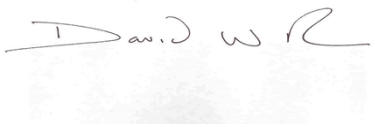
Public Document Pack

Health Policy and Performance Board

Tuesday, 18 September 2018 at 6.30 p.m.
Council Chamber - Town Hall, Runcorn



Chief Executive

BOARD MEMBERSHIP

Councillor Joan Lowe (Chair)	Labour
Councillor Sandra Baker (Vice-Chair)	Labour
Councillor Marjorie Bradshaw	Conservative
Councillor Lauren Cassidy	Labour
Councillor Mark Dennett	Labour
Councillor Charlotte Gerrard	Labour
Councillor Margaret Horabin	Labour
Councillor Chris Loftus	Labour
Councillor June Roberts	Labour
Councillor Pauline Sinnott	Labour

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, 27 November 2018

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

Part I

Item No.		Page No.
1.	**MINUTES**	**1 - 8**
2.	**DECLARATIONS OF INTERESTS (INCLUDING PARTY WHIP DECLARATIONS)** Members are reminded of their responsibility to declare any Disclosable Pecuniary Interest or Other Disclosable Interest which they have in any item of business on the agenda, no later than when that item is reached or as soon as the interest becomes apparent and, with Disclosable Pecuniary interests, to leave the meeting during any discussion or voting on the item.	
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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.

HEALTH POLICY AND PERFORMANCE BOARD

At a meeting of the Health Policy and Performance Board held on Tuesday, 19 June 2018 at Council Chamber, Runcorn Town Hall

Present: Councillors J. Lowe (Chair), Baker (Vice-Chair), Cassidy, Dennett, Horabin, C. Loftus, June Roberts, Sinnott and D. Wilson – Co-optee Healthwatch Halton

Apologies for Absence: Councillor Osborne

Absence declared on Council business: Councillor M. Bradshaw

Officers present: S. Wallace-Bonner, M. Vasic, A. Jones and H. Moir

Also in attendance: Dr Andrew Davies – Clinical Chief Officer, NHS Halton CCG & NHS Warrington CCG and Maria Austin – NHS Halton CCG

ITEMS DEALT WITH UNDER DUTIES EXERCISABLE BY THE BOARD

Action

HEA1 MINUTES

The Minutes of the meeting held on 27 February 2018 having been and circulated were signed as a correct record.

HEA2 PUBLIC QUESTION TIME

It was confirmed that one public question had been received. The Member of the public was not at the meeting to present the question, so a response would be provided from Dr Andrew Davies, Clinical Chief Officer, NHS Halton CCG & NHS Warrington CCG.

HEA3 HEALTH AND WELLBEING MINUTES

The minutes of the Health and Wellbeing Board from its meeting on 17 January 2018 were presented to the Board for information.

RESOLVED: That the minutes be noted.

HEA4 HEALTH POLICY AND PERFORMANCE BOARD ANNUAL REPORT : 2017/18

The Board received the Health Policy and

Performance Board's Annual Report for April 2017 to March 2018.

The Chair conveyed her thanks to all Members of the Board and Officers, for their commitment and support throughout the year.

RESOLVED: That the Annual Report for April 2017 to March 2018 be noted.

HEA5 BRIDGEWATER COMMUNITY HEALTHCARE NHS FOUNDATION TRUST

The Board received a presentation from Dr Andrew Davies, Clinical Chief Officer, NHS Halton Clinical Commissioning Group (CCG), which provided an update on Bridgewater Community Healthcare NHS Foundation Trust.

It was reported that during 2017-18 NHS Halton CCG had a contract in place with Bridgewater Community Foundation Trust and during that period a number of clinical quality concerns had been raised with the Trust, specifically around leadership, workforce and sustainability. The CCG had been working with other commissioners in a collaborative commissioning forum to agree arrangements that would reinforce and continue to build upon the services provided by Bridgewater by addressing the issues associated with the health and well-being of the residents of Halton.

The update outlined the quality surveillance timelines, escalating quality concerns, and the quality risk profile tool used by commissioners. It was noted that a follow up Quality Risk Profile (QRP) meeting with commissioners, regulators, NHS England and Bridgwater was planned in August 2018, to assess progress.

Members were pleased to hear that the surveillance was being carried out on Bridgewater following the CQC inspection outcome last year. They requested the presentation detailed above be emailed to them for further scrutiny. The Chair requested that a further update be brought to the Board for the September 2018 meeting.

RESOLVED: That the Board note the contents of the report and associated presentation.

Director of Adult Social Services

HEA6 EVERYONE EARLY HELP STRATEGY 2018-2021

The Board received a report from the Strategic

Director – People, which presented the new *Everyone Early Help Strategy* that combined children, adults and public health. The draft document was appended to the report.

It was reported that services to support children, families and vulnerable adults were facing unprecedented challenges. It was clear that early help and prevention services should make up the cornerstone of any delivery model. If low-level needs could be prevented from developing into more serious or acute needs, then this was advantageous to both the provider and service user. It was noted that effective early help and prevention could not only increase independence, improve outcomes and the quality of life for individuals, but also provide a financial return to the Local Authority in the form of cost avoidance and a reduction in the use of more expensive, acute resources.

Members were advised that this transformation in thinking was about undertaking a whole system review of the approach to early help and prevention, with a focus on increasing the resilience of communities and their potential to help themselves, supported by a planned prioritisation of resources, integration, collaboration and understanding the benefits that early help could have on a wide range of longer term outcomes for everyone involved.

The report advised of Halton's approach to early help and prevention where there had been a long standing commitment across all agencies and strategic partners. It was noted that the Council had restructured in 2016-17 to combine the adult and children directorates to create the People Directorate. Following this it was agreed to create a new joint early help strategy that would sit across the new People Directorate. The report continued discussing the five key aims of the Strategy, and then the three priorities within the Strategy that all agencies would work towards to help further embed early help principles.

Overall Members agreed that help in the early years was important and they would like the Strategy to develop and be a success. They had some reservations with the priorities outlined in paragraph 3.7, requesting more clarity. They also questioned the framework of the Strategy and how would success be measured. In response it was commented that outcomes would be detailed in the delivery plan, which would be included as the document developed. Members discussed the importance of communities, schools, public health, the voluntary sector organisations and community organisations all being involved and brought together to ensure the success of the Strategy. Further, it

was suggested that a seminar be arranged to present the Strategy to all Members of the Council.

RESOLVED: That the Strategy be received and comments made noted. — Strategic Director - People

HEA7 PROCEDURES OF LOWER CLINICAL PRIORITY

The Board received an update from Dr Andrew Davies, following the public consultation and NHS Clinical commissioning Group's (CCG's) Governing Board decision on the Merseyside review of the Cheshire and Merseyside Procedures of Lower Clinical Priority.

By way of a reminder, in September 2017 the Board was informed of the Merseyside wide review of the existing Procedures of Lower Clinical Priority and the process being undertaken for the stakeholder and public engagement. The consultation lasted 12 weeks and was undertaken in Autumn 2017, with feedback being collated in November. Following this the policy development steering group reviewed the consultation feedback and made any final amendments where it was appropriate. The final set of policies were prepared and presented to each of the CCG's governing bodies in January 2018 (except Knowsley CCG when it was March). Following this all CCG Governing bodies approved the review and the proposed policies and had adopted them from the beginning of April 2018.

The following documents were appended to the report:

- Collaborative Policy Development Project: Governing Body paper seeking sign off of all policies reviewed to date, ahead of implementation with providers;
- Appendix 1 – Rationale for decisions tracker – suites 1 and 2 policies December 2017;
- Appendix 2 – Comparison document demonstrating the proposed changes for PLCP Policy 2018-19 against the current PLCP Commissioning Policy 2014-15 – December 2017;
- Policy Development Project Working Group Meeting 12 – Minutes 14 November 2017;
- Collaborative Policy Development Project: Governing Body paper seeking sign off of all policies reviewed to date, ahead of implementation with providers;
- Procedures of Lower Clinical Priorities – Reviewing Local Health Policies – supporting evidence; and
- Criteria Based Clinical Treatments.

It was commented that it was important to note that the existing policies had been in place for many years so the review was to bring them up to date with new procedures etc, and to bring consistency amongst them all.

The Chair suggested that a summary / table of changes would be helpful to the Board. Also the comments regarding the availability of mental health services for children under 16 years old and difficulties with funding requests being followed up were noted by Dr Davies. He advised that a follow up report could be submitted to the Board.

RESOLVED: That the Board

1) notes that NHS Halton CCG's Governing Body approved the review of the revisions to the policies in January 2018, following a presentation of the policy review to Halton's Health PPB which became operational on 18 April 2018; and

2) notes that the policies have adopted the current relevant national guidelines for care and comply with the general equity duties set within the national regulations.

The Chair, Councillor J. Lowe declared a Disclosable Other Interest in the following item, as her son's partner works for a domiciliary care provider, so she did not take part in any discussion.

HEA8 DOMICILIARY CARE & CARE HOMES – QUALITY UPDATE

Members received a report from the Strategic Director – People, updating them on key issues with respect to Domiciliary Care and Care Homes locally.

It was reported that it was a key priority for the Council to ensure the provision of a range of good quality services to support adults requiring commissioned care in the Borough. The Care Act 2014 had made this statutory through a choice of diverse high quality services that promoted wellbeing. It was noted that the Care Quality Commission (CQC) was responsible for the registration, inspection and assessment of all registered providers. However, the Care Act 2014 placed the duty of securing the quality of care in Halton on the Council itself.

In Halton it was noted that there were 26 registered care homes which provided 781 beds operated by 15

different providers. The capacity ranged from independent to large providers, with from 4 to 66 beds. The report went on to discuss the CQC ratings and comments made by them and discussed the functions of the Council's Quality Assurance Team. Appendix 1 provided performance data relating to the care homes.

It was noted that with regards to domiciliary care, there were 4 contracted provider agencies that covered the area providing 700 people with supportive packages of care delivering 22,000 care hours per month. Appendix 2 provided performance data relating to domiciliary care.

Members discussed the performance data provided and the capacity of care homes in Halton, which was presently extremely high at about 98%. The following was also discussed and noted:

- The difficulties faced by domiciliary care agencies and their staff who have to use public transport, as some areas had poor transport links or none at all;
- The difficulties faced in recruitment and retention of staff;
- The Council had recently purchased two care homes that were struggling;
- The Council had a statutory duty to work with private care homes to help sustain them;
- The Council worked in partnership with Care Home providers, ensuring that they were accountable for the services being provided.

RESOLVED: That the Board notes the contents of the report and its associated appendices.

HEA9 NHS HALTON CCG CONSULTATION & ENGAGEMENT

The Board received a report from the Strategic Director – People, presented by Dr Andrew Davies, which informed them of the NHS Halton CCG engagement and consultation requests from the following three GP practices:

1) Appleton Village Surgery: requesting consideration of a new build;
2) Beeches Medical Centre: requesting being relocated to another site;
3) Upton Rocks Practice: proposing the closure of Hale Village branch site.

The report provided details of the reasons for the requests made by the GP practices which were discussed in

detail by the Board. It was noted that the website links to the consultations would be shared with the Board, as would the outcomes of the consultations when they were over.

RESOLVED: That

Director of Adult Social Services

1) a robust programme of consultation and engagement is undertaken with all relevant stakeholders;

2) responses to the concerns regarding the Appleton Village new build be noted;

3) a 12 week consultation is undertaken with Beeches Medical Centre patients to understand any patient concerns and aid the decision making process regarding the proposed location; and

4) a 12 week consultation is undertaken with Upton Rocks Hale Village patients to understand any patient concerns and aid the decision making process regarding the proposed closure of Hale Village branch site.

HEA10 DRAFT TOPIC BRIEF FOR SCRUTINY REVIEW OF CARE HOMES – FUTURE SUSTAINABILITY

The Board received the draft Topic Brief for the Scrutiny Review of the Care Homes – Future Sustainability.

It was noted that further to a meeting held on 13 December 2017 with Members of the Board, the following priorities were agreed for Adult Social Care for 2018-19:

- Care Homes – Future Sustainability;
- Supported Housing / Accommodation Review;
- Acute Trust / Acute Mental Health – National pressures and how these translated into local pressures; and
- Accountable Care System.

Following the Health PPB in February 2018 and following discussion, Members chose the *Care Home – Future Sustainability* as the area for the scrutiny review during 2018-19. The draft Topic Group brief had been prepared and was attached with the report for approval.

It was noted that the scrutiny would start in June 2018 with a visit to Millbrow Care Home on 28 June 2018 at 3pm for the official opening. The final report and recommendations would be presented at the February 2019

meeting of the Health PPB.

RESOLVED: That the Board

1) approve the draft Topic Brief for the Scrutiny Review of the Care Homes – Future Sustainability; and

2) agrees that the membership of the Topic Group be open to all Members of the Board.

HEA11 PERFORMANCE MANAGEMENT REPORTS, QUARTER 4 2017/18

The Board received the Performance Management Reports for Quarter 4 of 2017/18.

Members were advised that the report introduced, through the submission of a structured thematic performance report, the progress of key performance indicators, milestones and targets relating to health in Quarter 4, which included a description of factors which were affecting the service.

The Board was requested to consider the progress and performance information and raise any questions or points for clarification and highlight any areas of interest or concern for reporting at future meetings of the Board.

It was noted that the Council had recently joined *Ripfa,* organisation which offered a research engine to promote evidence based practice and provided training opportunities. Officers had received positive feedback on them from social workers.

RESOLVED: That the Quarter 4 priority based reports be received.

Meeting ended at 8.25 p.m.

REPORT TO: Health Policy & Performance Board

DATE: 18 September 2018

REPORTING OFFICER: Strategic Director, Enterprise, 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 Chair 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: 18 September 2018

REPORTING OFFICER: Chief Executive

SUBJECT: Health and Wellbeing minutes

WARD(s): Boroughwide

1.0 PURPOSE OF REPORT

1.1 The Minutes of the Health and Wellbeing Board meeting held on 28 March 2018 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, 28 March 2018 at The Halton Suite - Halton Stadium, Widnes

Present: Councillors Polhill, (Chair), T. McInerney, Woolfall and Wright and N. Atkin, P. Cooke, G. Ferguson, P. Frost, T. Hemming, T. Hill, N. Gregory, M. Larkin, W. Longshaw, E. O. Meara, D. Nolan, D. Parr, J. Regan, D. Roberts, R. Strachan.

Apologies for Absence: B. Dutton, A. Fairclough, A. McIntyre, M. Pickup, S. Wallace Bonner and S. Yeoman.

Absence declared on Council business: None

ITEM DEALT WITH
UNDER DUTIES
EXERCISABLE BY THE BOARD

Action

HWB28 MINUTES OF LAST MEETING

The Minutes of the meeting held on 17th January 2018 having been circulated were signed as a correct record.

