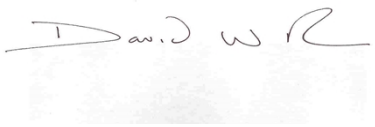
Public Document Pack

Health Policy and Performance Board

Tuesday, 18 June 2019 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 Lauren Cassidy	Labour
Councillor Mark Dennett	Labour
Councillor Eddie Dourley	Labour
Councillor Pauline Hignett	Labour
Councillor Chris Loftus	Labour
Councillor Margaret Ratcliffe	Liberal Democrats
Councillor June Roberts	Labour
Councillor Pauline Sinnott	Labour
Councillor Geoff Zygadllo	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, 17 September 2019

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

Part I

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

HEALTH POLICY AND PERFORMANCE BOARD

At a meeting of the Health Policy and Performance Board held on Tuesday, 26 February 2019 at Council Chamber - Town Hall, Runcorn

Present: Councillors J. Lowe (Chair), Baker (Vice-Chair), M. Bradshaw, Cassidy, Dennett, Dourley, Horabin, C. Loftus, June Roberts and D. Wilson (Co-optee)

Apologies for Absence: Councillors Gerrard and Sinnott

Absence declared on Council business: None

Officers present: S. Wallace-Bonner, A. Jones, L Wilson, H. Moir and P. Preston

Also in attendance: A. Williamson – HASB, C. Scales – BCHFT, Dr A. Davies and N. Ambrose-Miney – NHS Halton CCG, Councillor P. Lloyd Jones, one member of the press and one member of the public

ITEMS DEALT WITH UNDER DUTIES EXERCISABLE BY THE BOARD

Action

HEA31 MINUTES

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

HEA32 PUBLIC QUESTION TIME

The Board was advised that no public questions had been received.

HEA33 HEALTH AND WELLBEING MINUTES

The minutes from the Health and Wellbeing Board's meeting of 3 October 2018 were presented to the Board for information.

HWB11 – Transitions in Care – Transition Team – it was hoped that the Named Social Worker (NSW) project would be continued in Halton and support was being gathered for this. It was however subject to additional funding being available so a decision would be made in June 2019.

RESOLVED: That the minutes be noted.

HEA34 HSAB ANNUAL REPORT 2017 - 2018

The Board received the Halton Safeguarding Adults Board (HSAB) Annual Report for 2017-18 (1 April 2017 to 31 March 2018) and welcomed Audrey Williamson – the Independent Chair, who presented the report.

It was reported that the Annual Report fulfilled one of the HSAB's three core statutory duties; detailing how effective their work had been.

The Board was advised that all safeguarding partners had submitted their annual summary of work activity, the focus of which addressed HSAB's priorities as identified from the 2016-2017 Annual Report Performance Framework and Strategic Plan (2016-2018), in addition to acknowledging local and national safeguarding adults emerging issues / trends / policies throughout the year.

Further, the report also provided a summary analysis of the data gathered from HBC Safeguarding Adults Collection and highlighted that what this information revealed informed the work priorities for 2018-2019; this could be found at paragraph 3.4 of the report. The addition of two case studies within this year's report was highlighted and it was agreed they provided a valuable insight into the diversity of support needed to help safeguard an adult at risk.

The Board was advised that following analysis of the previous year's data and work activity and consultation with Members, HSAB partners, sub groups and service user groups, the following 3 priorities were agreed for 2018-2019:

- Priority 1 – Quality Assurance;
- Priority 2 – Learning and Professional Development; and
- Priority 3 – Co-production and Engagement.

In response to one Member's query, it was commented that the increase in Acts of Omission was mainly due to medication not being given or not being given on time. The Board requested feedback from the one GP practice that acted as the pilot for NHSE's (National Health Service England) online virtual college; this would be sought.

RESOLVED: That the report be noted.

HEA35 QUALITY SURVEILLANCE AND CARE QUALITY COMMISSION UPDATE (BRIDGEWATER COMMUNITY HEALTHCARE NHS TRUST)

The Board welcomed Colin Scales, Chief Executive Officer from Bridgewater Community Healthcare NHS Foundation Trust (BCHFT), who provided an update on the position of the Trust in relation to Quality Surveillance by National Health Service England (NHSE). They also provided the results of the Care Quality Commission (CQC) inspection September 2018.

The Board was advised that due to concerns raised by CCGs and NHSE, BCHCF received a three month Enhanced Surveillance Notice and commenced a comprehensive programme of work to improve safety and quality of care using a Quality Risk Plan (QRP). A review of this took place on 7 September 2018, where the Trust provided significant evidence of improvement which was subjected to further scrutiny by commissioners. Following a further review on 24 October 2018, it was agreed to remove the enhanced surveillance and further scrutiny of the outstanding actions would be carried out via the Collaborative Commissioning Forum (CCF) rather than directly by NHSE.

It was explained that the actions within the QRP relating to Woodview Child Development Centre were removed and included in a separate plan for Woodview. The scrutiny of the remaining actions of the Woodview plan were now undertaken by the CCG. It was announced that there had been significant improvements, which included staff engagement in developing services and greater involvement with families.

The report provided further detailed information and the following was clarified following Members' queries:

- The Woodview plan was still ongoing and parents were encouraged to share their concerns with the Trust directly;
- CQC feedback was still awaited regarding the Quality Risk Plan;
- the Royal College of Paediatrics and Child Health had been commissioned to carry out an external review on Woodview. Their findings would be shared with the Board once finalised; and
- Healthwatch Halton would be hosting a feedback event on the improvements made at Woodview on 26 March 2019.

Members were asked to note the position in relation to quality surveillance and the CQC, and acknowledge the improvements made by the Trust.

RESOLVED: That the updates are noted.

Director of Adult Social Services

HEA36 HALTON'S HOMELESSNESS STRATEGY 2019-2024

The Board was presented with the *Halton's Draft Homelessness Strategy 2019-2024* and the *Homelessness Strategy Delivery Plan 2019-2024*. Both were appended to the report.

