responsible approaches to the sale of alcohol (e.g. promotion of Arc Angel and the local pub watch schemes within Halton), promoting a diverse night-time economy.
- Working to influence government policy and initiatives around alcohol: 50p minimum unit price for alcohol, restrictions of all alcohol marketing, public health as a fifth licensing objective.

PH 04 Education campaign around alcohol:
The main push for 'please stop drinking mummy' campaign ran from February to June 2015, and is still ongoing through social media and websites. The campaign has been well received with good traffic to sites, and positive feedback from midwives that is helped them to discuss drinking habits with pregnant women.

PH 04 Community conversation around alcohol:
The Inquiry group have developed recommendations for local action related to:

- alcohol education in schools and educating parents
- alcohol licensing and promoting responsible retailing
- alcohol advertising and education around alcohol especially awareness of alcohol units and recommended safe drinking levels.

These were shared with local stakeholders at a well-attended launch event held in June. Local stakeholders will now support the group going forward in making these recommendations a reality. Members of the Inquiry group attended the local alcohol stratgey group to ensure their recommendations are taken forward locally.

PH 05 Children and Young People Health and Wellbeing Service:
Five Boroughs NHS trust have been jointly commissioned by the CCG and Public Health to deliver the tier 2 children and young people's mental health service. This service has now been in place since July 2015 and as well as providing the targeted mental health service, work will include mental health and wellbeing training for staff working with children and young people, such as schools, school based face-to-face work and an online counselling service.

PH 05 Mental Health Action plan:
- New governance structures for the Mental Health Action plans are in place and the processes for receiving assurance from each action plan is being implemented.
- Recruitment to the vacant posts in Mental Health within the Health Improvement teams have now been filled, although not yet commenced, additional support to achieving and developing actions is underway.

PH 05 Suicide Action Plan:
Good progress is being made towards implementing the Suicide strategy action plan. This work is being overseen by the Halton suicide prevention partnership.
Key developments include:

- Working towards Halton being a suicide safer community
- Developing a local multi-agency suicide awareness campaign plan
- Developing a local training plan to deliver suicide awareness training for community members, local community groups and key professionals who interact with known groups at high risk of suicide

Halton being part of a pilot programme across Cheshire and Merseyside to provide a support service for individuals bereaved by suicide. The service became operational on the 1st April 2015 and is called Amparo. Amparo provides support to anyone who has been affected by suicide within Halton.

Key Performance Indicators

Ref	Measure	14/15 Actual	15/16 Target	Q2	Current Progress	Direction of travel
PH LI 01	Mortality from all cancers at ages under 75 Directly Standardised Rate, per 100,000 population *Published data based on calendar year, please note year for targets.*	179.8 *(2014)*	185.6 *(2015)*	170.1 *(Apr 14 - Mar15)*	✓	N / A
PH LI 02	A good level of child development	46% *(2013/14)*	TBC (Awaiting confirmation of new target definition)	N / A	N / A	N / A
PH LI 03	Falls and injuries in the over 65s. Directly Standardised Rate, per 100,000 population (PHOF definition).	3237.6	3263.9	2979.3 *(Jul 14-Jun15)*	✓	↑
PH LI 04	Alcohol related admission episodes - narrow definition Directly Standardised Rate, per 100,000 population	814.0 (2013/14)	808.4	761.4 (Q1 2015/16)	✓	↑
PH LI 05	Under 18 alcohol-specific admissions Crude Rate, per 100,000 population	60.5 (11/12 to 13/14)	55.0	51.0* (12/13 to 14/15)	✓	↑
PH LI 06	Self-reported wellbeing: % of people with a low happiness score	12.1% *(2013/14)*	11.1%	11.8% (2014/15)	✗	n/a

Supporting Commentary

PH LI 01 Mortality from all cancers at ages under 75:
The Data methodology for this indicator has changed from previous years making comparison with previous years data difficult. Although it does indicate continual

improvement with a yearly decrease in premature death from cancer over recent years.

PH LI 02 Child development:
The Data methodology for this indicator has changed from previous years making comparison with previous years data difficult. The target will be updated when national data has been published.