HWB29 HEALTHY NEW TOWN HALTON HOSPITAL AND WELLBEING CAMPUS - PRESENTATION

The Board received a presentation from David Parr, Chief Executive Halton Borough Council, who provided an update on the development of the Healthy New Town Halton Hospital and Wellbeing Campus. A £40 million bid had been submitted to NHS England to create a Hospital and Wellbeing Campus at the very heart of Halton Lea, which would bring together all of the elements to deliver a seamless health and social care system for the people of Halton.

However, it was reported that NHS England had announced 40 hospitals and community centres that would receive a combined total of £760 million and the Halton bid had been unsuccessful. It was noted that only six facilities across the entire north were granted funding and none were in Merseyside or Cheshire and only one in the North West.

The Board expressed their disappointment that the bid had been unsuccessful but agreed that although it would be a challenge to gain funding for the Healthy New Town Halton Hospital and Wellbeing Campus, work would continue to achieve this.

RESOLVED: That

1. The current position on the development of the Healthy New Town Halton Hospital and Wellbeing Campus be noted; and — Chief Executive

2. Regular reports be provided to the Board as the Healthy New Town Halton Hospital and Wellbeing Campus proposal is developed.

HWB30 ONE HALTON PREVENTION MODEL AND FRAMEWORK PRESENTATION

The Board received a presentation from the Director of Public Health, outlining the work that had taken place to date to develop the One Halton Prevention Model and Framework.

The Board was advised that the aim of *One Halton* was to deliver a place based health, integrated, user friendly, prevention model. It would make the most of local talents and assets, services and providers and enable people to stay well and within reason manage their own health. It aimed to improve health outcomes so that people live longer, healthier and happier lives.

It was noted that the next stage in the development of the model and framework would be to:

- Share the draft model for discussion – March 2018
- Scope what we currently have for prevention – April 2018
- Decide 5 key initiatives we would like to focus on initially – May 2018
- Develop an action plan – June 2018
- Share the plan with the Board – September 2018

RESOLVED: That the presentation be received.

HWB31 ALL-AGE AUTISM STRATEGY

The Board considered a report of the Strategic Director, People, which provided an update on the new Halton All-Age Autism Strategy.

The Board was advised that the current Autism Strategy was developed in 2012. Since then, a number of national reports relating to Autism had been published and in addition, Halton took part in the Autism Self-Assessment Framework, which was completed at the end of 2016.

A working group was established in July 2017 to move forward with planning a new All-Age Autism Strategy, with questionnaires, consultation and a draft strategy produced, as detailed in the report. The development of the All-Age Autism Strategy aimed to take a more joined up and holistic approach to developing opportunities and realising potential for people with Autism at every stage of their lives. It was noted that the Health Policy and Performance Board had considered a report on the proposals at its meeting on 27 February 2018.

RESOLVED: That the contents of the report and appendices be noted.

HWB32 CARE QUALITY COMMISSION (CQC) - LOCAL SYSTEM REVIEW (LSR) OF HEALTH & SOCIAL CARE IN HALTON: ACTION PLAN UPDATE

The Board received a report of the Director of Adult Social Services, which provided an update on progress towards the actions included in the Action Plan developed following the Care Quality Commission (CQC) – Local System Review (LSR) of Health and Social Care in Halton. The Plan included details on those actions which had been completed and the progress to date of those actions which were outstanding.

RESOLVED: That the Board note the contents of the report and associated appendix.

HWB33 ONE HALTON

The Board considered a report of the Chief Executive / Strategic Director, People, which provided an update on *One Halton*.

One Halton would deliver a single fully integrated place based health, wellbeing and social care system for the

people of Halton. It had wellness at its heart and would address health and social care needs of the local community.

The *One Halton* Strategic Vision built on the initial commitment of partners to improve the delivery of health and social care by enabling people to take more responsibility for their own health and wellbeing; with people staying in their own homes and communities as far as possible; and when complex care was required, it was timely and appropriate.

To progress *One Halton*, the Council and its partners had established a *One Halton* Accountable Care System Board (the Board), to provide a forum to provide system leadership and meaningful engagement in the development of *One Halton*. Members noted that Appendix 1 contained information about general progress and the emerging approach to *One Halton*. Appendix 2 set out the emerging thinking of a new "model of care", led by the Halton GP Federations and Bridgewater NHS Community Care Trust.

RESOLVED: That

1. the progress of *One Halton* be noted;
2. the better integration of health and social care services which are essential, and that additional investment in local services is badly needed, be supported; and
3. the Board receive further updates on the progress of *One Halton*.

Chief Executive

HWB34 TRANSFORMING DOMICILIARY CARE

The Board received an update report on the progress of the Transforming Domiciliary Care Programme. Domiciliary Care describes the delivery of care and support services to people within their own homes. The Council had recommissioned the domiciliary care provision for the borough with a lead agency, Premier Care. The contract was for up to 7 years providing stability and security in this sector.

On behalf of Premier Care, John Regan attended the meeting and advised the Board on the progress of the contract, including details on the recruitment and retention of staff.

RESOLVED: That the report be noted.

HWB35 COMMUNITY SHOP

The Board considered a report of the Chief Executive, which provided a progress report on the development of a Community Shop in Halton.

The Board was advised that the Community Shop model was a supermarket with a targeted membership which aimed to tackle food poverty. The concept was to provide quality branded food at discounted prices to reach people that needed help to achieve financial independence. This was achieved by redistributing food that was surplus in the supply chain, which would otherwise end up in landfill.

It was reported that after undertaking a feasibility study, commissioned by Big Local and Well Halton in September 2017, a site in Windmill Hill was identified as a suitable location for the opening of a Community Shop in Halton. Regardless of its location, it was noted that all households that were eligible for membership within the Borough would have the opportunity to become members as part of a rolling programme that would target identified areas of need. Alongside this, Members were advised that a Community Shop would provide employment and training opportunities; provide financial and debt advice; reduce dependence on food banks; and offer two-course low cost lunches to its members.

RESOLVED: That the Board support the continued development of a Community Shop in Halton, as outlined in the report.

HWB36 SUPPORT FOR KEY GOVERNMENTAL ACTION ON OBESITY

The Board considered a report of the Director of Public Health, which provided information on new options to tackle obesity. It was recognised that the causes of obesity are complex, environmental, physiological and behavioural factors all interrelate and play their part in influencing the prevalence of obesity. At a local level Halton had a wide range of activities to tackle obesity. This included:

- An integrated healthy lifestyle and wellness programme;
- Health planning policies; and

- 0-19 service working with schools to be health promoting.

However it was felt that national government needed to do more to support the efforts of local areas in particular to take the lead on following three areas of action, details of which were outlined in the report:

- Implement the food revolution;
- Tackle food poverty; and
- Introduce a fairer and greater obesity focus of the use of the sugar levy.

RESOLVED: That the Board note the contents of the report and support the three key areas for government action.

Meeting ended at 3.21 pm

REPORT TO: Health Policy & Performance Board

DATE: 18th September, 2018

REPORTING OFFICER: Strategic Director, People

PORTFOLIO: Health and Wellbeing

SUBJECT: Strength's Based Approaches

WARD(S) Borough-wide

1.0 PURPOSE OF THE REPORT

1.1 Following a presentation to the PPB on the "Everyone Early Help Strategy 2018 – 2021, Early Help For Everyone In Halton – Children, Young People, Adults, Families", during the presentation members raised a query on a reference made to Strengths Based approaches and requested additional information. This report offers a brief introduction to the presentation to be offered on "Strength's Based" Approaches to the PPB on September 18th 2018 Board Meeting.

2.0 RECOMMENDATION: That:

i) The Report be noted

ii) Presentation to be offered for information, and consideration by the PPB.

3.0 SUPPORTING INFORMATION

3.1 The Care Act 2014 statutory guidance for Adult social care, requires local authorities to 'consider the person's own strengths and capabilities, and what support might be available from their wider support network or within the community to help' in considering 'what else other than the provision of care and support might assist the person in meeting the outcomes they want to achieve'. In order to do this the assessor 'should lead to an approach that looks at a person's life holistically, considering their needs in the context of their skills, ambitions, and priorities'.

Local authorities should identify the individual's strengths – personal, community and social networks – and maximise those strengths to enable them to achieve their desired outcomes, thereby meeting their needs and improving or maintaining their wellbeing.

3.2 <u>What is a strengths-based approach to care?</u>

Strengths-based practice is a collaborative process between the person supported by services and those supporting them, allowing them to work together to determine an outcome that draws on the person's strengths and assets. As such, it concerns itself principally with the quality of the relationship that develops between those providing and those being supported, as well as the elements that the person seeking support brings to the process. Working in a collaborative way promotes the opportunity for individuals to be co-producers of services and support rather than solely consumers of those services.

3.3 "A strengths-based approach to care, support and inclusion says let's look first at what people can do with their skills and their resources and what can the people around them do in their relationships and their communities. People need to be seen as more than just their care needs – they need to be experts and in charge of their own lives. "

Alex Fox, chief executive of the charity Shared Lives

3.4 The phrases 'strengths-based approach' and 'asset-based approach' are often used interchangeably. The term 'strength' refers to different elements that help or enable the individual to deal with challenges in life in general and in meeting their needs and achieving their desired outcomes in particular. These elements include:

- Their personal resources, abilities, skills, knowledge, potential, etc.
- Their social network and its resources, abilities, skills, etc.
- Community resources, also known as 'social capital' and/or 'universal resources'.

(Extracts from SCIE social care institute for excellence.)

4.0 POLICY IMPLICATIONS

4.1 There are no policy implications at this time

5.0 OTHER/FINANCIAL IMPLICATIONS

5.1 None at this time.

6.0 IMPLICATIONS FOR THE COUNCIL'S PRIORITIES

6.1 Children & Young People in Halton

None at this time.

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

None at this time.

6.3 **A Healthy Halton**

None at this time.

6.4 **A Safer Halton**

None at this time.

6.5 **Halton's Urban Renewal**

None at this time.

7.0 **RISK ANALYSIS**

7.1 The Strength's based approaches agenda does not pose risks to the council at this time.

8.0 **EQUALITY AND DIVERSITY ISSUES**
None at this time.

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

Document	**Place of Inspection**	**Contact Officer**
Strengths based approaches	SCIE Website	Marie Lynch
Care Act 2014	Department of Health	Marie Lynch
Chief Social Worker for Adults Annual Report 2017-18	From Strength to Strengths-Strengths based practice and achieving better lives".	Marie Lynch

REPORT TO: Health Policy & Performance Board

DATE: 18th September, 2018

REPORTING OFFICER: Strategic Director, People

PORTFOLIO: Health and Wellbeing

SUBJECT: Named Social Worker Pilot

WARD(S) Borough-wide

1.0 **PURPOSE OF REPORT**

1.1 To make the Board aware that Halton was awarded £92,827 from the Department of Health as one of six sites taking part in Phase 2 of the Named Social Worker Pilot, which has been delivered within the Transition Team, between September 2017-April 2018

To confirm the approach that the Transition Team took, in working with the pilot and the outcomes that came from this for the people who had engaged with the pilot and HBC.

2.0 **RECOMMENDATION**

RECOMMENDED: That

(1) The Board note the contents of the report and comment on a future NSW approach with complex cases.

3.0 **SUPPORTING INFORMATION**

3.1 The Named Social Worker Pilot has been initiated by the Department of Health (DoH) in response to the 2015 consultation 'No voice unheard, no right ignored', which sought views on strengthening the rights of people with learning disabilities, autism and mental health conditions to enable them to live more independently. The DoH funds the Innovation Unit (a social enterprise) and the Social Care Institute for Excellence (SCIE) to support local areas, co-ordinate the pilot and evaluate the scheme.

3.2 The project has built up an understanding on how having a named social worker can contribute to individuals with learning disabilities achieving better outcomes; specifically that they and their family are in control of decisions about their own future, and are supported to live with dignity and independence. It has been about trying something different, piloting new ideas and generating early and indicative evidence as to their impact.

3.3 Phase 1 of the project ran from October 2016 to March 2017 across six pilot sites. Halton successful in being selected as one of the six pilot sites for Phase 2, which ran from October 2017 to March 2018.

The other sites involved in Phase 2 are Liverpool, Sheffield and Hertfordshire (which were involved in Phase 1 also) and Bradford and Shropshire, which are new sites along with Halton. In total £400k of funding was awarded with Halton being given the second largest amount.

3.4 The Named Social Worker programme supported sites to make changes to social work practice and wider system conditions that will improve outcomes and experiences for individuals with learning disabilities, and for the people around them. In practice, the model has varied from one place to another but the ambition for all the sites was to:

- Provide excellent person-centred support for individuals with learning disabilities and the people around them;
- Equip and support social workers to be enablers of high quality, responsive, person centred and asset based care;
- Build more effective and integrated systems that bring together health, care and community support and deliver efficiency savings.

3.5 The programme has been high-profile with direct involvement from Lyn Romeo (Chief Social Worker). It has been very fast-paced and intensive with an expectation that outcomes are evaluated and evidenced by the end of the pilot. Dedicated support was provided by the Coach assigned to the Halton Principal Manager, along with other members of the Transition Team took part in weekly webinars (three hours duration) and there was also two conference calls per month. A key element of the programme has also been about sharing information with the other pilot sites and each site contributed to a shared facility. A high level of commitment and staff resource was required as part of the programme and this was over a short period of time, as can be seen from the project timescales below:

- September to October 2017: model design/development;
- November 2017 to February 2018: implementation and learning;
- March 2018: evaluation and planning for sustainability
- Halton's bid was extremely well-received, as evidenced by the amount of funding awarded (especially considered against the size of the area); as a result there was an expectation that the project will result in positive outcomes and this was rigorously monitored and evaluated by the Innovation Unit

3.6 Halton's model was adopted within the newly established Transition Team working with Seventeen, 17-18 year-olds with Complex learning and /or physical disabilities who have an Education, Health and Care (EHC) Plan. The NSW Funding gave us additional social worker capacity in order to deliver this work. The Social Workers have worked intensely with these young people and their families to prevent crisis intervention:

- The Social Workers have helped young people and families to understand what works already (and what doesn't) in order to develop a new approach to working with the young people who are often seen as the most challenging and who often end up in out-of-area residential placements
- work with young people and those that support them to develop plans that are true to the strengths and needs of individuals and that help them to thrive within their communities
- Support social workers to reflect together on their practice and develop a better understanding of the skills and behaviours that enable relational working. Whilst building on a strong foundation of integrated health and social care services in order to ensure that future planning is seamless

3.8 **The approach**

The transition team NSWs took a proactive approach to working with young people, working alongside the children's health nurses and schools to identify the young people who needed support the most and prioritising them for intense intervention. They also worked closely with a local advocacy agency, Halton Speak Out and Bright Sparks, to understand what 'good transition' looked like from the young people's perspective and to produce a video to help engage them.