Members were advised that in accordance with the Homelessness Act 2002, it was a statutory requirement for each Local Authority area to produce a five year strategy. This Strategy superseded Halton's Homelessness Strategy 2013-2018. The action plan would be reviewed annually, to ensure it remained current and reflected economic and legislative changes. Since the previous Strategy was implemented it was noted that the Homelessness Reduction Act 2017 had come into force, so this had been incorporated and complied with into the new Strategy.

The following additional information was provided following Members' queries:

- Housing Solutions worked with *Nightstop* at the moment around training and accommodation referrals. However, Housing Solutions had not been notified of the new model and how it would be delivered. It would be necessary to look at their model in detail to determine how a partnership could develop further. This would be addressed by the Local Authority's service commissioner;
- Concerns were raised over the level of support for ex-Armed Services personnel who found themselves homeless and with mental health issues such as Post Traumatic Stress Disorder (PTSD); Halton had signed up to the *Cheshire, Halton and Warrington Community Covenant* which encouraged support for the ex-Armed Forces Community working and residing in these areas; the Board would be provided with details of the Cheshire Armed Forces Covenant and the progress to date;
- The Housing Solutions Team employed a Landlord Accreditation Officer and a Prevention Officer to ensure that privately rented properties in the Borough were maintained to an acceptable standard;
- The Chair suggested that 'zero hour contracts' and

'tenants leaving properties due to refurbishment' be added to the causes for homelessness; and

- Member training was taking place on 11 March 2019, at 5.30 pm in the Council Chamber to cover the *Housing First* Programme which would be facilitated by a Combined Authority Officer.

RESOLVED: That the report be noted and comments made be considered before the Homelessness Strategy 2019-2024 is finalised.

HEA37 DEVELOPMENT OF URGENT TREATMENT CENTRES & STANDARDISATION OF GP HOURS

The Board received an update from Dr Andrew Davies – NHS Halton CCG and Nicky Ambrose-Miney – Senior Commissioning Manger Urgent Care, NHS Halton CCG, on the development of the Borough's two Urgent Care Centres (UCC) into Urgent Treatment Centres (UTC).

Members were advised that Urgent and Emergency Care (UEC) was one of the national service improvement priorities. It was noted that the clinical review of the current UCC model stated that neither UCC was fully compliant with NHSE expectations for UTC's for the reasons stated.

The report outlined the core standards for UTC's and how this would apply to Halton residents. Officers advised that to ensure the two local centres met the needs of the population, NHS Halton CCG were conducting a consultation on the model, including the CCG's proposal to reduce the opening hours by two hours a day.

The Board was advised that a pre-consultation engagement was held from 24 October to 12 December 2018. Its purpose and the main themes that came out of the consultation were discussed in the report. Following this a formal eight week public consultation commenced on 7 January 2019 and would run until 3 March 2019. The consultation process was discussed in detail which included how the public would be engaged in the process.

Members were also advised that from 1 October 2018, GP led cover at Widnes and Runcorn UCCs for 6 hours per day (12 noon – 6 pm, 7 days per week) had been implemented. The impacts of this were described in the report.

The following points were added in response to Members' queries:

- The procurement process for the UTC's was a formal process prescribed by national guidance;
- Although there was interest initially with private providers, these had not continued with the process in Halton;
- Once the UTC's had been implemented, the onsite GP's service would be negotiated with the new provider but the requirement would be for more than 6 hours per day;
- The pre-consultation document questions were available and would be shared with the Board;
- Patient online appointment bookings were still being encouraged;
- Members' comments regarding the improvements needed at 'front of house' in dealing with patients in the UCC's were noted; and
- Once the UTC's were implemented; patients attending the Centre would have access to free parking.

The Chair requested that the Officers return in September with an update.

RESOLVED: That the Board

1) notes the outcomes of the pre-consultation engagement;
2) notes the procurement timetable; and
3) notes the impact of standardised GP cover in the Urgent Care Centres.

Director of Adult Social Services

HEA38 SCRUTINY TOPIC GROUP – CARE HOMES – FUTURE SUSTAINABILITY

The Board was presented with the final Scrutiny Topic Group report on *Care Homes – Future Sustainability*, and its accompanying appendices.

It was noted that the Scrutiny Topic Group identified seven recommendations as part of the review which were detailed throughout the main report, as well as at the end of the report in a table for easy reference (appendix 4).

Members agreed that the topic group had proved to be enlightening and enjoyable to be a part of. On behalf of the Board the Chair thanked the staff involved with the Topic Group and the Members of the Board for their input. She also paid recognition to those Elected Members who visited care homes on a regular basis as part of their constituency work.

It was also confirmed that as part of Member involvement in the current business planning process, a range of topic areas had been identified for consideration for scrutiny during the municipal year 2019-20. The priorities for Adult Social Care for 2019-20 were agreed by Members in December 2018; these were confirmed as:

- Reablement pathway, including review of recruitment issues in community services;
- Safeguarding Unit;
- Deprivation of Liberty Safeguards (DoLS); and
- Finance.

The Board discussed these priorities and agreed that the topic for the Scrutiny Review for 2019-20 would be Deprivation of Liberty Safeguards (DoLS).

RESOLVED: That the Board agrees that

1) the report be approved; and
2) the topic for the Scrutiny Review for 2019-20 be Deprivation of Liberty Safeguards (DoLS).

HEA39 HEALTH POLICY & PERFORMANCE BOARD PRIORITY BASED REPORT

The Board received the Performance Management Reports for quarter 3 of 2018-19.

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 3 of 2018-19. This included a description of factors which were affecting the services.

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.

The following highlights from the report were noted:

- Additional funding had now been provided to refurbish the upstairs floor at Oak Meadow Care Home which would increase beds by 11;
- The Complex Care pool budget was forecast to balance as advised by CCG;
- A task and finish group would be established with Children's Services to review the issues related to

direct payments; and

- With regards to the delivery of equipment and adaptations to patients homes and the returning of equipment by patients; a revised service specification for the Community Integrated Equipment Service would be developed during 2019-20.

RESOLVED: That the quarter 3 2018-19 priority based report be received.

Meeting ended at 8.00 p.m.