PH LI 03 Falls and injuries in the over 65s:
Falls and injuries in the over 65s have reduced significantly below both last year's performance and the 2015/16 target. It is anticipated that this improvement will continue over the next quarter.

PH LI 04 Alcohol related admissions:
Alcohol related admissions during Q1 have reduced from the 2014/15 rate and are below the 2015/16 threshold (target).

PH LI 05 Under 18 alcohol-specific admissions:
Good progress is being made related to this indicator with the number of under 18 alcohol-specific admissions continuing to reduce and being below the 2015/16 threshold (target).

**Please note that the 12/13-14/15 data was calculated using local unverified data, so it may change when the final figures are published.*

PH LI 06 Self-reported wellbeing:
Recent data identifies that we have not achieved target for 2014/15 with a higher self-reported low happiness score, though this still shows improvement on previous years scores.

Financial Statements

PREVENTION & ASSESSMENT DEPARTMENT

Revenue Budget as at 30th September 2015

	Annual Budget £'000	Budget To Date £'000	Actual To Date £'000	Variance To Date (overspend) £'000
Expenditure				
Employees	6,818	3,212	3157	55
Other Premises	113	36	41	(5)
Supplies & Services	399	197	201	(4)
Aids & Adaptations	113	56	79	(23)
Transport	17	5	5	0
Food Provision	28	8	10	(2)
Other Agency	22	9	9	0
Transfer to Reserves	1,874	0	0	0
Contribution to Complex Care Pool	17,330	6,836	6,778	58
Total Expenditure	**26,714**	**10,359**	**10,280**	**79**
Income				
Fees & Charges	-292	-131	-136	5
Reimbursements & Grant Income	-149	-80	-81	1
Transfer from Reserves	-1,001	0	0	0
Capital Salaries	-121	0	0	0
Government Grant Income	-300	-300	-300	0
Other Income	-3	-3	-3	0
Total Income	**-1,866**	**-514**	**-520**	**6**
Net Operational Expenditure	**24,848**	**9,845**	**9,760**	**85**
Recharges				
Premises Support	331	165	165	0
Asset Charges	175	0	0	0
Central Support Services	2,193	1,048	1,048	0
Internal Recharge Income	-1,560	-774	-774	0
Transport Recharges	49	20	20	0
Net Total Recharges	**1,188**	**459**	**459**	**0**
Net Departmental Total	**26,036**	**10,304**	**10,219**	**85**

Comments on the above figures:

In overall terms, the Net Operational Expenditure for the second quarter of the financial year is £27,000 under budget profile excluding the Complex Care Pool.

Employee costs are currently showing £55,000 under budget profile. This is due to savings being made on vacancies within the department. Some of these vacancies have been advertised and have been or are expected to be filled in the coming months.

Other Premises expenditure is £5,000 over budget profile. This is a result of expenditure on maintenance and repairs for Independent Living equipment. There are approximately 324 stair lifts, 19 thru floor/wheelchair lifts and 77 ceiling track hoists requiring an annual service and potentially repairs. For quarter two, the cost included 155 visits to 132 properties, an increase of 42 visits and 36 sites on the first quarter. This increase has placed additional pressure on the budget.

Expenditure on Aids and Adaptations is £23,000 over budget half way through the financial year and this trend is expected to continue for the remainder of the year. As more service users are supported within their own homes, as opposed to moving into residential homes, this places pressure on this budget as more modifications to homes are required.