3.9 **The impact**

- Young people and the people around them developed a positive relationship with their NSW outside a period of crisis. They learned about the transition process earlier than they would have in a 'business as usual' model. They had the opportunity and time to feed their own views into person-centred plans for the future. This reduced anxiety around transition and improved the quality of their care packages.
- Named social workers reported an increase in confidence around the knowledge, skills and values required to do good social work with young people with learning disabilities. They were motivated by the opportunity to put these skills into action.
- Partners across the system, including Children's social services, advocacy agencies and health teams were engaged with and fed into the process, creating a place-based approach to transition in Halton. This has raised awareness of the need for a strengths-based and early intervention approach to transitions

3.10 The new packages of care, based on the young people's needs and preferences (particularly those which have seen reductions to respite packages and changes to residential settings) led to some significant financial savings (or costs avoided) for the local authority,

(See Case Studies' in **Appendix 1 and 2**)

4.0 POLICY IMPLICATIONS

4.1 An accessible review document has been developed, which has proved successful, when coming to the review stage how the young person feels about the support they have received from their social worker. **(See appendix 3).**

5.0 SAFEGUARDING IMPLICATIONS

5.1 None identified.

6.0 FINANCIAL/RESOURCE IMPLICATIONS

6.1 The funding has been received from the DoH and although the pilot ended in March 2018, the DoH are happy for the funding to carry over to the next financial year. An advanced Practitioner and social work post will be in place until April 2019.

The overall evaluation of the pilot will be made available in July 2018 and will provide a review of the cost saving for Social Care in care packages but also savings for the wider community, eg, Police. This work has been completed by York Consultancy.

7.0 OTHER IMPLICATIONS

7.1 None at this time.

8.0 IMPLICATIONS FOR THE COUNCIL'S PRIORITIES

8.1 Children & Young People in Halton

None identified

8.2 Employment, Learning & Skills in Halton

None identified

8.3 A Health Halton

None identified

8.4 A Safer Halton

None identified

8.5 Halton's Urban Renewal

None identified

9.0 RISK ANALYSIS

9.1 The funding for the NSW pilot will end on the 31st March 2019. There is a risk of not being able to manage the sustainability of this approach with young people, families and other professionals, after the funding ends and delivering the outcomes that has been achieved.

10.0 EQUALITY AND DIVERSITY ISSUES

10.1 An Equality Impact Assessment (EIA) is not required for this report.

Appendix 1

Named social worker project

LS

LS

- I started working with LS to plan his move from care when he turns 18
- LS lives in care because he could not be kept safe at home due to his behaviours, LS has a lot of difficulties managing his emotions and actions when he is anxious, confused or frustrated.
- There has been a lot of confusion amongst professionals about LS's diagnoses and what services can best support him
- During our planning to move back to Halton LS's care provider said they could not manage his safely anymore and we had no choice but to find him another place to live, the time frame was very short and nothing local could be sourced that parents agreed with

What is important to LS?

- LS was very clear that he wants to move back to Halton to be near his family
- LS has lots of interests in activities and sports but needs support to keep him safe when doing these, LS doesn't want to be supported by 2 staff but understands this is because of his behaviour
- LS wants to please others but finds this difficult because of how he behaves sometimes
- It is important to LS to be seen as a grown up and not be treated like a child

As a named social worker…

- I started working with LS on making a person centred plan for moving on from care when he is 18
- I have advocated within the multi-disciplinary team for LS's wishes to move back to Halton to be respected and balanced with the risks
- I have stayed involved in LS's case despite him moving over 1.5 hrs away so that he has continuity of people involved and try to support his long term aim of moving back to Halton of this is possible
- Completed transition assessment of LS's needs
- Worked closely with his children in care social worker to ensure his new placement is meeting his needs and wishes

Before the pilot/background

- LS was living in a children's home, he is in Care on section 20 order. LS lives in care due to his aggressive challenging behaviours which were too risky for his adoptive parents to manage at home. LS is loved and supported by his family but they could not keep LS, themselves and LS's younger sister safe in the family home.
- Although LS's family were involved in his life they did not have experience of having much 'say' in his care, this was managed well but by Children's social care
- LS had always expressed his view that he wanted to return to Halton, parents' view was that he should not return to Halton due to risks he presents to the family when he absconds. Professionals involved with LS generally agreed with parents.
- LS's rights to make decisions appeared to be superseded by risk management plans. Mental Capacity Act procedures had not been used

Update March 2018

During the pilot

- Unfortunately LS's children's home placement broke down in November. LS was placed in Derbyshire as an emergency as there was no where closer that could manage his needs.
- I worked on a plan to support LS into a supported living environment with a bespoke staff team around him, this aimed to get LS back to Halton, develop independent living skills and learn about 'adulthood'. Parents and children's services did not agree with this plan and LS was placed in Derbyshire.
- The settling in period in Derbyshire appeared to go well. I used this time to try to build on my relationship with parents and explain more about supported living and how this might work.
- Since January the placement has struggled to manage aggressive behaviours. A number of emergency multi-agency meetings were held to try and stabilise the placement. Plans were not successful and have culminated in notice being served, meaning a new placement is needed. Derbyshire have refused to transport LS to school. I arranged a personal assistant to drive LS to and from school.
- There has been police involvement due to incidents of aggression and LS is awaiting the outcome of a Youth Offending Panel. I have advocated on LS's behalf, with the other professionals around LS that the criminal justice route is not the right one for LS due to his complex needs.
- I have again worked on a plan of LS moving into supported accommodation. This has at times been unsupported by parents due to their concern for his safety. LS still wants to move closer to his family. Although LS has a clear idea of where he wants to live, he cannot manage his behaviour to keep himself and others safe.
- Due to the risks LS poses to himself and others secure accommodation under the Mental Health Act has also been explored. The risk of being detained remains.

Update March 2018

Now

- Parents are now aware of the Mental Capacity Act and understand that LS has the right to make decisions as an adult
- Parents have been very involved in care arrangements and have interviewed potential providers with me and commissioning. We have built an honest and open relationship
- Police are considering an 'out of Court sanction' for the charges against LS
- LS is not currently being considered for an admission to secure accommodation
- LS knows there are plans for him to move closer to home
- An Independent social worker has been commissioned for a mental capacity assessment around accommodation
- A referral to Halton's self-advocacy service has been made
- LS is waiting to be allocated a learning disability nurse for when he returns to Halton
- Although there are many challenges ahead the team around LS is 'on the same page' and using a solution focussed approach to make future plans that are in line with LS's wishes but are appropriately safe and with risks balanced against freedom

Update March 2018

- I have developed my confidence and skills in advocating in a multi-disciplinary environment, using knowledge of legislation and policy to rationalise my position
- I have had the support of my strong team which has helped me maintain direction and a solution focussed approach to supporting LS and his wishes
- I have had the time to build relationships; with children's social care professionals, family, positive behaviour support service
- Building relationships and trust has resulted in a team approach to LS's case and an agreed future plan of moving LS back to Halton which may not have been achieved without these relationships and mutual understanding

Because of the NSW project…

Named Social Worker Project

PETER

Prevention of hospital admission
Need for holistic view of problem solving
Need for consistent person centred support
Working with Peter, his family, and the MDT
Finding and supporting a new care provider
Finding a suitable home and resolving housing issues

What is important?

- Peter left the family home to live in short term accommodation due to concerns about his behaviour at home
- Concerns escalated as behaviour's increased in severity and frequency
- Care provider withdrew giving no notice following incidents where staff sustained injuries
- High risk of hospital admission due to risk to self and others
- MDT requested SW intervention…

What is important?

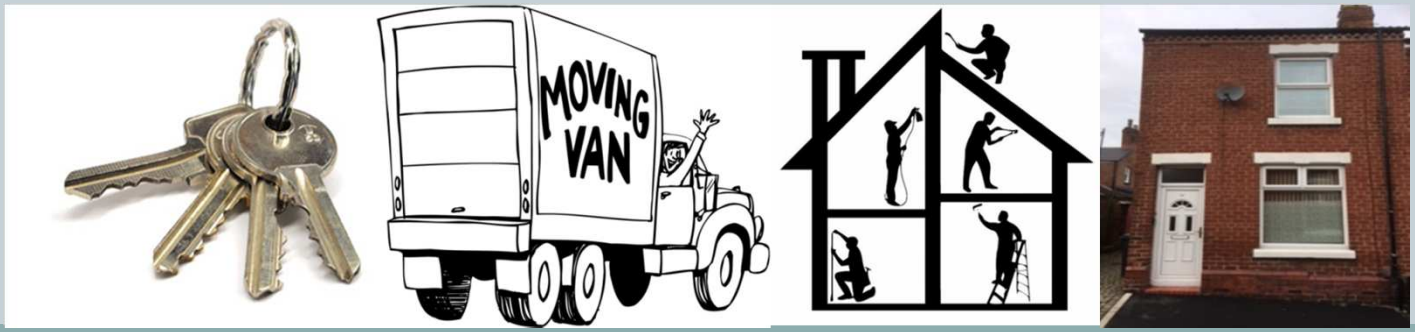
- Consistent positive support to enable Peter to feel secure
- For Peters wellbeing to be central to plans
- To have his own home, his own space
- To be supported appropriately when out in the community
- To be given information about what is happening in a format he can understand

How did having a Named social worker help?

- Lead professional with a holistic overview
- Building a relationship with LF but also with the MDT
- Family and professionals know who to contact
- Dedicated time
- Resolving the little things as well as the big things
- Getting the right support for Peter and supporting the agency to get it right for Peter
- Finding LF's house and getting that right for Peter

How did having a Named social worker help?

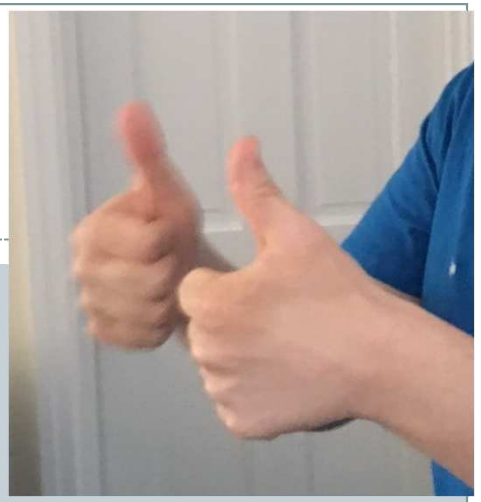
- Having time to have conversations with Peter and his support staff and his family
- Unpicking the detail when things go right and when they don't
- Supporting Peter to make his own decisions
- Protecting Peter rights while also keeping him and other people safe from harm



How did having a Named social worker help?

- Peter was at risk of hospital admission, instead he has been supported to live in his own home in his home town near to family and familiar places, close to the railway station which he loves and close to open spaces where he can go for walks. He has a trained and dedicated support staff team who are getting to know him really well.

Update March 2018



- Things are going really well for Peter, as NSW I have reduced his support from 2:1 at home with both waking and sleeping night support to 1:1 with just one sleeping support staff at night.
- As NSW I have kept good contact with him, his family, his support staff and the wider MDT, as things have settled I have gradually reduced his support.
- Peter was needing 3:1 support to access the community in order to keep himself and others safe. He can now happily go to quieter local places that he knows with just one support staff, he still has an extra member of staff to go to more stimulating activities such as a local disco – Peter loves to dance!
- Peter has a girlfriend that he meets at the disco, he has told his mum he loves her!
- Peter is still very close to his mum and as NSW I have supported her and the agency to develop a good working relationship. Mum knows that she has someone to speak to if she is worried about anything.
- I am continuing to work with Peter and his now much smaller MDT to keep an eye on the details and keep his support focussed on his growing independence.

Appendix 3

Getting your feedback – Named Social Worker Project

Your social care worker will fill out this section:

Service User Name:_____CareFirst6 No.:_____

Your named social worker:_____

Your named social worker has been supporting you through your transition process.

In the past this process might have involved you working with a few different social workers – depending on who was available when you contacted us.

We would like to find out if having a particular, named social worker is helpful.

We would like you to ask you a few questions

Please tick one box to answer each question ☑

Question 1

Is your named social worker easy to contact?

☐ **No** ☐ **Unsure** ☐ **Yes**

Question 2

Do you understand the information given to you by your named social worker?

☐ No information 

☐ Some information 

☐ All information 

Question 3

Do you feel listened to by your named social worker?

☐ No 

☐ Unsure 

☐ Yes 

Question 4

Do you feel you can ask questions of your named social worker?

☐ No 

☐ Yes 

Question 5

Have you felt able talk about everything you wanted to?

☐ No, I did not talk about everything I wanted to 

☐ Unsure, I talked about some of the things I wanted to 

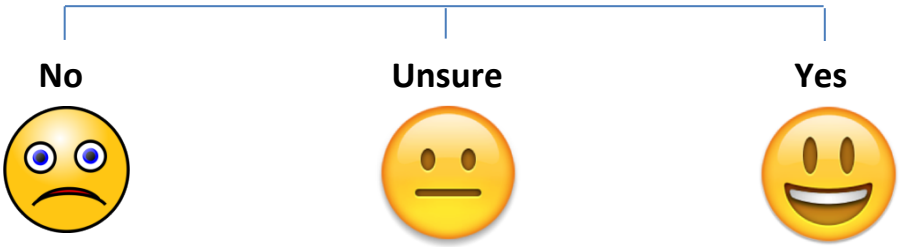
☐ Yes, I talked about everything I wanted to 

Question 6

Do you feel that having a named social worker gives you more control over your transition process?

Question 7

Has your social worker done what they said they were going to?



Question 8

Is there anything else you want to say about having a named social worker?

Please write you answer in this box, you can ask for help to write your comments:

Thank you. Your completed questionnaire can be returned to: Transition Team, Halton Borough Council, Ground Floor, Runcorn Town Hall, Heath Road, Runcorn, WA7 5TD.

If you would like to give more detailed feedback, in the form of a compliment or complaint, please contact the Adult Social Services Customer Care Team Tel: 0151 511 6941 Email: ssd.complaints@halton.gov.uk

For information about data protection please go to www.halton.gov.uk/privacy

REPORT TO: Health Policy & Performance Board

DATE: 18th September 2018

REPORTING OFFICER: Chief Commissioner, NHS Halton CCG

PORTFOLIO: Healthcare Commissioning

SUBJECT: Urgent Care Centres

WARD(S) Borough-wide

1.0 PURPOSE OF THE REPORT

1.1 To provide the Board with an update on the Review of the 2 Urgent Care Centres and subsequent actions taken by NHS Halton CCG to transform these centres into Urgent Treatment Centres (UTCs) as part of the One Halton transformation of health provision in Halton.

2.0 RECOMMENDATIONS

i) The Board notes the initial findings of the review
ii) Notes the progress and timeline associated with the procurement process towards UTC's.
iii) The Board note and agree the proposal to improve the consistency of GP cover at both sites rationalising the medical cover to a specified number of hours during the times where we see peak demand.