REPORT TO: Health Policy & Performance Board

DATE: 18 June 2019

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 & Performance Board
DATE:	18 June 2019
REPORTING OFFICER:	Strategic Director, People
PORTFOLIO:	Children, Education and Social Care
SUBJECT:	Health Policy and Performance Board Annual Report : 2018/19
WARD(S)	Borough-wide

1.0 **PURPOSE OF THE REPORT**

1.1 To present the Health Policy and Performance Board's Annual Report for April 2018 - March 2019.

2.0 **RECOMMENDATION: That the Board note the contents of the report and associated Annual Report (Appendix 1).**

3.0 **SUPPORTING INFORMATION**

3.1 During 2018/19, the Health Policy and Performance Board has examined in detail many of Halton's Health and Social Care priorities. Details of the work undertaken by the Board are outlined in the appended Annual Report.

4.0 **POLICY IMPLICATIONS**

4.1 There are no policy implications arising directly from the Annual Report. Any policy implications arising from issues included within the Annual Report will have been identified and addressed throughout the year via the relevant reporting process.

5.0 **OTHER/FINANCIAL IMPLICATIONS**

5.1 As with the policy implications, there are no other implications arising directly from the report. Any finance implications arising from issues included within it would have been identified and addressed throughout the year via the relevant reporting process.

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

6.1 **Children & Young People in Halton**

There are no specific implications as a direct result of this report however the health needs of children and young people are an integral part of the Health priority.

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

None identified.

6.3 **A Healthy Halton**

The remit of the Health Policy and Performance Board is directly linked to this priority.

6.4 **A Safer Halton**

None identified.

6.5 **Halton's Urban Renewal**

None identified.

7.0 **RISK ANALYSIS**

7.1 None associated with this report.

8.0 **EQUALITY AND DIVERSITY ISSUES**

8.1 None associated with this report.

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

9.1 None under the meaning of the Act.

Health Policy and Performance Board

Annual Report

April 2018 - March 2019

As Chair of the Health Policy and Performance Board I am very pleased to report on the work of the Board for 2018/19.

The remit of the Board is to scrutinise the Health and Social Care Services provided to the residents of the Borough; we also have a responsibility to scrutinise Hospital Services, including Mental Health Services.

We take our responsibilities very seriously and as such choose at least one Scrutiny topic to focus on each Municipal year.

This year we have scrutinised the future sustainability of Care Homes within the Borough. The Scrutiny Board looked closely at those providing that care, received reports from various sources and engaged with a number of friends and family members of residents living in Care Homes within the Borough.

During the course of the year the Board have also been actively involved and consulted on a range of issues from changes in service delivery and policy developments, through to being kept informed and offering views on many changes taking place locally as a result of national changes.

One area of work we have followed closely this year is the work taking place in Transforming Cancer Care across the Region and the proposals to develop an Eastern Cancer Sector Hub. At the time of writing this report, we haven't yet received the final proposals, but we anticipate receiving them shortly and as such, as a Board, we will be closely scrutinising these proposals during 2019/20.

I would like to thank all the members of the Board for their valued contribution to the Board's work over the last 12 months. I would particularly like to thank Cllr Sandra Baker, for her support as Vice Chair to the Board. I would also like to extend my thanks to all Member's, Officers and Partners for their time and contributions to the Scrutiny topic and for providing performance and update reports throughout the year.

As usual, 2018/19 has proved to have been a very busy, challenging and interesting time for us all.

Cllr Joan Lowe, Chair

Health Policy and Performance Board Membership and Responsibility

The Board:

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

During 2018/19, David Wilson was Halton Healthwatch's co-opted representation on the Board and we would like to thank David for his valuable contribution.

The Lead Officer for the Board is Sue Wallace-Bonner, Director of Adult Social Services.

Responsibility:

The primary responsibility of the Board is to focus on the work of the Council and its Partners, in seeking to improve health in the Borough. This is achieved by scrutinising progress against the aims and objectives outlined in the Council's Corporate Plan in relation to the Health priority.

The Board have met four times in 2018/19. Minutes of the meetings can be found on the Halton Borough Council website. It should also be noted that the Board, at each of their meetings, receive and scrutinise the minutes from Halton's Health and Wellbeing Board and monitors work/progress within this area.

This report summarises some of the key pieces of work the Board have been involved in during 2018/19.

GOVERNMENT POLICY- NHS AND SOCIAL CARE REFORM

Named Social Worker Pilot
The Board heard with interest the work which had been carried out in relation to the Named Social Worker Pilot (NWSP) in Halton. During 2017/18, Halton was one of six sites selected to take part in Phase 2 of the national NSWP scheme.

The NSWP had been initiated by the Department of Health 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 Board heard how the project had built up an understanding on how having a named social worker could contribute to individuals with learning disabilities achieving better outcomes; specifically that they and their family were in control of decisions about their own future; and were supported to live with dignity and independence. The pilot had been about trying something different, piloting new ideas and generating early and indicative evidence as to their impact. Members were also advised about how the pilot had contributed to the Halton model.

SERVICES

Bridgewater Community Healthcare NHS Foundation Trust
In September 2018, the Board received a presentation from NHS Halton Clinical Commissioning Group (CCG) on a number of clinical concerns that had been identified during 2017/18 that had subsequently been raised with the Trust, specifically around leadership, workforce and sustainability. The Board heard how 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 Board received an update from the Chief Executive of the Trust in February 2019 and acknowledged the improvements made by the Trust.

Urgent Care Centres (UCCs)
During September 2018, the Board received details of the review of Halton's two UCCs and subsequent actions being 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.

The Board heard how the services at the UCCs were being re-specified to meet the national requirements of UTCs.

Details were shared with the Board in respect to the differences between the current UCC's and the proposed UTC; this being 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 aim is for the UTCs to 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 deliver improved patient care and increase 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.

A further update was provided to the Board in February 2019 regarding progress towards the development of UTCs within the Borough and the Board would be keeping developments under review as they progressed during 2019/20.

Safeguarding
The Board received a number of updates on Safeguarding during the year.