COMPLEX CARE POOL

Revenue Budget as at 30th September 2015

	Annual Budget £'000	Budget To Date £'000	Actual To Date £'000	Variance To Date (overspend) £'000
Expenditure				
Intermediate Care Services	3,561	1,215	1,209	6
End of Life	192	122	142	(20)
Sub Acute	1,743	753	738	15
Urgent Care Centres	615	615	615	0
Joint Equipment Store	810	205	205	0
Contracts & SLA's	1,197	200	178	22
Intermediate Care Beds	596	298	314	(16)
BCF Schemes	2,546	923	923	0
Community Care:				
Residential & Nursing Care	20,960	8,331	8,235	96
Domiciliary & Supported Living	9,569	5,259	5,257	2
Direct Payments	3,706	2,728	2,740	(12)
Day Care	463	152	160	(8)
Contingency	518	0	0	0
Total Expenditure	46,476	20,801	20,716	85
Income				
Residential & Nursing Income	-5,018	-2,401	-2,394	(7)
Community Care Income	-1,583	-617	-595	(22)
Direct Payments Income	-193	-113	-125	12
Income from other CCGs	-114	-57	-50	(7)
BCF Income	-9,451	-4,284	-4,284	0
Contribution to Pool	-12,166	-6,158	-6,158	0
ILF Income	-571	-285	-285	0
Other Income	-50	-50	-47	(3)
Total Income	-29,146	-13,965	-13,938	(27)
Net Divisional Expenditure	**17,330**	**6,836**	**6,778**	**58**

The overall net expenditure budget is £58,000 under budget profile at the end of quarter 2 of the financial year.

Intermediate Care Services includes spend for the Therapy & Nursing Teams, Rapid Access Rehabilitation and Reablement.

There is a projected underspend on CCG Contracts due to Ship Street property vacancy. This underspend may actually increase as remaining tenants might move out.

Net Community Care is currently £54,000 under budget profile but is being monitored and analysed regularly via count and spend information which is shown below.

The total number of clients receiving a residential care package decreased by 0.5% during the first half of the financial year, from 604 clients in April to 601 clients in August. However the average cost of a residential package of care increased from £547 to £552 for the same period.

The total number of clients receiving a domiciliary package of care increased by 2.54% during the first half of the year, from 867 clients in April to 889 clients in August. The average cost of a domiciliary care package increased from £198 to £213 in the same period.

The total number of clients receiving a Direct Payment increased by 21% during the first half of the year, from 379 clients in April to 459 clients in August. The reason for the increase is previously Independent Living Funded service users now coming under the management of local authorities. The average cost of a DP package increased from £252 to £258 for the same period.

The Adult Health and Social Care budget will continue to be monitored closely due to its volatile nature.

Capital Projects as at 30th September 2015

	2015-16 Capital Allocation £'000	Allocation To Date £'000	Actual Spend To Date £'000	Total Allocation Remaining £'000
Disabled Facilities Grant	500	250	119	381
Stair lifts (Adaptations Initiative)	250	125	92	158
RSL Adaptations (Joint Funding)	200	100	55	145
Community Meals Oven	10	0	0	10
Total	**960**	**425**	**266**	**694**

Comments on the above figures:

Spend on Disabled Facilities Grants funded projects, Stairlift Adaptations and Joint Funded RSL Adaptations are currently running below budget profile. Total spend to date on the three initiatives amounts to £266k, compared with £357k for the equivalent period in the previous financial year. The bulk of the capital allocations for 2014/15 were substantially spent by year-end and it is currently assumed that this trend will continue in 2015/16, although the capital allocations will be monitored closely in-year in light of the current reduced spend levels.

The Community Meals Oven is a new project for 2015/16, and it is anticipated that the capital allocation will be fully spent during the year.

COMMISSIONING & COMPLEX CARE DEPARTMENT

Revenue Budget as at 30th September 2015

	Annual Budget £'000	Budget To Date £'000	Actual To Date £'000	Variance To Date (overspend) £'000
Expenditure				
Employees	7,533	3,514	3,414	100
Premises	243	130	136	(6)
Supplies & Services	2,102	1,051	1,053	(2)
Carers Breaks	427	289	288	1
Transport	187	94	86	8
Contracts & SLAs	90	45	41	4
Payments To Providers	3,531	1,440	1,440	0
Emergency Duty Team	93	23	14	9
Other Agency Costs	640	296	289	7
Total Expenditure	**14,846**	**6,882**	**6,761**	**121**
Income				
Sales & Rents Income	-218	-149	-142	(7)
Fees & Charges	-176	-88	-62	(26)
CCG Contribution To Service	-360	-155	-133	(22)
Reimbursements & Grant Income	-536	-230	-228	(2)
Transfer From Reserves	-620	0	0	0
Total Income	**-1,910**	**-622**	**-565**	**(57)**
Net Operational Expenditure	**12,936**	**6,260**	**6,196**	**64**
Recharges				
Premises Support	174	96	96	0
Transport	450	222	222	0
Central Support Services	1,516	747	747	0
Asset Charges	62	0	0	0
Internal Recharge Income	-2,479	-397	-397	0
Net Total Recharges	**-277**	**668**	**668**	**0**
Net Departmental Total	**12,659**	**6,928**	**6,864**	**64**