3.0 SUPPORTING INFORMATION

3.1 The *"Next Steps on the NHS Five Year Forward View (5YFV)"* published on 31 March 2017 describes how the 5YFV's goals will be implemented over the next two years. Urgent and Emergency Care (UEC) is one of the national service improvement priorities. One element of the UEC section of the FYFV is the *"Roll-out of standardised new 'Urgent Treatment Centre specification'.* NHS Halton CCG commissioned the provision of two Urgent Care Centres (UCC) in 2015. Currently the services are provided by Bridgewater Community Foundation Trust (Widnes UCC) and Warrington & Halton Foundation Trust (Runcorn UCC). Both providers have been delivering services based on a draft service specification and it was agreed by the CCG to re specify the services required to meet the national requirements of the proposed Urgent Care Treatment Centre Guidance and undertake a number of actions.

3.1.1 The actions agreed by the CCG are as follows;

1. Undertake an immediate desk top review of the two Urgent Care Centres (UCC's);

2. To commission an independent review of the services provided;

3. To serve notice on the current draft specification and providers and re procure both centres;

4. To work as part of One Halton with local GP's and clinical colleagues from Bridgewater, St Helens and Knowsley Trust & Warrington and Halton Foundation Trust to ensure the future model is fit for the population of Halton and is consistent with the aspirations of the One Halton health and wellbeing transformation model.

5. To review and implement an interim safe and consistent medical provision (GP's) within a reduced set of hours (yet to be determined)

3.2 **National UTC Standards**

A set of core standards for urgent treatment centres (UTC) was published in July 2017 to establish as much commonality as possible. The requirements are that Halton residents will:

a. Be able to access urgent treatment centres that are open at least 12 hours a day, 7 days a week, clinically led staffed by GPs, nurses and other clinicians, with access to simple diagnostics, e.g. bloods urinalysis, ECG and in some cases X-ray.
b. Have a consistent route to access urgent appointments offered within 4hrs and booked through NHS 111, ambulance services and general practice. A walk-in, on the day access option will also be retained.
c. Increasingly be able to access routine and same-day appointments, and out-of-hours general practice, for both urgent and routine appointments, at the same facility, where geographically appropriate.
d. Know that the urgent treatment centre is part of locally integrated urgent and emergency care services working in conjunction with the ambulance service, NHS111, local GPs, hospital A&E services and other local providers.

3.3 **Case for change**

The marked difference between the current UCC specification and the proposed UTC specification is the pre bookable appointments and the opportunity to have an integrated primary and secondary care model which enables patients to access same day urgent health care. The Urgent Treatment Centres will be the cornerstone of integrated urgent care delivery and ensure 24/7 community urgent care. The development of the UTC model will deliver a standardisation approach to urgent unplanned care and simplify access, as well as improved patient care and increasing the level of convenience as patients will no longer feel the need to travel and queue at A&E and or travel out of Borough.

3.4 **Interim arrangements from 1.10.2018 – 1.03.2019**

Interim arrangements are to standardise GP medical cover for a set period of time (yet to be determined) 7 days a week. This will ensure a high level of consistency and service level provision.

3.4.1 Patients attending during the hours when a GP is not on site will be seen by an Advanced Nurse Practioner (ANP) who can prescribe medication, request diagnostics and treat as appropriate. The GP medical cover will support decision making and to allow interpretation of the diagnostic results and to confirm on going treatment requirements. The GP provides additional clinical support to the ANP as and when required. The GP will also see and treat appropriate patients and if the ANP is unable to conclude the patient's treatment there is the facility for the ANP to book an appointment later on that day with the GP.

3.4.2 The GP standardised hours still allows for patient demand to be met and offers the equivalent of an additional 50 GP appointments per day for Halton patient

3.5 Findings from the initial desk top review

The initial desk top review of both the Widnes and Runcorn UCC's, was to provide a deeper, richer, data-driven understanding of the challenges and opportunities for the management and delivery of urgent care within Halton. The outcomes from this work enabled the CCG to make an informed decision to expand the review and commission an independent review of the current service provision and provide evidence and recommendations to take forward as part of its commissioning priorities.

3.6 The two UCC's provide high-quality assets to both the Widnes and Runcorn communities, and appear to be highly valued by the local population, as demonstrated by the Friends and Family test (FFT) scores.

3.7 The UCC's have high quality estate and facilities, including advanced diagnostics, ambulance bays and clinical observation areas.

3.8 However, the review found the purpose of the centres was unclear and lacked clarity on the specification and service delivery. Patients, professionals and commissioners described their purpose differently.

Are they a Walk In Centre?
A drop in centre or a UCC?
Are they "an extension to primary care" to alleviate pressure in this area?
Do they just contribute to "AED attendance and admission avoidance"?

3.9 The draft specification does not contain the necessary level of detail to ensure the purpose was delivered or monitored effectively and performance data is varied due to the lack of consistent key performance indicators and requirements within the specification.

3.10 Whilst there are challenges with some of the data, the available data and anecdotal evidence suggests that a significant proportion of patients attending UCC's, attend with "low-level" health challenges that could potentially be dealt with through self-care, or elsewhere in the out of hospital system.

3.11 There appears to be very limited numbers of conveyances by ambulance to the UCC's (available data suggest numbers vary between 0.1% - 0.5% of attendances).

3.12 The balance of nursing staffing due to the acuity of pf patient conditions appears to be towards the more senior end of the professional scale and excessive for what patients require.

3.13 In short, the UCCs have not lived up to the expectations of the public, commissioners and providers, resulting in concerns raised, due to the inconsistency of provision and ineffective service delivery.

3.14 The Independent Review

NHS Halton CCG commissioned Midlands and Lancashire Commissioning Support Unit (M&LCSU) to undertake a full and proper review of the 2 UCC's. It was to use the initial evidence to support the ground work and to liaise direct with the service providers and health watch. As Health Watch had been observing and interviewing patients for a number of months and the evidence gained was supportive of the re-specification proposal.

3.15. This review was to provide an independent view and evidence with recommendations and actions to develop the current specification and to advise the CCG if it is appropriate and right for our population to update the specification and move from a UCC to UTC.

3.16 UTC Procurement

Considering all of the above and the requirement to develop a new specification, a six month contractual notice has been served on the current specification to both providers from July 2018 ; this was to inform a new specification and procurement process commenced.

3.17 This is to give time to inform a new specification and put in place an effective procurement process.

3.18 There is a detailed project plan in relation to the procurement and the process commenced on 27th July 2017. The key dates are as follows:

Activity	**Date**
Market engagement event	18th September 2018
Procurement Process commences	25th September 2018
Procurement process concludes	End of March 2019
Appointment and mobilisation	April 2019
Mobilisation period	July 2019
Contract start date	August 2019

3.19 Following the initial review of the UCC's it was considered that there could be a potential risk due to the inconsistent cover of locum GPs provided in both UCC's. The provider had been unable to provide GP cover consistently to the required level. The impact of this was that the service had not been delivered according to the originally agreed model and the contractual obligations have not been met. Through the CCG governance process a decision has been made to standardise the GP hours at the centre. The GP hours will be focussed on those times where the medical cover is most needed based on patient demand.

3.20 Provision for the interim period of 8 months commencing 1st October 2018 will see standardised GP cover 6 hours a day 7 days a week (times to be confirmed) from within both Widnes and Runcorn sites.

The purpose of the GP will ensure patients with primary medical conditions can be seen, diagnosed and treated for "on the day" urgent care needs. For example high fevers, respiratory conditions and infections.

3.21 A robust communication and engagement plan is being developed to support the work around the redesign of the new model of care for UTC's, which will include a number of engagement events to

facilitate the co-design process. This will be informed by the outcome of the Equality Impact Assessment and Quality Impact Assessment.

3.22 Integrated Urgent Care

The CCG as part of the wider One Halton work is fully committed to redesigning the out of hospital model and urgent care pathways to meet the new National Integrated Urgent Care Specification which Urgent Treatment Centres are a cornerstone of delivery. The above decisions are a positive step to implement part of this future model of care. The provision of an integrated 24/7 urgent care access, clinical advice and treatment service which incorporate NHS 111 call-handling and former GP out-of-hours services. The new national specification is just the starting point to revolutionise the way in which urgent care services are provided and accessed to ensure a consistent service. The future vision integrates urgent care services to allow direct booking, creating capacity during periods of demand, taking steps to integrate and promote partnership working to enhance and increase competencies in our workforce by enhancing the quality of our service provision.

4.0 POLICY IMPLICATIONS

4.1 The commissioning of quality, safe and effective health and care services is critical to ensuring improved care and outcomes for residents and supports NHS Halton CCGs Sustainability and Recovery Plan and Better Care Fund.

5.0 OTHER/FINANCIAL IMPLICATIONS

5.1 The review of Urgent Care Centres is in line with the most effective use of resource principles for the care and treatment of patients.

6.0 IMPLICATIONS FOR THE COUNCIL'S PRIORITIES

6.1 **Children & Young People in Halton**

Paediatric urgent care will still be provided at the Urgent Care Centres by highly trained and skilled paediatric nurses.

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

None

6.3 **A Healthy Halton**

The borough will benefit from two Urgent Care Centres which by August 2019 will be Urgent Treatment Centres. The Urgent Treatment Centres are a cornerstone in delivering integrated urgent care across health and social care to manage urgent care needs of patients as well as promoting self-care and public health advice.

6.4 **A Safer Halton**

None

6.5 **Halton's Urban Renewal**

None

7.0 **RISK ANALYSIS**

7.1 There is low risk associated with the proposal and an action plan will be in place to mitigate.

8.0 **EQUALITY AND DIVERSITY ISSUES**

8.1 A full Equality Impact Assessment will be conducted as part of the procurement process for Urgent Treatment Centre.

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

9.1 None under the meaning of the Act.

REPORT TO: Health Policy & Performance Board

DATE: 18th September 2018

REPORTING OFFICER: Strategic Director, People

PORTFOLIO: Health and Wellbeing

SUBJECT: Bridgewater Community Healthcare FT update

WARD(S) Borough-wide

1.0 **PURPOSE OF THE REPORT**

1.1 That the Board receive a further update in relation to Quality Surveillance at Bridgewater Community Healthcare NHS Foundation Trust as requested following the previous presentation in June 2018.

2.0 **RECOMMENDATION: That the Board:**

i) Receive and note the contents of the report.

3.0 **SUPPORTING INFORMATION**

3.1 The Board received assurance in June 2018 concerning the Quality Surveillance timeline from January 2018 through to June 2018 and will be aware that NHS Halton CCG undertakes both a monthly Contract review Meeting and a Clinical Quality Performance meeting as part of NHS Standard Contractual requirements alongside system surveillance.

Update as at 10th August 2018

NHS Halton CCG Paediatric Services at Woodview Child Development Centre

- A Clinical Audit was undertaken of Community Paediatrics with the Final Report completed July 2018
- Healthwatch Halton undertook an exercise to hear the Family, Carer and Children's Voice and Report Published July 2018
- A number of concerns were raised, therefore a formal Contract Performance Notice was issued and a resultant Action Plan produced by Trust
- Serious Incident Reported July 2018 in regard to records Management being investigated as part of national framework as a learning from incidents process due to be fully reported September 2018.
- Healthwatch Halton are working with Bridgewater to support service improvements in light of findings.
- The CCG are working with HBC Children's Service leads on oversight of wider paediatric service surveillance.

Bridgewater Community Healthcare FT system Surveillance

- Collaborative Commissioning Forum held 3rd August 2018 which enables whole system oversight and the information exchange continues alongside Quality Risk Profile Action Plan evidence.
- Quality Risk Profile follow up meeting with commissioners, Regulators and the Trust facilitated by NHS England scheduled for 7th September 2018. This meeting will review progress from April 2018 to date.
- The CCG currently have planned deep dive reviews of identified universal adult services to inform quality surveillance.

4.0 POLICY IMPLICATIONS

4.1 None associated with this report.

5.0 OTHER/FINANCIAL IMPLICATIONS

5.1 None associated with this report.

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**
None identified

6.4 **A Safer Halton**
None identified.

6.5 **Halton's Urban Renewal**
None identified.

7.0 RISK ANALYSIS

7.1 This Quality Surveillance is subject to all Risk management and governance processes.

8.0 EQUALITY AND DIVERSITY ISSUES

8.1 None associated with this report.

REPORT TO: Health Policy & Performance Board

DATE: 18th September, 2018

REPORTING OFFICER: Strategic Director, People

PORTFOLIO: Health and Wellbeing

SUBJECT: Adult Social Care Performance 2017/18

WARDS(S) Borough-wide

1.0 PURPOSE OF REPORT

1.1 To present HPPB with information on the Adult Social Care performance data for 2017/18.

2.0 RECOMMENDATION

RECOMMENDED: That PPB

(i) note the report and attached appendices;
(ii) consider the performance information; and
(iii)raise any questions or points for clarification

3.0 SUPPORTING INFORMATION

3.1 Introduction

The Adult Social Care Outcomes Framework measures were developed by the Department of Health and Social Care (DHSC), the Association of Directors of Adult Social Services (ADASS), and the Local Government Association (LGA).

The Adult Social Care Outcomes Framework (ASCOF) is used both locally and nationally to set priorities for care and support, measure progress and strengthen transparency and accountability.

The key roles of the ASCOF are:

- To provide councils with robust information that enables them to monitor the success of local interventions in improving outcomes, and to identify their priorities for making improvements. Local Authorities can also use ASCOF to inform outcome-based commissioning models.
- A useful resource for Health and Wellbeing boards that can use the information to inform their strategic planning and leadership role for local commissioning.
- The ASCOF also strengthens accountability to local people. By fostering greater transparency on the outcomes delivered by care and support

services, it enables local people to hold their council to account for the quality of the services that they provide, commission or arrange. Local authorities are also using the ASCOF to develop and publish local accounts to communicate directly with local communities on the outcomes that are being achieved, and their priorities for developing local services.

- Regionally, the data supports sector led improvement; bringing councils together to understand and benchmark their performance. This, in turn, stimulates discussions between councils on priorities for improvement, and promotes the sharing of learning and best practice.
- At the national level, the ASCOF demonstrates the performance of the adult social care system as a whole, and its success in delivering high-quality, personalised care and support. Meanwhile, the framework supports Ministers in discharging their accountability to the public and Parliament for the adult social care system, and continues to inform, and support, national policy development.

The Government does not seek to performance manage councils in relation to any of the measures set out in this framework. Instead, the ASCOF will inform and support improvement led by the sector itself, underpinned by strengthened transparency and local accountability.

An overview of the ASCOF measures can been seen in ***Appendix 1***.

3.2 **2017/18**

The 2017/18 data has yet to be published, however benchmarking data is collated on a quarterly basis and utilised by NWADASS sector led improvement board to benchmark NW authorities ***(Appendix 3)***, identifying any key risks across the region.

Appendix 2 provides the estimated benchmark information for 2017/18, and how Halton perform in comparison with other North West Authorities.