Updates included details on the Integrated Anti-Stalking Unit, the Halton Adult Safeguarding Board's provision of a free multi-agency training programme to all partners across Halton working or caring for adults, the Cheshire Anti-Slavery Network, Making Safeguarding Personal and the Mental Capacity (Amendment) Bill.

In February 2019, the Board also received the Halton Safeguarding Adults Board Annual Report for 2017/18. The Board were advised as to how an analysis of information gathered on Safeguarding issues had helped inform the work priorities of the Board for 2018-19 which were:-

- Quality Assurance;
- Learning and Professional Development; and
- Co-production and Engagement

NHS Halton CCG Consultation and Engagement
In June 2018, the Board received details of the NHS Halton CCG engagement and consultation exercise being conducted in respect to the GP practices of Appleton, Beeches and Upton Rocks, as follows:-

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

In November 2019 the Board received and update on the consultation proposing a potential relocation of Beeches Medical Centre. The consultation was due to run until October 2018 but was stopped in August because NHS Halton Clinical Commissioning Group (CCG) was made aware of a number of issues and factual inaccuracies within the consultation material. The Board were informed that if there is a further proposal to re-locate Beeches Medical Centre, a fresh public consultation will commence and will be appropriately publicised.

Dementia

In November 2018, the Board welcomed a report and presentation relating to dementia and its impact on people's lives and the support provided to people in Halton.

It was reported that people in Halton with a diagnosis of dementia are supported by the Post Diagnosis Dementia Community Pathway and were advised about the work that the Alzheimer's Society undertake in Halton by providing a comprehensive dementia support service for patients who are referred into the service by Memory Assessment Centres.

Housing Services

The Board welcomed a presentation from Fortunatus Housing Solutions, regarding the work they undertake within the Borough.

Fortunatus are a North West based registered charity providing supported accommodation for vulnerable adults with mental health problems and/or learning disabilities who are unable to access social housing. At the time of the presentation (November 2018), Fortunatus were accommodating and supporting 41 people in tenancies in Halton.

The Board were provided details of the referral assessment process, with all referrals coming from health and social care services. The Board were pleased to hear how all tenants receive person centred support and weekly visits from their designated support worker.

Stroke Services

Following previous reports to Board, the Board received an update on the status of the realignment of Stroke Services across the Mid-Mersey health economy.

It was reported that Phase 1 of the reconfiguration had been implemented and all patients who were still within the window of opportunity for thrombolysis (within 4 hours of onset) were conveyed to St Helens and Knowsley Teaching Hospitals NHS Trust for treatment. Patients who were post 4 hours from onset and not suitable for thrombolysis, would be conveyed to their local hospital.

Members were advised that the Phase 2 element of the service reconfiguration had been delayed until capacity had been confirmed to ensure patients could be managed effectively.

The Board will continue to monitor developments closely.

Improving Access to Psychological Therapies (IAPT)
In November 2018, the Board received an update from the NHS Halton CCG, on the status of the delivery and performance of NHS Halton IAPT Service/Think Wellbeing Service.

It was reported that there was considerable evidence for the use of psychological therapies as an effective treatment for many mental health problems. The Board noted that nationally there was a requirement to increase the numbers of people accessing IAPT compliant therapies year on year, to reach an eventual target of 25% of the eligible population in 2021; so one in four.

The Board would continue to monitor delivery and performance in this area.

POLICY

Everyone Early Help Strategy 2018-2021
In June 2018, the Board received details of the new Everyone Early Help Strategy that brought services for children, adults and public health together.

Members of the Board noted that services to support children, families and vulnerable adults were facing unprecedented challenges and that early help and prevention services need to 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. The Strategy supports 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.

Board members were keen to understand how the success of the Strategy would be measured and 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.

Procedures for Lower Clinical Priority
Following the previous report made to the Board during 2017/18 regarding the work taking place across a number of CCGs in parts of Cheshire and Merseyside regarding the development of a core set of Procedures of Lower Clinical Priority (PLCP), in June 2018 the Board received an update.

The Board were informed that the final set of policies had been prepared and presented to each of the CCG's governing bodies in January 2018 (except NHS Knowsley CCG when it was March 2018). Following this all the CCG Governing bodies approved the review and the proposed policies and these were adopted from April 2018.

Halton's Homelessness Strategy 2019-2024
Under the Homelessness Act 2002, it is a requirement for each local authority area to produce a 5 year strategy and in February 2019 the Board received and commented on Halton's Draft Homelessness Strategy 2019-2024, which include an associated Strategy Delivery Plan. This new Strategy and Delivery Plan supersedes the Homelessness Strategy 2013-2018.

SCRUTINY REVIEWS

Care Homes in Halton
The scrutiny review identified seven recommendations which will now go forward to Executive Board for approval, however it was clear from the review that there is already much work being covered by the Care Home Development Project in terms of the future sustainability of the care home sector in Halton and the Scrutiny Topic work group fully endorses the work of the project group.

It should be noted that the topic work group recognised the current challenges that Halton are facing with the demand on the care home sector, which is a national trend, and feel that further funding into this sector from central government is vital. The anticipation of the green paper on older peoples' services is paramount, although delays in its publication has been frustrating.

PERFORMANCE

The Health 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, during the year the Board has been provided with thematic reports which have included information on progress against key performance indicators, milestones and targets relating to Health.

The Board also received reports through the year on key issues with respect to the quality of Domiciliary Care and Care Homes in the Borough.

INFORMATION BRIEFING

During 2018/19 the Board continued to receive an Information Briefing Bulletin in advance of each of the Board meetings.

The Information Briefing is a way of trying to manage the size of the agendas of the Board meetings better. Including information on topics which were previously presented to Board as reports only for the Board's information now into the Information Briefing bulletin allows the Board to focus more on areas where decisions etc. are needed.

Example of areas that have been included in the Information Briefing over the last 12 months have included:-

- Adult Safeguarding Update (including Deprivation of Liberty Safeguards)
- Adult Social Care Complaints and Freedom of Information Annual Report 2017/18
- Halton Hospital and Wellbeing Campus
- One Halton
- Seasonal Flu Plan 2018/19
- Urgent Treatment Centres (UTCs) : Consultation and Engagement Plan
- Transforming Cancer Care

WORK TOPICS FOR 2019/20:

At the Board's meeting in February 2019, a number of topics were considered for scrutiny.