Comments on the above figures:

Net operational expenditure is £64,000 below budget profile at the end of the second quarter of the financial year.

Employee costs are currently £100,000 below budget profile. This results from savings made on vacant posts, specifically in relation to Day and Mental Health Services.
In the case of Day Services, the majority of these posts have now been recruited to, and the spend below budget is not anticipated to continue at this level for the remainder of the year. A significant saving proposal has been put forward in relation to
The Mental Health Services staffing budget for the 2016/17 financial year onwards relating to the deletion of vacant posts. The the current year underspend is therefore not set continue for the 2016/17 budget year onwards.

Income is below target to date. There is an anticipated shortfall on Fees & Charges income as a result of revised contract arrangements for the homeless hostel. Additionally, income received from the Clinical Commissioning Group is projected to be below target. This income relates to Continuing Health Care funded packages within Day Services and the Supported Housing Network. The income received is dependent on the nature of service user's care packages. The shortfall is currently estimated to be in the region of £40,000 for the full year.

Trading income from Day Services ventures is forecast to over-achieve this year, principally as a result of contract for student work placements with Riverside College.
A temporary savings target reflecting this increased income is to be considered as part of the 2016/17 budget setting process.

At this stage in the financial year, it is anticipated that a balanced budget overall will be achieved for the year. Whilst income is projected below target, this will be offset by in-year savings in other areas, principally on savings on staff turnover above the set target.

Capital Projects as at 30th September 2015

PUBLIC HEALTH & PUBLIC PROTECTION DEPARTMENT

Revenue Budget as at 30th September 2015

	Annual Budget £'000	Budget To Date £'000	Actual To Date £'000	Variance To Date (underspend) £'000
Employees	3,121	1,524	1,430	94
Supplies & Services	281	109	105	4
Other Agency	21	21	17	4
Contracts & SLA's	4,193	1,643	1,634	9
Total Expenditure	**7,606**	**3,297**	**3,186**	**111**
Other Fees & Charges	-64	-32	-24	(8)
Sales Income	-26	-51	-43	(8)
Reimbursements & Grant Income	-59	-38	-38	(0)
Government Grant	-8,786	-2,204	-2,204	0
Transfer from Reserves	30	0	0	0
Total Income	**-8,965**	**-2,325**	**-2,309**	**(16)**
Net Operational Expenditure	**-1,359**	**972**	**877**	**95**
Recharges				
Premises Support	166	83	83	0
Central Support Services	2,180	252	252	0
Transport Recharges	21	6	5	1
Net Total Recharges	**2,367**	**341**	**340**	**1**
Net Departmental Total	**1,018**	**1,313**	**1,217**	**96**

Comments on the above figures:
In overall terms, the Net Operational Expenditure for the second quarter of the financial year is £96,000 under budget profile.

Employee costs are currently £94,000 under budget profile. This is due to savings being made on vacancies within the department, in particular within the Health Improvement Team. Some of these vacancies have been advertised and are expected to be filled during the third quarter.

From 1st October 2015, the commissioning of the Children's Public Health Services moved to local authorities. The responsibilities are for Health Visiting Services and Family Nurse Partnership (FNP) services (targeted service for teenage mothers). This transfer of 0-5 Children's Services increases the public health grant for 2015/16 by £1.41million.

However, in June the Chancellor of the Exchequer announced a package of savings to be made across Government Departments in 2015/16, which included a reduction of £200 million from this year's public health grant. This in year reduction represents a 6.2% cut to the national public health grant. Government have consulted on how the reduction should be applied to individual Council public health allocations but no decision has yet been made. Based on a straight percentage cut across all Councils the indicative reduction for the Halton is £632,000.