3.3 **Halton in the Northwest**

Generally Halton compare well to the North West in most of the ASCOF measures:

- The support we offer to carers: Carers receiving direct payments and self-directed support Halton perform exceptionally well at 98.6% for both measures compared to 72.8 and 81.7 as a North West average.
- The support we offer to Service Users: Service Users Direct payments is slightly below the North West average and Self Directed Support is 19.7 per cent lower than the North West.
- The support we offer to Older People is measured as % 65+ Service Users still at home 91 days after Reablement – We are currently lower than the North West, however this has improved dramatically for 2017/18 (by 15 per cent).
- The support we offer to adults with a learning disability: service users in

paid employment is slightly higher than the North West average and service users in settled accommodation is slightly lower than the North West average.

4.0 POLICY IMPLICATIONS

4.1 None applicable.

5.0 OTHER IMPLICATIONS

5.1 The data may differ slightly once published, however it does suggest couple of priority areas for Halton to consider for 2018/19 to improve the support to services users:

- Direct payments and self-directed support for service users
- Reablement outcomes at 91 days.

6.0 IMPLICATIONS FOR THE COUNCIL'S PRIORITIES

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

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

6.3 **A Healthy Halton**
None identified.

6.4 **A Safer Halton**
None identified.

6.5 **Halton's Urban Renewal**
None identified.

7.0 RISK ANALYSIS

7.1 None identified.

8.0 EQUALITY AND DIVERSITY ISSUES

8.1 None at this time.

Appendix 1 – Adult Social Care Outcomes Framework 2018/19 – at a glance

1: Enhancing quality of life for people with care and support needs

Overarching measures

1A. Social care-related quality of life

1J – Adjusted Social care-related quality of life – impact of Adult Social Care Services

Outcome measures

People manage their own support as much as they wish, so they are in control of what, how and when support is delivered to match their needs

1B. Proportion of people who use services who have control over their daily life

1C. Proportion of people using social care who receive self-directed support, and those receiving direct payments

Carers can balance their caring roles and maintain their desired quality of life

1D. Carer-reported quality of life

People are able to find employment when they want, maintain a family and social life and contribute to community life, and avoid loneliness or isolation

1E. Proportion of adults with a learning disability in paid employment

1F. Proportion of adults in contact with secondary mental health services in paid employment

1G. Proportion of adults with a learning disability who live in their own home or with their family

1H. Proportion of adults in contact with secondary mental health services living independently, with or without support

1I. Proportion of people who use services and carers, who reported that they had as much social contact as they would like.

2: Delaying and reducing the need for care and support

Overarching measure

2A. Long-term support needs met by admission to residential and nursing care homes, per 100,000 population

Outcome measures

Everybody has the opportunity to have the best health and wellbeing throughout their life, and can access support and information to help them manage their care needs
Earlier diagnosis, intervention and reablement means that people and their carers are less dependent on intensive services

2B. Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services

2D.Outcomes of short-term services: sequel to service.

Placeholder 2E: The effectiveness of reablement services

When people develop care needs, the support they receive takes place in the most appropriate setting and enables them to regain their independence

2C. Delayed transfers of care from hospital, and those attributable to adult social care

Placeholder 2F: Dementia – measure of the effectiveness of post-diagnosis care in sustaining independence and improving quality of life

3: Ensuring people have a positive experience of care and support

Overarching measures

People who use social care and their carers are satisfied with their experience of care and support services

3A. Overall satisfaction of people who use services with their care and support

3B. Overall satisfaction of carers with social services

Placeholder 3E. Effectiveness of integrated care

Outcome Measures

Carers feel that they are respected as equal partners throughout the care process

3C. Proportion of carers who report that they have been included or consulted in discussions about the person they care for

People know what choices are available to them locally, what they are entitled to, and who to contact when they need help

3D. Proportion of people who use services and carers who find it easy to find information about support

People, including those involved in making decisions on social care, respect the dignity of the individual and ensure support is sensitive to the circumstances of each individual

This information is contained in the Adult Social Care Survey and used for analysis at the local level

4: Safeguarding adults whose circumstances make them vulnerable and protecting them from avoidable harm

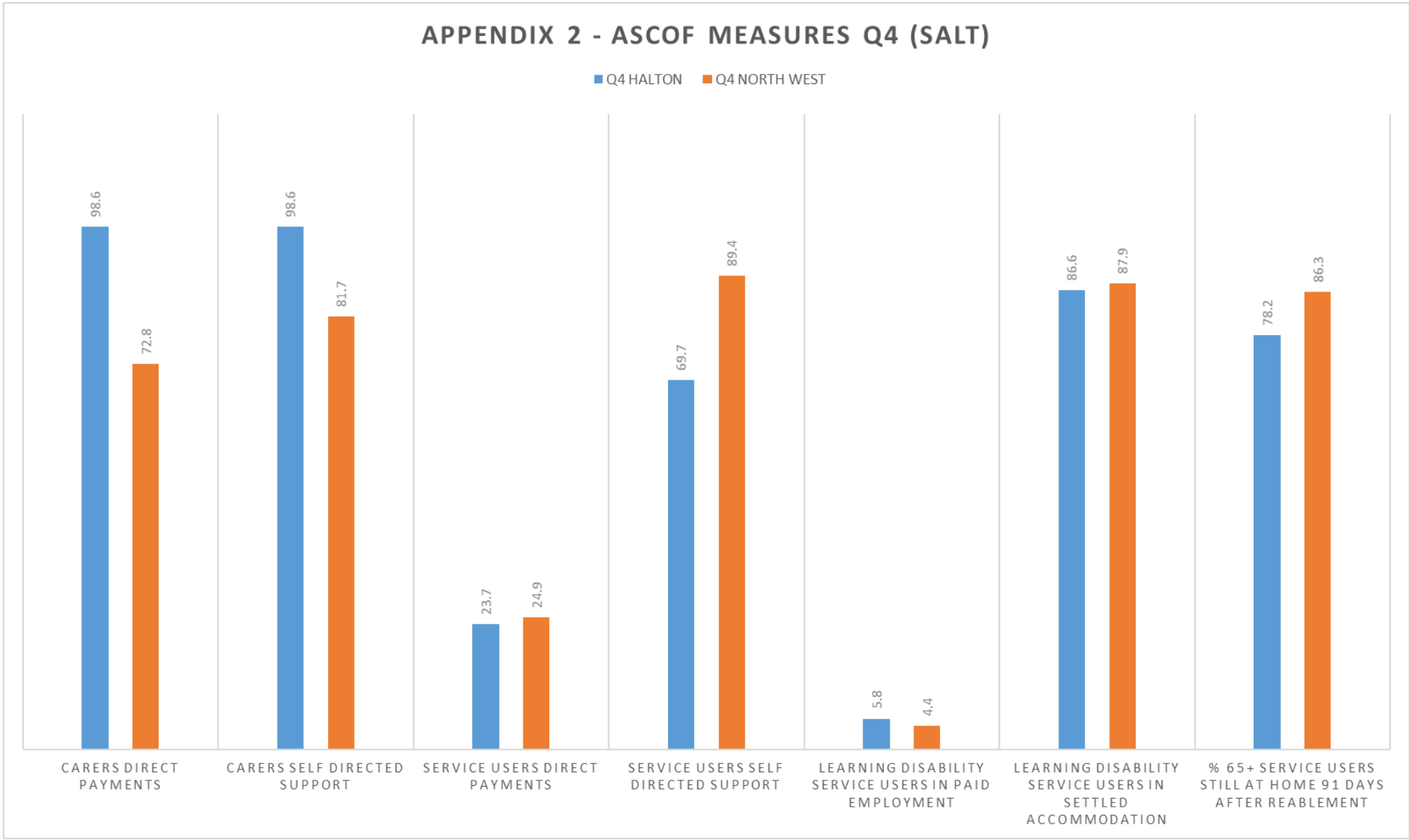
Overarching measure

4A. Proportion of people who use services who feel safe

Outcome measures

Everyone enjoys physical activity and feels secure
People are free from physical and emotional abuse, harassment, neglect and self-harm
People are protected as far as possible from avoidable harm, disease and injuries
People are supported to plan ahead and have the freedom to manage risks the way that they wish

4B. Proportion of people who use services who say that those services have made them feel safe and secure

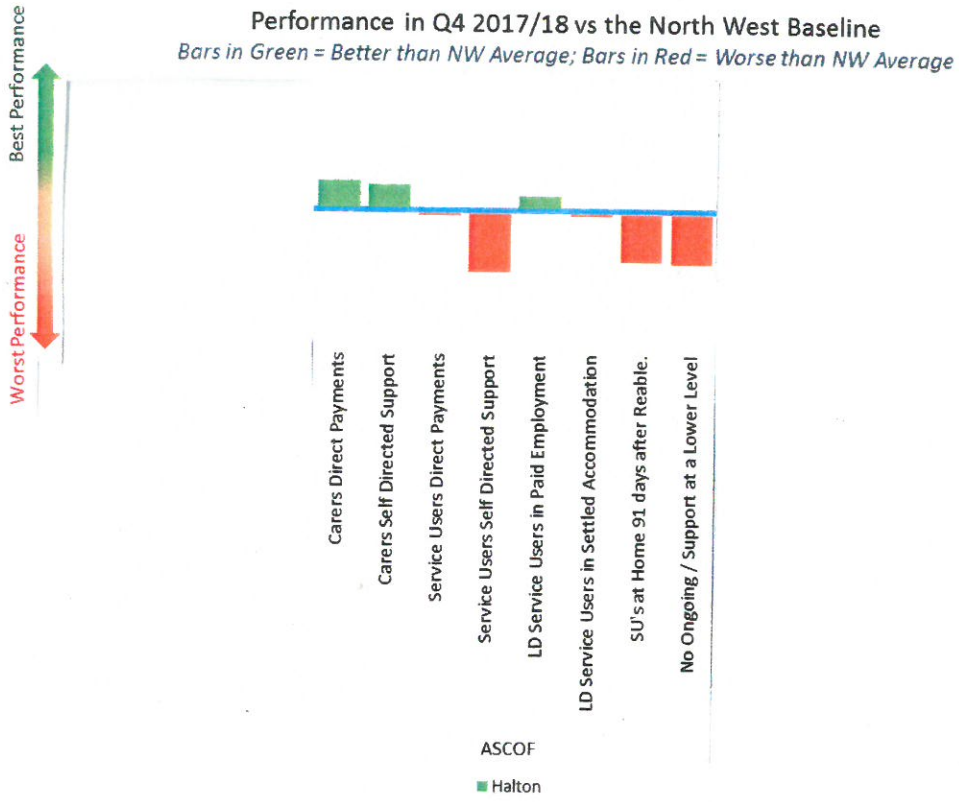

APPENDIX 2 - ASCOF MEASURES Q4 (SALT)
Q4 HALTON
Q4 NORTH WEST
98.6
72.8
98.6
81.7
23.7
24.9
69.7
89.4
5.8
4.4
86.6
87.9
78.2
86.3
CARERS DIRECT PAYMENTS
CARERS SELF DIRECTED SUPPORT
SERVICE USERS DIRECT PAYMENTS
SERVICE USERS SELF DIRECTED SUPPORT
LEARNING DISABILITY SERVICE USERS IN PAID EMPLOYMENT
LEARNING DISABILITY SERVICE USERS IN SETTLED ACCOMMODATION
% 65+ SERVICE USERS STILL AT HOME 91 DAYS AFTER REABLEMENT

directors of adass adult social services North West

SLI Quarterly Overview (Q4 2017/18): HALTON

COMPARING HALTON TO THE NORTH WEST BASELINE

Below is a summary of ASCOF performance measures, as at Q4 2017/18. The blue line represents the North West baseline figure, and where there is a red bar below this line, it means that your LA is performing at a worse level than the North West average. Similarly, if there is a green bar above the blue line, you are performing better. The further the bar is away from the baseline indicates you are further away (either better or worse) from the overall regional average.



SUPPORTING DATA TABLE – HALTON

Please note that in year ASCOF data is provided by the North West Performance Leads for internal benchmarking only. The data doesn't have the same quality assurance checks as year-end returns.

Indicator	Q4 2015/16	Q1 2016/17	Q2 2016/17	Q3 2016/17	Q4 2016/17	Q1 2017/18	Q2 2017/18	Q3 2017/18	Q4 2017/18	Trend Line
ASCOF										
Carers Direct Payments	98.1	0.0	0.0	0.0	87.9	73.7	99.1	99.3	98.6	
Carers Self Directed Support	98.1	0.0	0.0	0.0	87.9	73.7	99.1	99.3	98.6	
Service Users Direct Payments	28.0	25.2	28.3	26.2	19.1	24.2	27.9	29.0	23.7	
Service Users Self Directed Support	75.7	67.6	78.6	73.1	65.3	62.8	71.6	75.0	69.7	
Learning Disability Service Users in Paid Employment	6.9	6.8	7.2	5.7	5.9	5.5	5.0	5.0	5.8	
Learning Disability Service Users in Settled Accommodation	86.7	88.2	92.3	87.3	89.1	85.9	94.5	88.2	86.6	
% 65+ Service Users still at home 91 days after Reablement	63.3	0.0	0.0	0.0	62.1	0.0	0.0	0.0	78.2	

REPORT TO: Health Policy & Performance Board

DATE: 18th September 2018

REPORTING OFFICER: Strategic Director, People

PORTFOLIO: Health & Wellbeing

SUBJECT: Performance Management Reports, Quarter 1 2018/19

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 1 of 2018/19. This includes a description of factors which are affecting the service.

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

i) Receive the Quarter 1 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 1, 2018/19.

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 1: 1st April to 30th June 2018

1.0 Introduction

This report provides an overview of issues and progress against key service area objectives and milestones and performance targets, during the first quarter of 2018/19 for service areas within the remit of the Health Policy and Performance Board. These areas include:

- Adult Social Care (including housing operational areas)
- Public Health

2.0 Key Developments

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

Adult Social Care:

Developing the use of the Mental Health Resource Centre in Vine Street, Widnes

This development has been taking place for over eighteen months and is now near completion. Originally designed as a multi-purpose mental health resource centre, for some years the building had become underused. More recently, however, significant financial capital investment from the Borough Council, the North West Boroughs NHS Trust and NHS Halton Clinical Commissioning Group has allowed us to redesign the building, creating a resource containing borough council social workers, outreach workers and community support staff, with the addition of nurses, psychiatrists and psychologists (members of the North West Boroughs Assessment and Home Treatment Service) who will be occupying the ground floor. Additional investment from central government is allowing the further development of a comfortable room in the building for people in mental health crisis; individuals will be fully supported by nurses, and this should reduce the need for people to be admitted to hospital. All necessary building works have now been completed and we are only awaiting finalisation of lease arrangements, before the North West Boroughs staff can move in.

Learning Disabilities Nursing Team

The team are currently working with acute mental health services around providing training for staff members from Weaver and Bridge ward around learning disabilities.