Following discussion it was agreed that the topic for 2019/20 would be on the Deprivation of Liberty Safeguards (DoLS) NB. DoLS are part of the Mental Capacity Act 2005. The safeguards aim to make sure that people in care homes and hospitals are looked after in a way that does not inappropriately restrict their freedom.

Report prepared by Louise Wilson, Development Manager – Urgent and Integrated Care, People Directorate
Email: louise.wilson@halton.gov.uk Tel: 0151 511 8861

REPORT TO:	Health Policy & Performance Board
DATE:	18 June 2019
REPORTING OFFICER:	Dianne Johnson, Chief Executive, Knowsley CCG
PORTFOLIO:	Health & Wellbeing
SUBJECT:	Transforming Cancer Care
WARD(S)	Borough-wide and in conjunction with Knowsley, St Helens and Warrington

1.0 **PURPOSE OF THE REPORT**

1.1 To inform the Board on the current state of the programme to redesign the provision of non-surgical oncology across the "Eastern Sector", Mid Mersey, to be more efficient and effective within a specialist hub, with the potential for future radiotherapy development.

2.0 **RECOMENDATION: That the Board**

1) recognise the problems being experienced in the current provision of non-surgical oncology services and the requirement to make changes to ensure patients receive appropriate care in a timely manner; and

2) note the current position of the programme and the intention to undertake public consultation from July to September.

3.0 **SUPPORTING INFORMATION**

3.1 The accompanying power point slides.

4.0 **POLICY IMPLICATIONS**

4.1 No impact at present

5.0 **OTHER/FINANCIAL IMPLICATIONS**

5.1 None identified at present

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 No risks have been identified at present but will be identified during the public consultation

8.0 **EQUALITY AND DIVERSITY ISSUES**

8.1 No issues have been identified at present but will be identified during the public consultation

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

None.

REPORT TO: Health Policy & Performance Board

DATE: 18 June 2019

REPORTING OFFICER: Strategic Director, People

PORTFOLIO: Children, Education and Social Care

SUBJECT: Delayed Transfers of Care (DTOCs)

WARD(S): Borough wide

1.0 **PURPOSE OF REPORT**

1.1 To present the Board with background information in respect to DTOCs and details of Halton's latest position with regards to DTOCs (delayed days).

2.0 **RECOMMENDATION: That the Board note the contents of the report and associated Appendix.**

3.0 **SUPPORTING INFORMATION**

3.1 What are delayed transfers of care?

A 'delayed transfer of care' occurs when a patient is ready to leave a hospital or similar care provider but is still occupying a bed. Delays can occur when patients are being discharged home or to a supported care facility, such as a residential or nursing home, or are awaiting transfer to a community hospital or hospice.

3.2 How are delayed transfers of care measured?

National guidance, *Why not home? Why not today?*[1], defines a patient as being ready for transfer when:

- a clinical decision has been made that the patient is ready for transfer, and
- a multidisciplinary team has decided that the patient is ready for transfer, and
- the patient is safe to discharge/transfer.

As soon as a patient meets these three conditions and remains in a bed, the 'clock' starts and they are classified as 'a delayed transfer'. The definition of delayed transfers of care used by NHS England is very specific. For example, data on delayed transfers does not include delays in transferring a patient between different

[1] Why not home? Why not today? Monthly Delayed Transfers of Care Situation Report, NHS England, November 2018 https://www.england.nhs.uk/statistics/wp-content/uploads/sites/2/2018/11/Monthly-Delayed-Transfers-of-Care-Situation-Report-Principles-Definitions-and-Guidance.pdf

wards in the same hospital, or between different hospitals, if the patient still requires acute hospital treatment.

Each month NHS England publishes data on the total number of bed days taken up by all delayed patients across the whole calendar month.

All hospitals are required to collect delayed transfer data for adults (aged over 18 years) and provide it to NHS England, together with the reasons for these delays.

The Board should note that there are limitations to the national data on DTOCs. For example it is not clear whether all providers are using the definition of DTOCs or reasons for delay in the same way; small differences in interpretations can lead to the potential for large changes in reported numbers.

National data may also understate the number of patients who could be cared for safely and effectively out of hospital. This is because the 'clock' for measuring delayed transfers only begins when a full multidisciplinary team has assessed the patient's needs – for example, to determine if a patient needs further therapy or social care input – before deciding when the patient can be discharged. Patients in hospital who have been assessed by a consultant or other clinician as being 'medically fit for discharge' will not be counted as a delayed transfer before this fuller assessment takes place.

3.3 Why do delayed transfers of care occur?

Delayed transfers can be the result of delayed processes within the NHS, social care, or across both sectors, and can occur for a number of reasons.

The main reasons for delays can be categorised into three areas, which are explored further below. These are:-

1. Patient & Family Choice
2. Assessments
    a. Health
    b. Social Care
3. Provision
    a. Capacity
    b. Complexity of need
    c. Providers agreeing to take service users

Patients can often be delayed waiting for onwards care. For example, intermediate care services occupy an important middle ground between primary and hospital care for patients leaving hospital. These services include bed-based care, rehabilitation and reablement services, which often provide a much-needed 'step-down' service for people moving between more intensive hospital care and independent living or social care. However, issues can occur in respect to insufficient capacity to meet the demand for intermediate care, resulting in increased waiting times and delays in accessing this care.

Agreeing that a patient is fit for discharge, as well as acquiring a care package and

getting paperwork completed on time, can also be difficult. Assessments must be made of the additional support and care patients will need after leaving hospital, such as care workers providing support for daily activities, and installing hand rails within patient's homes to improve their safety and mobility. Delays can arise because a patient's assessments are not planned and completed before they have recovered sufficiently to be discharged. Completing an early assessment of onward care needs generally requires agreement from a multidisciplinary group of acute clinicians, social workers and other care workers. This can be a time-consuming and complex process.

Other factors can also come into play. These include disagreements between families/patients and providers concerning where the patient should be transferred; waiting for equipment to be installed in the community; awaiting public funding; and housing issues.