Therefore, despite this report indicating a net overall under spend for the first half of 2015/16; the expected in year reduction to the grant will leave the department reliant on reserves to achieve a balanced budget position.

Explanation of Symbols

Symbols are used in the following manner:

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

Direction of Travel Indicator

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

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

Implementation of High Risk Mitigation Measures – Quarter 2 to 30th September 2015

The purpose of this report is to provide an update concerning the implementation of mitigation measures for those areas of risk which have been assessed as high within the Directorate Risk Register that are relevant to the Health Policy and Performance Board.

Business Area – Prevention and Assessment Services

Business Objective / Project	
Ref	**Description**
PA 1	Working in partnership with statutory and non-statutory organisations, evaluate, plan, commission and redesign services to ensure that they meet the needs of and improve outcomes for vulnerable people.

Assessment of current risk(s)

Item	**Identified Risk**	Impact (*Severity*)	Likelihood *(Probability)*	**Score (I x L)**
1	*Failure to effectively manage the development and implementation of Complex Care Pooled budget arrangements.*	4	3	**12**
3	*Care Act not fully and/or effectively implemented.*	4	4	**16**

Risk control measure(s)		Lead Officer	Timescale Review	Residual Impact	Residual Likelihood	**Residual Score**
1	1.1 Effective governance arrangements in place, portfolio holder for Health to chair the Board. 1.2 Contingency arrangements within the authorisation process. 1.3 Expand current arrangements for pooled budgets to include the Better Care Fund.	Sue Wallace-Bonner	Quarterly	4	2	**8**
3	1.1 Overarching strategic implementation group, sub-groups and project plans to ensure full implementation. 1.2 Full involvement in national and regional workstreams. 1.3 Executive Board Members fully aware of stages and implications of implementation.	Sue Wallace-Bonner	Quarterly	4	2	**8**

Progress update

1. Governance arrangements working well. Predicted underspend on budget for year-end. Pooled budget now includes the Better Care Fund. Two recent audits of the Pool completed, giving substantial assurance and the Care Act is now fully implemented.

Implementation of High Risk Mitigation Measures – Quarter 2 to 30th September 2015

Business Area – Prevention and Assessment Services

Business Objective / Project						
Ref	**Description**					
PA 2	Continue to effectively monitor the quality of services that are commissioned and provided in the borough for adult social care service users and their carers					
Assessment of current risk(s)						
Item	**Identified Risk**			Impact (*Severity*)	Likelihood *(Probability)*	**Score (I x L)**
1	*Failure to effectively monitor service quality, which could put service users at risk.*			4	4	**16**
Risk control measure(s)		Lead Officer	Timescale Review	Residual Impact	Residual Likelihood	**Residual Score**
1	*1.1 Integrated Safeguarding Unit.* *1.2 Effective systems within the Quality Assurance section.*	Sue Wallace-Bonner	Quarterly	4	2	**8**

Progress update
Quality of service continues to be monitored. Regular updates to the Safeguarding Board.

Implementation of High Risk Mitigation Measures – Quarter 2 to 30th September 2015

Business Area – Prevention and Assessment Services

Business Objective / Project						
Ref	**Description**					
PA 3	Compliance with the new legal requirements of Deprivation of Liberty Safeguards (DoLS).					
Assessment of current risk(s)						
Item	**Identified Risk**			Impact (*Severity*)	Likelihood *(Probability)*	**Score (I x L)**
1	*Failure to comply with statutory duty due to the impact of the Supreme Court Judgement.*			4	4	**16**
Risk control measure(s)		Lead Officer	Timescale Review	Residual Impact	Residual Likelihood	**Residual Score**
1	*1.1 Project and action plans agreed by Communities SMT.* *1.2 Communication to providers from Strategic Director, Communities.* *1.3 Regular updates to Communities SMT.*	Sue Wallace-Bonner	Quarterly	4	2	**8**

Progress update
New legal requirements fully implemented resulting in increased demand. Regular updates to SMT continue to monitor impact.