The team are looking at how we manage crisis situations for clients and how this also sits with transforming care and the dynamic support database, this will be completed jointly with our health colleagues from North West Boroughs Health.

Clinical Commissioning Group are currently undertaking a review of Learning Disability Services and the team are involved in this and the task and finish groups.

We are currently completing 2 mortality reviews jointly with members of the safeguarding team as part of the Learning Disabilities Mortality Review Programme.

Re-ablement First and Transforming Domiciliary Care

These developments are underway. Re-ablement ensures that all people who may require care go through a programme of Re-ablement and support. The team includes occupational therapy and social work staff. People who then require long term care in their home are transferred to a long term package. This connects with the transforming domiciliary care programme which is developing a person centred approach to delivering care with an outcomes framework. Improving the quality of care being delivered through a focus on workforce development and capacity and demand management. Halton Borough Council Re-ablement Team and the Domiciliary Care providers are seeking to recruit further staff to increase the available capacity.

Community Connectors

There are two new local connector (Local Area Connector) posts. The 12 month pilot, is now underway, this is a new role that focuses on building strong partnerships with communities, agencies and services to develop their capacity to meet people's needs and grow an evidence base in order to inform effective strategic and operational direction of local area connectors.

They will be committed to enhancing the lives of all people and fairness and equality in communities through empowering people to make their own decisions and committed to developing positive relationships. They shall act as a single, local point of contact in an agreed area and proactively seek out vulnerable people who may benefit from a local area connector approach.

The Community connectors have already been busy providing advice, information and support in the community to people, families and their carers across service types. They aim to :-

Build long term relationships with around 50-65 people/families enabling them to:

- Access information in a variety of ways
- Be heard, in control and make choices
- Identify their personal strengths and aspirations
- Find practices (non-service) ways of doing the things they want or need to do
- Develop and use personal and local networks
- Plan for the future
- Connect with, be part of and contribute to local community life
- Access support and services if required, at the right time

They have identified a number of community based services and have been working closely with care management teams to make them aware of alternative services and opportunities available to people. They have also been involved in a number of micro projects, including chatty chairs, community fridges etc.

Social Work Matters Forum

The Principal Social Worker continues to meet with all social workers in a "Social Work Matters" Forum on a quarterly basis, to promote good practice. We continue to look at developing models of good practice and an ongoing part of this work. In addition we have joined Ripfa which offers a research engine to promote evidence based practice and several training opportunities, a presentation was made to staff explaining the benefits. An event looking at risk assessment took place in April, with social care staff facilitated by

Ripfa. Other events are being planned, in relation to suicide prevention and neurological disorders.

Occupational Therapy

Following on from the endorsement of the Occupational Therapy, progression policy the team now have an advanced Occupational Therapist practitioner in place who is now working, looking at improvements in working practice. Work on implementing single-handed care is ongoing which promotes independence of service users, further work is underway to continue develop this area. A training programme was undertaken and Halton Borough Council Occupational Therapists are now undertaking manual handling assessments which had previously been commissioned externally, this should support better quality assessment for service users. The team is involved in developing the use of Single Handed care equipment to support people in their own homes with less reliance on domiciliary care which can be intrusive in peoples lives.

Transition Team

A Transition Team in Halton, was set up in February 2017 as a pilot. The team has now established with 3 social workers, which originate from Children and Adult services. The role of the team is to ensure the smooth transition of young people with disabilities, from 14 years old to 25 who are leaving children's service into Adult services. They have introduced the named social worker pilot.
The Team was working on as part of a government scheme to pilot "Named Social Workers", since September 2017, on an approach championed by Lyn Romeo Chief Social Worker. It is One-to-one intense Social Work intervention for 15 17/18 year olds with learning disabilities, autism and mental health conditions. Halton is one of 6 Local Authorities; chosen to be part of a £400,000 Government investment, with Halton Borough Council receiving £92,827 from the scheme, The extra investment, has been received positively by those who used the service and their families.

The pilot is now complete and has given a clear sense of the difference that a named social worker can make in transforming learning disability services.
The 6 months of the pilot, has now come to an end and Halton Borough Council, will aim to continue with this model, with people with these Severe Learning Disabilities, who are now given one primary point of contact to provide advice, work with family and carers and encourage patients to live more independently in the community

The Department has also funded the Innovation Unit – a social enterprise – and the Social Care Institute of Excellence who are continuing to support Halton with the evaluation of the scheme and how we can best support its roll out across the council, as part of an integrated approach with health and Education.

Halton has been invited to work alongside Social Care Institute of Excellence, the Department Of Health and the innovation unit on rolling out national guidance on Transition, from Directors of Adult Social Services to social work Practitioners.

Safeguarding

Halton's Safeguarding Adult Board have launched its 'Ever wondered why?' marketing campaign. The aim of the campaign is to enable a greater awareness of safeguarding adults in order to prevent abuse and neglect and help to protect those members of our community who may be at risk of harm.

A range of information and resources have been developed to provide staff, carers and the wider community safeguarding information of what to look out for and what to do about it if someone is at risk of harm. The call to action is 'care enough to say something' and is included on the campaign posters. The resources available are:

- Safeguarding Adults Guidance Leaflet – for paid staff, volunteers and carers
- Safeguarding Adults advice leaflet – for parent/carers for safeguarding enquiries
- Easy read version of Safeguarding Adults
- Safeguarding Adults Pocket Alerter Cards – for the public and volunteers

Public Health:

The One Halton Board has now been developed to take forward an integrated whole system approach to tackling health and addressing inequalities. Recent data indicates that 1 year survival rate for Cancer has improved considerably, taking Halton from one of the poorest outcomes to one of the most improved 1 year survival rates in the region. The one year Cancer survival rate is now better than the England average. Halton's smoking rate has significantly improved so that it is now similar to the England average.

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:

Adult Social Care:

Review of the Mental Health Act 1983

One of the key priorities for this government has been the implementation of their commitment to undertake a fundamental review of the workings of the Mental Health Act 1983. This has been given further impetus by evidence that more people are being detained in hospital under the Act, with increasing pressure on inpatient and community mental health services. An independent review has been established, focusing on:

- What happens to people before detention: the range of support services available, types of professional approach, how decisions to admit are taken, the interface with the Mental Capacity Act, the role of the police
- What happens during detention: dignity, respect, autonomy, advance planning and treatment safeguards
- Tribunals, hospital managers' hearings and advocacy
- Leaving hospital: Community Treatment Orders, discharge and care planning, aftercare
- Issues for particular groups: Black, Asian and minority ethnicities, children and young people, learning disabilities and autism, criminal justice, court powers

An interim report was published in May 2018, identifying the above themes; subsequent work will consider:

- What interventions could reduce use of the Act and compulsory admissions
- How to take a "whole system" view of the issues
- How to mandate close interagency working
- Opportunities to improve risk and safety management

The aim is to deliver a final report by October 2018.

Internal Audit Review of Adult Mental Health Social Care Services

The Council's Internal Audit Service is conducting a review of the council's provision of adult mental health social care services throughout July 2018. The following areas have been identified for attention:

- Approved Mental Health Practitioners: their capacity, training, approval and re-approval
- Mental Health Social Work Team: referral and assessment process, carers assessments, reviews
- Mental Health Outreach Team: referral and assessment process, duration and nature of support, reviews
- Performance reporting

Social Care Green Paper

The Government announced its intention to publish a green paper with regards to funding for Adult Social Care by the summer of 2017. This has been pushed back to the autumn of 2018 to align with the Government's intention to develop a 10 year plan for the NHS. Information produced in June 2018 from the House of Commons library in June 2018 suggested that the paper would look at the issues of adults of working age and older people separately, there would be a further focus integration across health and social care, that funding issues would be addressed and the development of technological solutions to support independent living. It is unclear at this stage what impact, if any, the change in the Secretary of State for Health and Social Care will have on these proposals.

Public Health:

Child development and readiness for school continues to be a concern with Halton being one of the poorest in the country and figures fluctuating for the youngest and most vulnerable of our population.

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 2017/18 Directorate Business Plans.

5.0 Progress against high priority equality actions

There have been no high priority equality actions identified in the quarter.

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 Directorate. It should be noted that given the significant and unrelenting downward financial

pressures faced by the Council there is a requirement for Departments to make continuous in-year adjustments to the allocation of resources in order to ensure that the Council maintains a balanced budget. Whilst every effort continues to be made to minimise any negative impact of such arrangements upon service delivery they may inevitably result in a delay in the delivery of some of the objectives and targets contained within this report. 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%

Adult Social Care

Key Objectives / milestones

Ref	Milestones	Q1 Progress
1A	Monitor the effectiveness of the Better Care Fund pooled budget ensuring that budget comes out on target	✓
1B	Integrate social services with community health services	✓
1C	Continue to monitor effectiveness of changes arising from review of services and support to children and adults with Autistic Spectrum Disorder.	✓
1D	Continue to implement the Local Dementia Strategy, to ensure effective services are in place.	✓
1E	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.	✓
1F	The Homelessness strategy be kept under annual review to determine if any changes or updates are required.	✓
3A	Undertake on-going review and development of all commissioning strategies, aligning with Public Health and Clinical Commissioning Group, to enhance service delivery and continue cost effectiveness, and ensure appropriate governance controls are in place.	✓

Supporting Commentary

1a - Work ongoing with the Clinical Commissioning Group to ensure the pooled budget comes out on target. Some key pressures identified in relation to Continuing Health Care.

1b - Multi-disciplinary Team work is ongoing across primary care, community health care and social care

1c - A new All-Age Autism Strategy for Halton has been developed and approved by the Health and Wellbeing Board. A launch of the strategy took place on 13th June and Councillor Rob Polhill did an opening speech. It was attended by upwards of 100 people representing adults and children with autism, their parents and carers, care providers, 3rd sector organisations and statutory organisations. During the day there were three presentations from people with Autism, two young people from Ashley High School and one adult which were all very inspiring. At the end of the session, everyone was asked to write down their "pledge" towards making the Autism Strategy work in practice. A summary document of this event is being produced to be sent to all attendees.
The new Autism Action Alliance was established on 24th May and meets on a bi-monthly basis. This group will ensure the Delivery Plan of the Strategy moves forward and report on a quarterly basis to the Strategic Action and Commissioning Group. The process is

now underway to recruit and appoint a Partnership Chair for this meeting. The action alliance has already started to drill down into the strategy and work through key elements of it including the diagnostic pathway. The group will continue to report back via the Strategic Action and Commissioning group.

1d - During Quarter 1 a decision to merge the Dementia Delivery Group, responsible for overseeing delivery of the local dementia strategy, with the Mental Health Oversite Group was made. This will enable dementia to remain a strategic priority, whilst coordinating with the wider mental health agenda.
Dementia Action Week took place in May and Halton Dementia Action Alliance coordinated several activities in the community to promote dementia awareness, and action. These included Dementia Friends Awareness sessions for member of the public (delivered by Halton Library Service) and also specific sessions for Halton Borough Council staff. A reminiscence session based around local industrial history was put on and supported by Halton Library Service and Catalyst Museum (both Halton Dementia Action Alliance member organisations).
The Liverpool City Region Dementia Pledge working group met for the first time in June, where Halton Borough Council committed to support the work of the group by assisting with the drafting of the Terms of Reference. Halton Borough Council has signed up to the Liverpool City Region Dementia Pledge, which outlines 10 key actions to work towards becoming recognised as a dementia friendly region. Halton Borough Council has already made local progress in a number of these pledges, but will continue to work with the other Liverpool City Region localities to share good practice and learning to enable Halton Borough Council to contribute further to the Liverpool City Region dementia friendly status. The group are also considering working simultaneously towards Age Friendly status for the region. Halton Borough Council Policy and the lead for Age Well are working together to ensure a coordinated local approach.
The dementia education programme for care homes, as part of the NHS strategic Clinical Network and Halton care Home Development Group work streams, progressed during Quarter 1, with the learning outcomes framework gaining sign off from both groups. Plans are underway to trail the programme with a Halton Borough Council owned care home, starting in Sept 2018, with a view to wider roll out subject to evaluation.

1e - Completed.

1f - A review of the Homelessness strategy is underway to reflect the key priorities and agreed action plan for the next five year period.
The review will include a five year action plan that will determine Local Authority key objectives that reflect economical and legislative changes. A draft review report will be completed and submitted to Senior Management Team in mid-2018 for approval and implementation.

3a - The work on developing the One Halton placed based commissioning and service delivery is ongoing.

Key Performance Indicators

Older People:							
Ref	**Measure**	**17/18 Actual**	**17/18 NW**	**18/19 Target**	**Q1**	**Current Progress**	**Direction of travel**
ASC 01	Permanent Admissions to residential and nursing care homes per 100,000 population 65+ ***Better Care Fund performance metric***	623.31	888.8	635	263.4	✓	↓

ASC 02	Delayed transfers of care (delayed days) from hospital per 100,000 population. ***Better Care Fund performance metric***	604	1200	5147	1083 actual V plan 860		
ASC 03	Total non-elective admissions in to hospital (general & acute), all age, per 100,000 population. ***Better Care Fund performance metric***	3290	272	13,289	3300 Actual V plan 3206		
ASC 04	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***	N/A	N/A	N/A	N/A	N/A as no target	N/A
ASC 05	Proportion of Older People (65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services (ASCOF 2B) ***Better Care Fund performance metric***	78%	86%	75%	N/A	N/A	N/A
	Adults with Learning and/or Physical Disabilities:						
ASC 06	Percentage of items of equipment and adaptations delivered within 7 working days	94%	N/A	97%	93%		
ASC 07	Proportion of people in receipt of SDS (ASCOF 1C – people in receipt of long term support – include brief definition) (Part 1)	66%	89%	78%	74%		
ASC 08	Proportion of people in receipt of SDS (ASCOF 1C – people in receipt of long term support – include brief definition) (Part 2) DP	33%	25%	44%	35%		