It should be noted that the timing of discharging patients from hospital is important. Sending a patient home from hospital prematurely, before their medical care is completed, can lead to poor patient experience and readmission to hospital. But delayed transfers of care are currently a significant concern to patients and staff in the health and care system. Longer stays in hospital are associated with increased risk of infection, low mood and reduced motivation, which can affect a patient's health after they've been discharged and increase their chances of readmission to hospital.

3.4 Halton Processes for agreeing DTOCs

3.4.1 St Helens & Knowsley Teaching Hospitals NHS Trust – The Whiston Integrated Discharge Team (IDT) are in daily contact with the Council in relation to any associated issues with regards to potential delays and submit a daily validation request through to the Divisional Manager, Urgent Care to seek approval of DTOCs.

3.4.2 Warrington & Halton Hospitals NHS Foundation Trust – Similar to the Whiston IDT, Halton IDT are in regular contact with the Divisional Manager, Urgent Care to review any associated issues with regards to potential delays. DTOCs are then formally approved by the IDT's Team Manager, following consultation with the Divisional Manager, on a daily basis.

3.4.3 North West Boroughs (NWB) Healthcare NHS Foundation Trust – A Bed Management Meeting is held weekly, on a Thursday, chaired by a Senior Manager from NWB and attended by the Principal Manager (Mental Health) and in their absence the Practice Manager, to review current in and out of area placements. It is at this meeting where DTOCs for Halton are agreed, or otherwise.

3.5 Halton Performance

The number of delayed days in February 2019 increased to 356 from 190 in January 2019, broken down as follows:-

Agency Responsible	Number of Delayed Days (November 2018)	Number of Delayed Days (December 2018)	Number of Delayed Days (January 2019)	Number of Delayed Days (February 2019)
NHS	589	277	175	314
Social Care	82	21	14	14
Joint	2	47	1	28
TOTALS	**673**	**345**	**190**	**356**

However, it should be noted that overall Halton achieved the national targets that were set for 2018/19 for DTOCs over the last 3 months (December 2018 – February 2019).

Please note that at the time of writing this report we are waiting for information to be confirmed in respect to the DTOC targets which are to be set for 2019/20.

When the targets were set for 2018/19, those areas that did well in achieving difficult targets were challenged the most, whilst the ones who under-achieved/struggled were given more modest targets. We are waiting to see if the same methodology will be used in setting the 2019/20 targets.

3.6 Attached at ***Appendix 1*** are details of Halton's DTOCs since January 2018.

As the Board will note the targets set are split between attributable organisations i.e. NHS, Social Care or jointly attributable.

The mains reasons for the delays during February 2019 were:-

- Patient/family choice - 42% (151 days);
- Awaiting further non-acute NHS Care - 19% (66 days); and
- Awaiting care package in own home - 16% (57 days)

The data outlines that in February 2019, 45% of the delayed days were seen at St Helens & Knowsley Teaching Hospitals NHS Trust, 36% at Warrington & Halton Hospitals NHS Foundation Trust and 19% within other NHS Trusts.

Attached at ***Appendix 2***, the Board will find a copy of the Monthly Delayed Transfers of Care Update from North West Association of Directors of Adult Social Services (ADASS), which outlines how Halton benchmark against other local authorities in the North West.

3.7 It should be noted that definitive DTOC information is published on a monthly basis and is always behind current activity. It has not been possible to get accurate current information from across the system; therefore we are in a position where we have to wait approximately 6 weeks following the end of a month to obtain information for that month.

4.0 FINANCIAL/RESOURCE IMPLICATIONS

4.1 The additional funding provided to Councils (i.e. the iBCF) continue to support/fund initiatives/developments to help alleviate existing pressures within the system, however a number of developments are still to come to fruition and the full impact seen, for example the recruitment of additional staff into in-house Reablement service.

4.2 At the beginning of October 2018, it was announced that an extra £240m of funding would be made available to councils to pay for social care packages for Winter 2018/19. The expectation was that the funding be spent on:-

- reducing DTOCs;
- helping to reduce extended lengths of stay;
- improving weekend discharge arrangements so that patients are assessed and discharged earlier; and
- speeding up the process of assessing and agreeing what social care is needed for patients in hospitals.

Halton were allocated £639k and this funding was used to fund schemes which included expanding the number of Reablement staff at Whiston hospital, increasing capacity in Occupational Therapy and Social Work to Reablement and Domiciliary Care to enhance flow through the services, introduction of a Winter Team to manage capacity and demand and fund additional Intermediate Care bed capacity.

5.0 RISK ANALYSIS

5.1 Due to continuing pressures across the health and social care economy, including capacity within the care home and domiciliary care market, particularly in respect to the ability to recruit appropriately trained staff, the attainment of DTOC any associated targets/trajectories will continue to present ongoing significant challenges.

The Council continues to proactively work with colleagues, on a daily basis, across the economy to minimise the number of DTOCs as far as possible.

In addition to focusing on DTOCs, we work hard with the trusts to discharge patients on an ongoing basis, often individuals with complex needs, before they actually become a DTOC.

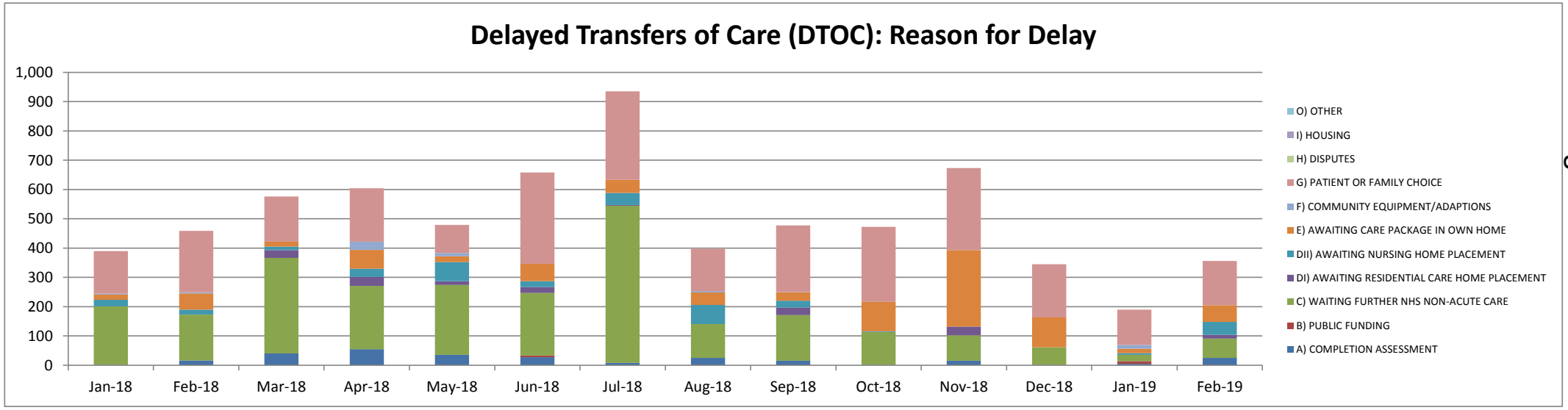
6.0 EQUALITY AND DIVERSITY ISSUES

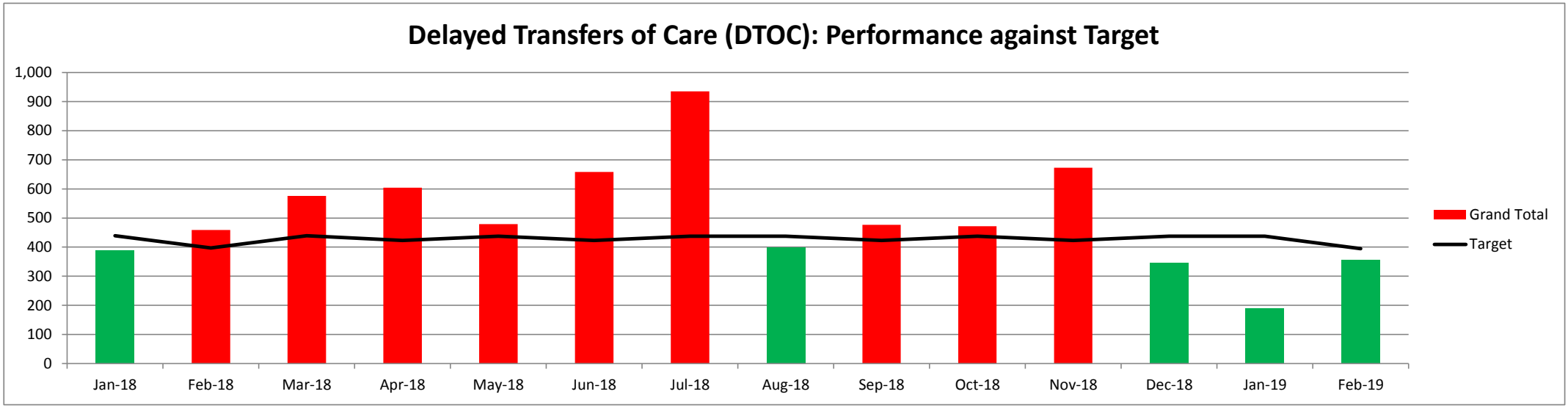
6.1 An Equality Impact Assessment is not required for this report.

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

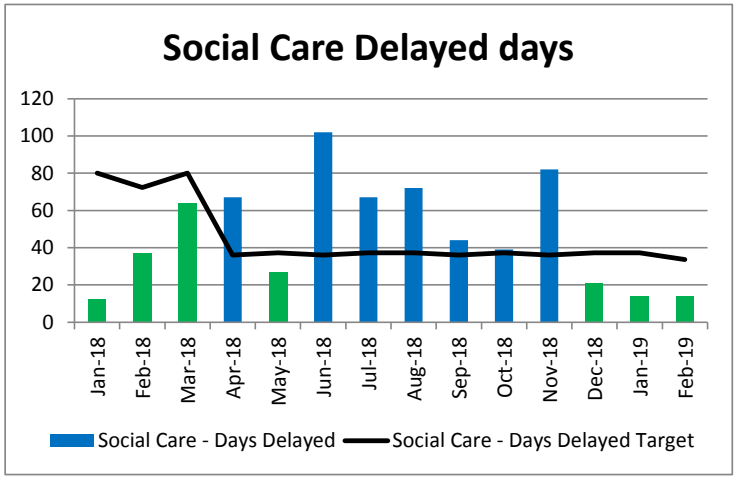
None.

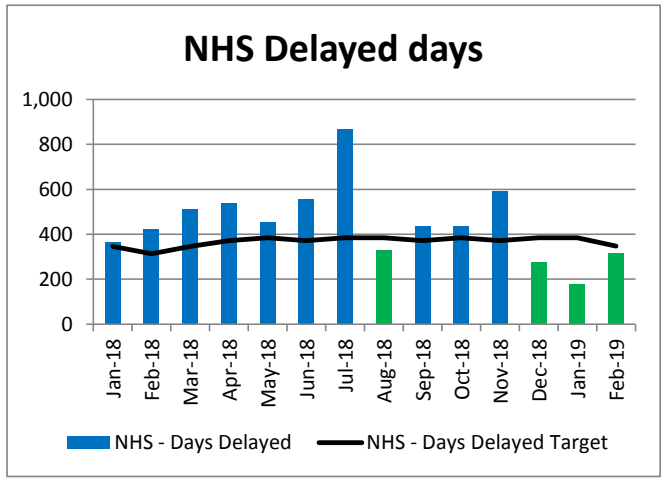
Reason for Delay	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19
A) COMPLETION ASSESSMENT	1	16	40	55	35	27	8	25	15	1	15	1	5	25
B) PUBLIC FUNDING	0	0	0	0	0	6	0	0	0	0	0	0	9	0
C) WAITING FURTHER NHS NON-ACUTE CARE	200	157	326	216	239	214	537	116	156	112	87	60	21	66
DI) AWAITING RESIDENTIAL CARE HOME PLACEMEN	0	0	27	30	13	20	2	0	26	0	30	0	0	13
DII) AWAITING NURSING HOME PLACEMENT	22	17	12	28	65	20	41	65	23	3	0	0	6	44
E) AWAITING CARE PACKAGE IN OWN HOME	18	55	17	65	20	59	45	42	29	100	261	102	15	57
F) COMMUNITY EQUIPMENT/ADAPTIONS	3	4	0	28	11	0	0	5	1	0	0	0	13	0
G) PATIENT OR FAMILY CHOICE	146	210	154	182	96	312	302	145	227	256	280	182	121	151
H) DISPUTES	0	0	0	0	0	0	0	0	0	0	0	0	0	0
I) HOUSING	0	0	0	0	0	0	0	0	0	0	0	0	0	0
O) OTHER	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Grand Total	**390**	**459**	**576**	**604**	**479**	**658**	**935**	**398**	**477**	**472**	**673**	**345**	**190**	**356**
Target	439	397	439	423	437	423	437.1	437.1	423	437.1	423	437.1	437.1	394.8
Variation from target	-13%	14%	24%	30%	9%	36%	53%	-10%	11%	7%	37%	-27%	-130%	-11%