ASC 09	Proportion of adults with learning disabilities who live in their own home or with their family (ASCOF 1G)	87%	88%	87%	89.3%	✓	↑
ASC 10	Proportion of adults with learning disabilities who are in Employment (ASCOF 1E)	5.30%	4.4%	5%	5.19%	✓	↓
ASC 11	Out of Borough Placements – number of out of borough residential placements	N/A	N/A	30	N/A	N/A	N/A
People with a Mental Health Condition:							
ASC 12	Percentage of adults accessing Mental Health Services, who are in employment.	0.49%	N/A	N/A	0.86%	N/A	N/A
ASC 13 (A)	Percentage of adults with a reported health condition of Dementia who are receipt of services.	44.44 %	N/A	TBC	51.87 %	N/A	↓
ASC 13 (B)	Percentage of Carers who receive services, whose cared for person has a reported health condition of Dementia.	11.02 %	N/A	TBC	14.29 %	N/A	↓
Homelessness:							
ASC 14	Homeless presentations made to the Local Authority for assistance In accordance with Homelessness Act 2002.	117	N/A	500	9	✓	↑
ASC 15	Homeless Households dealt with under homelessness provisions of Housing Act 1996 and LA accepted statutory duty	10	N/A	100	3	✓	↑
ASC 16	Number of households living in Temporary Accommodation	6	N/A	17	4	✓	↑
ASC 17	Households who considered themselves as homeless, who	1.64%	N/A	6.00%	1.25%	✓	↑

	approached the LA housing advice service, and for whom housing advice casework intervention resolved their situation (the number divided by the number of thousand households in the Borough)						
Safeguarding:							
ASC 18	Percentage of VAA Assessments completed within 28 days	74.49 %	N/A	88%	60.53 %	U	
ASC 19	Percentage of existing HBC Adult Social Care staff that have received Adult Safeguarding Training, including e-learning, in the last 3-years (denominator front line staff only).	61%	N/A	56%	78.4%		
ASC 20 (A)	DoLS – Urgent applications received, completed within 7 days.	N/A	N/A	80%	N/A	N/A	N/A
ASC 20 (B)	DoLS – Standard applications received completed within 21 days.	N/A	N/A	80%	N/A	N/A	N/A
ASC 21	The Proportion of People who use services who say that those services have made them feel safe and secure – Adult Social Care Survey (ASCOF 4B)	88.9%	Not yet availabl e	82%	N/A	N/A	N/A
	Carers:						
ASC 22	Proportion of Carers in receipt of Self Directed Support.	99.27 %	81.7%	TBC	99.53 %	N/A	
ASC 23	*Carer reported Quality of Life (ASCOF 1D, (this figure is based on combined responses of several questions to give an average value. A*	8.1% 2016/17	N/A	9	N/A	N/A	N/A

	higher value shows good performance)						
ASC 24	*Overall satisfaction of carers with social services (ASCOF 3B)*	48.9% 2016/17	N/A	50	N/A	N/A	N/A
ASC 25	The proportion of carers who report that they have been included or consulted in discussions about the person they care for (ASCOF 3C)	76.6% 2016/17	N/A	80	N/A	N/A	N/A
ASC 26	Do care and support services help to have a better quality of life? (ASC survey Q 2b) ***Better Care Fund performance metric***	93.30 % 2016/17	N/A	93%	N/A	N/A	N/A

Supporting Commentary

Older People:

ASC 01 The figure for Quarter 1 is higher than the same period of 2017/18, with 60 people being admitted to permanent care during the first quarter.

ASC 02 Quarter1 data will not be available until August 2018. The data reported here relates to April and May. There were 1083 delayed days in these first two months, compared with a target of 860 and 927 in the same two months in 2017.

ASC 03 Quarter 1 data will not be available until August 2018. The data reported here relates to April and May. The Non-elective admissions are above plan and above the same position last year. There has been a significant increase at Whiston related to reductions at the Widnes Urgent Care Centre and increasing Accident & Emergency attendance conversion rates. This is under investigation by the Clinical Commissioning Group.

ASC 04 Data not currently available due to data issues with the CSU.
No refresh on data is available beyond 2015/16.

ASC 05 Annual collection only to be reported in Quarter 4.
Data published October 2017, the latest data for 17/18 will be available in October 2018

Adults with Learning and/or Physical Disabilities:

ASC 06 Quarter 1 data and onwards excludes equipment delivered through HICES as this is now counted under a definition of 5 working days.

ASC 07 Reporting of this indicator is now in line with the SALT statutory return and guidance.

ASC 08 Reporting of this indicator is now in line with the SALT statutory return and guidance.

ASC 09 Target exceeded.

ASC 10 Quarter 1 data is only up to the end of May 2018 as June data was not available.

ASC 11 There is currently no accurate data available for out of borough placements, we are currently collating an up to date list of those services users who are placed out of borough.

People with a Mental Health Condition:

ASC 12 Quarter 1 data is only up to the end of May 2018 as June data was not available. No target set or comparable data available.

ASC 13 (A) Quarter 1 is slightly down compared to the same quarter in the previous year.

ASC 13 (B) Quarter1 is marginally down compared to the same quarter in the previous year. Figure will fluctuate due to the low numbers of person cared for having a reported health condition of Dementia compared to the number of carers in receipt of a service.

Homelessness:

ASC 14 The Homelessness Reduction Act was implemented 1/4/18. The new powers have changed the administration and assessment process of homelessness.
The homelessness assessment process now consists of three elements, Prevention, Relief, Homelessness. The officers now have 56 days in which to relieve and prevent homelessness, which will affect future statistics around statutory homelessness.
Ministry of Housing, Communities and Local Government have devised a new reporting process which will be implemented in Quarter 3.

ASC 15 As stated above, the figures are low, due to the implementation of the Homeless Reduction Act.
Statutory homeless and duty acceptance is now considered the last option of the homelessness assessment, with further emphasis placed upon prevention and relief.

ASC 16 National and Local trends indicate a gradual Increase in homelessness, which will impact upon future service provision, including temporary accommodation placements.

The introduction of the Homelessness Reduction Act 2017 will have a big impact upon homelessness services, which will result in a vast increase in the use of the temporary accommodation

ASC 17 The Housing Solutions Team promotes a community focused service, with emphasis placed upon homeless prevention.
The officers have a range of resources and options that are offered to vulnerable clients threatened with homelessness. The tea strives to improve service provision across the district. Due to the early intervention and proactive approach, the officers have continued to successfully reduce homelessness within the district.

Safeguarding:

ASC 18	It is unclear at this stage whether the target will be achieved. Operational teams are sent regular exception reports of VAA assessments which are still open on Carefirst.
ASC 19	Percentage continues to rise as a result of increased provision. The Adult Social Care Workforce Group will monitor to ensure this figure is continually improving.
ASC 20 (A)	Quarter 1 Data not available due to reporting issues which are being investigated.
ASC 20 (B)	Quarter 1 Data not available due to reporting issues which are being investigated.
ASC 21	Annual collection only to be reported in Quarter 4, (figure is an estimate).
Carers:	
ASC 22	No target as yet set.
ASC 23	This is the Biennial Carers Survey which will commence in December 2018
ASC 24	This is the Biennial Carers Survey which will commence in December 2018
ASC 25	This is the Biennial Carers Survey which will commence in December 2018
ASC 26	This is the Biennial Carers Survey which will commence in December 2018

Public Health

Key Objectives / milestones

Ref	Milestones	Q1 Progress
PH 01a	Increase the uptake of smoking cessation services and successful quits among routine and manual workers and pregnant women	✓
PH 01b	Work with partners to increase uptake of the NHS cancer screening programmes (cervical, breast and bowel)	U
PH 01c	Ensure Referral to treatment targets are achieved and minimise all avoidable breaches. AND/ OR Increase awareness among the local population on the early signs and symptoms of cancer.	✓
PH 02a	Facilitate the Healthy child programme 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.	U
PH 02b	Maintain the Family Nurse Partnership programme.	✓
PH 02c	Facilitate the implementation of the infant feeding strategy action plan	✓
PH 03a	Expansion of the Postural Stability Exercise Programme.	✓
PH 03b	Review and evaluate the performance of the integrated falls pathway.	✓

PH 04a	Work in partnership to reducing the number of young people (under 18) being admitted to hospital due to alcohol	U
PH 04b	Raise awareness within the local community of safe drinking recommendations and local alcohol support services through delivering alcohol awareness campaigns, alcohol health education events across the borough and ensuring key staff are trained in alcohol identification and brief advice (alcohol IBA	✓
PH 04c	Ensure those identified as having an alcohol misuse problem can access effective alcohol treatment services and recovery support	✓
PH 05a	Monitor and review the Mental Health Action plan under the Mental Health Governance structures (covering actions to promote mental health and wellbeing and the early detection and effective treatment of mental health conditions.	✓
PH 05b	Implementation of the Suicide Action Plan.	✓

Supporting Commentary

PH 01a Haltons smoking prevalence has reduced from 16.6% in 2016 to 15% in 2017 (PHE Halton Tobacco Control Profile 2017) this is similar to the England average.

Haltons Stop Smoking Service has closed the inequalities gap between cigarettes smoked in the most deprived areas and the most affluent areas. There is now only a 1.29% difference between the richest smokers and the poorest smokers. This is the smallest gap in the North West.

Halton CCG received £75,000 of funding from NHS England in 16/17 to reduce maternal smoking rates. An action plan with focussed outcomes and evidence based effective interventions to reduce maternal smoking is being implemented.There has been an increase in maternal referrals and pregnant smoker quits in Q1 this year compared to Q1 in 2017-18 which reflects the increase in partnership working between Halton Midwives and the Stop Smoking Service.

PH 01b Halton are continuing to identify areas and opportunities to maximise uptake of screening. We are collaborating with many partners and working very closely with the Cheshire and Merseyside Cancer Prevention Group to explore opportunities to develop new initiatives to improve screening uptake and early detection messaging. Work is continuing with the Cheshire and Merseyside Cancer Prevention Group to look at opportunities at scale for improving screening uptake, we are also working closely with the GP hubs and federations to explore targetted opportunities to increase screening uptake at more local levels and continuing to identify innivotive approaches to maximise uptake of screening.

PH 01c Halton has gone from being the worst amongst 11 peers for 1 year survival rates for cancer in 2000 to the best amongst 11 peers in 2015. We are now better than the England average for 1 year survival. The Halton survival rate is now 73.2% compared to the England rate of 72.3%. This is a testament to improved targeting of patients and early detection.

PH 02a The Bridgewater health visitor, school nurse and FNP 0-19 service continues to deliver all the elements of the Healthy Child programme, however there has been a reduction in the coverage of some of the mandated checks. Assurance has been received that this is due to staff vaccancies that have been filled, and that coverage will improve. Performance will continue to be closely monitored.

Infant feeding action plan to be revisited and developed with oversight from the Halton Health in the Early Years group. The infant feeding team contact all mothers on discharge from hospital to support with feeding; Infant feeding team are setting up systems to contact all mothers when child is 3 months to book onto an Introducing solid foods workshop, encouraging the delay of introducing solid foods to 6 months. The infant feeding work will be fed into the whole systems approach to tackling obesity.

PH 02b The Family Nurse Partnership service continues be fully operational with a full caseload and works intensively with first time, teenage mothers and their families.

PH 02c Work has started to refresh the infant feeding action plan and to plan the summer breastfeeding awareness campaigns. The infant feeding team continue to proactively contact all mothers on discharge from hospital to support with feeding.
All organisations in Halton have BFI stage 3 and on an ongoing basis staff and patients are audited to ensure standards and compliance is maintained.

PH 03a Health Improvement Team continue to devliver a 45 week postural stability exercise programme across the borough. We are currently trialing a combined nutrition and exercise programme for over 55s in a local sheltered accomodation provision. If this proves effective we would like to roll this model out in other sheltered housing schemes to improve the overal health of older people. We continue to promote and deliver the Age Well Awareness program to all front line staff which includes training on the use of the Falls Risk Assessment Tool and advise on the appropirate falls referal pathways.

We continue to raise public awareness about falls, the steps that people can take to minimise the risk of falls and the various service across the borough that can support people at risk.

PH 03b Health Improvement Team has taken the lead on writing and co-ordinating the next 5 year strategy for Falls. 2018-2023. The falls prevention action plan has been updated and continues to be reviewed by the Falls Steering Group. Within this strategy it has been identified that the rate of falls in 5 particular wards within the borough are above the national average. We aim to delve further into the reasons for this in order to target these specific areas. The draft strategy has been circulated to wider partners for comments with a view to sign off by end of Qtr 2 2018.

We have made changes to the referral pathways for Adult Social Care staff. This has resulted in a significant increase in the number of potential referrals to the Age Well exercise Programme which will improve service provision and reduce future demands on services. We are aiming to also streamline the referral pathway to the Falls Prevention Service with the hope to offer rehabilitative services to more people who have had a fall to prevent further falls and hospital admissions.

PH 04a Halton is continuing to strengthen local partnerships to ensure that we can regain the declining trend in alcohol related young person's hospital admissions and we continue to implement the actions identified from within the Alcohol strategy

PH 04b Staff within the health, social care and criminal justice areas, as well as the local community are continuing to receive training in Alcohol Identification and Brief Intervention Advice (IBA).

PH 04c Data continues to be received which identifies that activity within the substance misuse service (Change, Grow, Live) remains positive, with appropriate numbers of new referrals for alcohol and non-opiate related problems as well as those receiving post treatment recovery support.

PH 05a Halton Health Improvement and Public heatlh continue to roll out a series of programmes and training activities around Mental health, with good partnership working on the delivery of action plans, raising awareness and provision of community based programmes and activities.

The Health Improvement team provides both an adult and children and young people mental health offer to improve the mental health and wellbeing of those living and working in Halton. The preventative approach consists of:

- **Whole settings approaches to support educational settings and workplaces** – 3 educational settings and 2 work place supported
- **Training offer to improve early detection of mental health conditions and mental health and wellbeing, available to both staff and the community** - 18 sessions delivered to 182 participants
- **Campaigns to tackle stigma and raise awareness**- Local time to change champions continue to be engaged and social media plan implemented

PH 05b The Suicide prevention action plan has been updated and continues to be implemented. The plan links closely with the Cheshire and Merseyside No More Suicides strategy. Champs are leading on an area-collaborative approach to gain Suicide Safer Community Status.
A real time surveillance intelligence flow has been set up which will enable faster identification of potential trends and clusters. Beginning to work more closely with the mental health concordat to ensure a user focus is provided to the group. A suicide Response Team was established to support a college which experienced 2 male suicides. An action was co produced by the college and local service providers to support both staff and students and reduce suicide risk of those bereaved. All actions have been completed and the Suicide Response Team has been deactivated.

Key Performance Indicators

Ref	Measure	17/18 Actual	18/19 Target	Q1	Current Progress	Direction of travel
PH LI 01	A good level of child development (% of eligible children achieving a good level of development at the end of reception)	60.9% (2016/17)	63.0% (2017/18)	Annual data only	U	↓
PH LI 02a	Adults achieving recommended levels of physical activity (% adults achieving 150+ minutes of physical activity)	65.2% (2016/17)	66.0% (2017/18)	Annual data only	U	↑
PH LI 02b	Alcohol-related admission episodes – narrow definition (Directly Standardised Rate per 100,000 population)	842.0 (2016/17)	841.7 (2017/18)	837.9 (2017/18) Provisional	✓	↑

PH LI 02c	Under-18 alcohol-specific admissions (crude rate per 100,000 population)	58.9 (2014/15-2016/17)	54.1 (2015/16-2017/18)	57.8 (2015/16-2017/18) Provisional		
PH LI 03a	Smoking prevalence (% of adults who currently smoke)	16.6% (2016)	15.0% (2017)	Annual data only		
PH LI 03b	Mortality from cardiovascular disease at ages under 75 (Directly Standardised Rate per 100,000 population) *Published data based on calendar year, please note year for targets*	93.6 (2015-17)	91.0 (2016-18)	Not yet available		
PH LI 04a	Self-harm hospital admissions (Emergency admissions, all ages, directly standardised rate per 100,000 population)	336.2 (2017/18) Provisional	335.0 (2018/19)	Not yet available		
PH LI 04b	Self-reported wellbeing: % of people with a low happiness score	12.7% (2015/16)	11.1% (2016/17)	12.2% (2016/17)		
PH LI 05	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*	177.2 (2015-17) Provisional	173.0 (2016-18)	Not yet available		
PH LI 06ai	**Male** Life expectancy at age 65 (Average number of years a person would expect to live based on contemporary mortality rates) *Published data based on 3 calendar years,*	17.3 (2014-16)	17.5 (2016-18)	17.3 (2015-17) Provisional		

	please note year for targets					
PH LI 06aii	**Female** Life expectancy at age 65 (Average number of years a person would expect to live based on contemporary mortality rates) *Published data based on 3 calendar years, please note year for targets*	19.1 (2014-16)	19.3 (2016-18)	19.2 (2015-17) Provisional	U	
PH LI 06b	Falls and injuries in the over 65s (Directly Standardised Rate, per 100,000 population; PHOF definition)	3014.9 (2017/18) Provisional	3000.0 (2018/19)	Not yet available	U	
PH LI 06c	Flu vaccination at age 65+ (% of eligible adults aged 65+ who received the flu vaccine, GP registered population)	74.0% (2017/18) Provisional	75.0% (2017/18)	Not yet available	U	

Supporting Commentary

PH LI 01 - Data is released annually.

PH LI 02a - Data is released annually.

PH LI 02b – Provisional rates indicate that there has been a small reduction in the rate and the target was met for 2017/18. However, as this is based on provisional data, caution is advised until published data is available. Admissions data available several months after period end. Therefore Q1 2018/19 data will not be available until Autumn.

PH LI 02c - Provisional data for 2015/16-2017/18 indicates that although the target was not met, there has been a marginal reduction in the rate from 2014/15-2016/17.

PH LI 03a - No further update – data released annually.

PH LI 03b - Mortality indicators are now based on 3-year periods.

PH LI 04a - Admissions data available several months after period end. Therefore Q1 2018/19 data will not be available until Autumn.

PH LI 04b - Published annual data shows a small reduction from 2015/16, but was not enough to meet the target for 2016/17.

PH LI 05 - Mortality indicators are now based on 3-year periods.

PH LI 06ai - Data is available annually.

PH LI 06aii - Data is available annually.

PH LI 06b - Provisional 2017/18 data indicates a reduction in emergency admissions due to falls (ages 65+), to a rate similar to 2015/16. Admissions data available several months after period end. Therefore Q1 2018/19 data will not be available until Autumn.

PH LI 06c - Data is available annually.

ADULT SOCIAL CARE DEPARTMENT

Revenue Budget as at 30 June 2018

	Annual Budget £'000	Budget To Date £'000	Actual Spend £'000	**Variance to Date** (Overspend) £'000
Expenditure				
Employees	14,293	3,555	3,500	55
Other Premises	329	107	116	(9)
Supplies & Services	1,545	279	271	8
Aids & Adaptations	113	28	25	3
Transport	201	48	45	3
Food Provision	206	51	48	3
Contracts & SLAs	528	185	189	(4)
Emergency Duty Team	95	1	1	0
Other Agency	635	93	103	(10)
Payments To Providers	1,443	332	327	5
Contribution to Complex Care Pool	24,987	5,624	5,871	(247)
Total Expenditure	**44,375**	**10,303**	**10,496**	**(193)**
Income				
Sales & Rents Income	-281	-62	-62	0
Fees & Charges	-665	-167	-170	3
Reimbursements & Grant Income	-1,161	-63	-57	(6)
Transfer From Reserves	-800	0	0	0
Capitalised Salaries	-111	-28	-28	0
Government Grant Income	-1,161	-631	-633	2
Total Income	**-4,179**	**-951**	**-950**	**(1)**
Net Operational Expenditure	**40,196**	**9,352**	**9,546**	**(194)**
Recharges				
Premises Support	610	153	153	0
Asset Charges	50	0	0	0
Central Support Services	3,027	732	732	0
Internal Recharge Income	-1,274	-553	-553	0
Transport Recharges	671	15	15	0
Net Total Recharges	**3,084**	**347**	**347**	**0**
Net Department Expenditure	**43,280**	**9,699**	**9,893**	**(194)**

Comments on the above figures

In overall terms, the Net Department Expenditure excluding the Complex Care Pool is £53,000 below budget the budget profile at the end of the first quarter of the 2018/19 financial year.

Employee costs are currently showing spend of £55,000 under budget profile. This is due to savings being made on vacancies within the department, specifically in the Day Services and Care Management divisions. Some of these vacancies have been advertised and have been, or are

expected to be, filled in the coming months, therefore the current level of underspend is not projected to continue at this level for the remainder of the financial year.

The Complex Care Pool budget is £397,000 over the budget profile at the end of the first quarter, the share of the liability to the Council is £247,000. Further details on the financial position of the Complex Care Pool is included further down in the report.

Based on current demand and it is forecast the year-end outturn position for the department (including the Council's share of the Complex Care Pool) will be an overspend in the region of £1m.

Capital Projects as at 30th June 2018

	2018-19 Capital Allocation £'000	Allocation To Date £'000	Actual Spend £'000	Total Allocation Remaining £'000
ALD Bungalows	199	0	0	199
Vine Street Development	10	0	0	10
Purchase of 2 Adapted Properties	520	0	0	520
Total	729	0	0	729

Comments on the above figures:

Building work on the ALD Bungalows is expected to be completed in the latter period of the 2018/19 financial year.

The Vine Street Development project relates to the adaptation of the Mental Health Resource Centre in Widnes in order to better meet service user's needs. Construction was completed during the previous financial year, the 2018/19 capital allocation represents the funding carried forward from 2017/18 to fund the residual payments due in relation to the scheme.

The £520,000 capital allocation for the purchase of 2 adapted properties relates to funding received from the Department Of Health under the Housing & Technology for People with Learning Disabilities Capital Fund The funding is to be used for the purchase and adaptation of two properties to meet the particularly complex and unique needs of two service users. The scheme is anticipated to be completed during the latter stages of the 2018/19 financial year.

Pooled Budget Capital Projects as at 30th June 2018

	2018-19 Capital Allocation £'000	Allocation To Date £'000	Actual Spend £'000	Total Allocation Remaining £'000
Disabled Facilities Grant	1,109	150	121	988
Stair lifts (Adaptations Initiative)	300	75	65	235
RSL Adaptations (Joint Funding)	250	50	33	217
Millbrow Residential Home	150	100	85	65
Madeline McKenna Residential Home	136	10	5	131
Total	**1,945**	**385**	**309**	**1,636**

Comments on the above figures:

Total capital funding consists of £1,629,000 Disabled Facilities Grant (DFG) allocation for 2018/19 and £316,000 DFG funding carried forward from 2017/18, to fund ongoing expenditure

The allocation of the funding between DFGs, Stair Lifts and RSL adaptations will be reviewed during the year, and may be reallocated between these projects depending on demand. It is anticipated, however, that total spend on these three projects can be contained within the revised overall capital allocation.

The £150,000 allocated for Millbrow relates to funding earmarked for the redevelopment and refurbishment of the premises. The purchase was completed in December 2017, and the establishment is now managed by Halton Borough Council's Adult Social Care department.

Similarly, the £136,000 allocated for Madeline McKenna is funding for refurbishment of the premises. The purchase was completed in November 2017, and the establishment is also now managed by Halton Borough Council's Adult Social Care department.

COMPLEX CARE POOL

Revenue Budget as at 30th June 2018

	Annual Budget £'000	Budget To Date £'000	Actual To Date £'000	Variance To Date (overspend) £'000
Expenditure				
Intermediate Care Services	5,167	1,034	912	122
End of Life	200	42	37	5
Sub-Acute	1,728	368	375	(7)
Urgent Care Centres	615	0	0	0
Joint Equipment Store	613	31	64	(33)
CCG Contracts & SLA's	1,219	232	215	17
Intermediate Care Beds	599	150	150	0
BCF Schemes	1,729	432	432	0
Carers Breaks	440	126	102	24
Madeline McKenna Home	527	126	128	(2)
Millbrow Home	1,329	370	529	(159)
IBCF unallocated	1,006	0	0	0
BCF unallocated	994	0	0	0
Adult Health & Social Care Services:				
Residential & Nursing Care	19,850	3,278	3,302	(24)
Domiciliary & Supported Living	14,118	2,407	2,126	281
Direct Payments	7,671	2,292	2,728	(436)
Day Care	420	57	67	(10)
Total Expenditure	58,225	10,945	11,167	(222)
Income				
Residential & Nursing Income	-5,944	-969	-948	(21)
Domiciliary Income	-1,914	-375	-227	(148)
Direct Payments Income	-469	-79	-87	8
BCF	-9,844	-1,647	-1,647	0
CCG Contribution to Pool	-13,631	-2,161	-2,161	0
ILF	-677	0	0	0
Income from other CCG's	-113	0	0	0
Madeline McKenna fees	-279	-44	-29	(15)
Millbrow fees	-307	-31	-32	1
Falls Income	-60	-15	-15	0
Total Income	-33,238	-5,321	-5,146	(175)
Net Department Expenditure	**24,987**	**5,674**	**6,021**	**(397)**
Liability as per Joint Working Agreement (HCCG share - 38%)	**0**	**0**	**-150**	**150**
Adjusted Net Dept. Expenditure	**24,987**	**5,624**	**5,871**	**(247)**

Comments on the above figures:

The overall position for the Complex Care Pool budget is £397,000 over budget profile at the end of the first quarter (including the HCCG liability share).

Intermediate care services was underspent against budget in 2017/18 and this trend looks to continue in 2018/19.

No Urgent Care Centre cost estimates have been received so far this financial year and this is currently being chased with the Clinical Commissioning Group.

To date only one cost estimate (April) has been received in respect of the Joint Equipment Service and this is £12,000 over budget profile. Reasons for this overspend are currently being requested from Bridgewater.

The Carer's Breaks budget is under budget profile by £24,000 as at quarter 1. A couple of contracts have ended and the personalised break invoices from Halton Carer's Centre are quite low. Direct Payment carer's break spend is also lower than expected at this point in time but this may increase as the year progresses.

Madeline McKenna Residential home and Millbrow Nursing home were purchased by the council last financial year. Madeline McKenna Residential home is expected to achieve a balanced budget at year end. Millbrow Nursing home was transferred with a legacy of agency workers. Agency spend so far this financial year is £280,000 but this is being addressed as a matter of urgency and a new staffing structure will be implemented shortly, which will reduce spend on agency staff.

The main pressure on the Complex Care Pool budget is due to the Adult Health and Social Care budget which is currently £350,000 over budget profile as at Q1. The expected year end forecast based on current demand is an overspend position of £1.8m.

It was recognised last year that this budget is under significant pressure and a recovery working group was set up to address the issues. This group is currently looking at ways to reduce spend whilst ensuring the needs of clients continue to be met.

The Health and Social Care budget is a mix of residential, domiciliary and direct payments and also a mix of CHC and LA funded care packages. Included in the annual projection is an estimate for the increase in the cost of sleep in rates. This has changed from an inconsistent cost per sleep to a consistent hourly rate.

Residential & Nursing Care
Continuing Health Care (CHC) and Joint Funded Care (JFC) packages continue to be a major pressure. Partway through the last financial year a recovery action plan was put together. As a result of this, transitionally funded packages were focussed upon and the number of reviews completed within 28 days improved dramatically. Some of these packages were also deemed not eligible for CHC but were eligible for Funded Nursing Care (FNC).

Count and Spend:
The total number of clients receiving a permanent residential care package has decreased from 582 clients in April to 581 clients in June. The average weekly cost of a permanent residential package of care increased from £628 to £633 for the same period.

Domiciliary & Supported Living
A number of service users that are in residential homes but receiving extra 1 to 1 support will cost approximately £312,000 this financial year. The 1 to 1 block contract with St Luke's has now ended and service users will be assessed on a case by case basis.

Count and Spend:

The total number of clients receiving a domiciliary care package increased by 1.4% from 676 clients in April to 686 clients in May. However, the average cost of a domiciliary care package has decreased by 0.9% from £336 in April to £333 in May.

Direct Payments
During the first quarter the number of service users utilising a direct payment increased. In the main this was due to the main domiciliary care provider struggling to recruit staff, resulting in not being able to pick up care packages.

Count and Spend:
The total number of clients receiving a Direct Payment (DP) has increased by 8% from 503 clients at the end of the last financial year to 541 clients in June. The average cost of a DP package has increased from £334 to £369.

The CCG contribution to the adult social care budget has increased by £685,000. However, this is based on the assumption that they will make savings of £2,153,000 on continuing healthcare costs. It remains to be seen if those savings will be achieved and this will be closely monitored.

The adult social care budget continues to be volatile and the recovery working group will continue to address the issues that contribute to this spend.

PUBLIC HEALTH & PUBLIC PROTECTION DEPARTMENT

Revenue Budget as at 30th June 2018

	Annual Budget £'000	Budget To Date £'000	Actual To Date £'000	Variance to Date (Overspend) £'000
Expenditure				
Employees	3,618	880	874	6
Other Premises	5	0	0	0
Supplies & Services	267	52	48	4
Contracts & SLA's	6,782	1,543	1,543	0
Transport	6	2	1	1
Other Agency	18	18	18	0
Total Expenditure	**10,696**	**2,495**	**2,484**	**11**
Income				
Other Fees & Charges	-70	-11	-10	(1)
Government Grant	-10,185	-2,376	-2,376	0
Reimbursements & Grant Income	-214	-115	-116	1
Transfer from Reserves	-226	0	0	0
Total Income	**-10,695**	**-2,502**	**-2,502**	**0**
Net Operational Expenditure	**1**	**-7**	**-18**	**11**
Recharges				
Premises Support	179	45	45	0
Central Support Services	718	180	180	0
Transport Recharges	32	7	7	0
Support Income	-98	-73	-73	0
Net Total Recharges	**831**	**159**	**159**	**0**
Net Department Expenditure	**832**	**152**	**141**	**11**

Comments on the above figures

In overall terms, the Net Department Expenditure for the first quarter of the financial year is £11,000 under budget profile.

Employee costs are currently £6,000 under budget profile. This is due to savings being made on a small number of vacancies within Health & Wellbeing Division, reductions in hours within the Environmental, Public Health & Health Protection Divisions and a delay in the transfer of the Weight Management Team. The vacancies and are expected to be filled in the coming months. However if not appointed to, the current underspend will continue to increase beyond this level.

APPENDIX 2 – 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.*