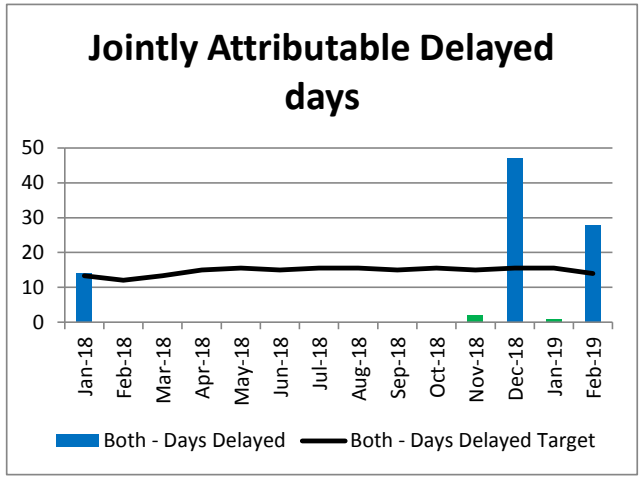


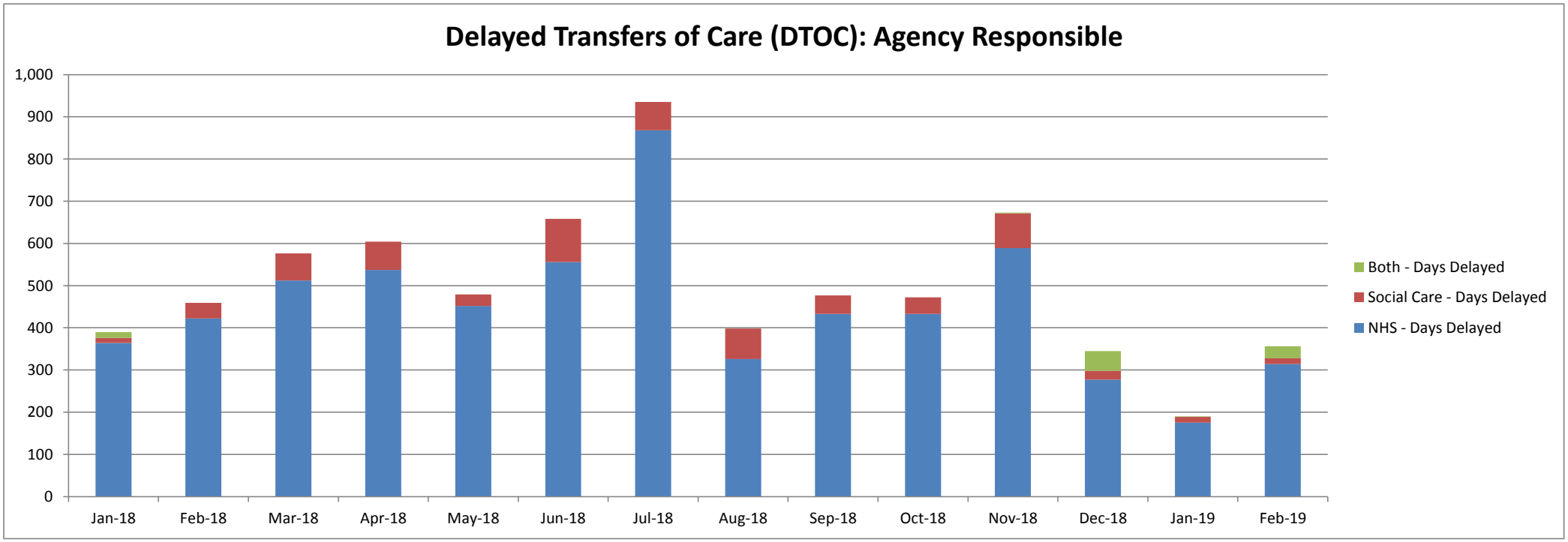

Delayed Transfers of Care (DTOC): Performance against Target
1,000
900
800
700
600
500
400
300
200
100
0
Jan-18
Feb-18
Mar-18
Apr-18
May-18
Jun-18
Jul-18
Aug-18
Sep-18
Oct-18
Nov-18
Dec-18
Jan-19
Feb-19
Grand Total
Target

Agency Responsible	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19
NHS - Days Delayed	364	422	512	537	452	556	868	326	433	433	589	277	175	314
Social Care - Days Delayed	12	37	64	67	27	102	67	72	44	39	82	21	14	14
Both - Days Delayed	14	0	0	0	0	0	0	0	0	0	2	47	1	28
NHS - Days Delayed Target	346	312	346	372	384	372	384.4	384.4	372	384.4	372	384.4	384.4	347.2
Social Care - Days Delayed Target	80	72	80	36	37	36	37.2	37.2	36	37.2	36	37.2	37.2	33.6
Both - Days Delayed Target	13	12	13	15	16	15	15.5	15.5	15	15.5	15	15.5	15.5	14

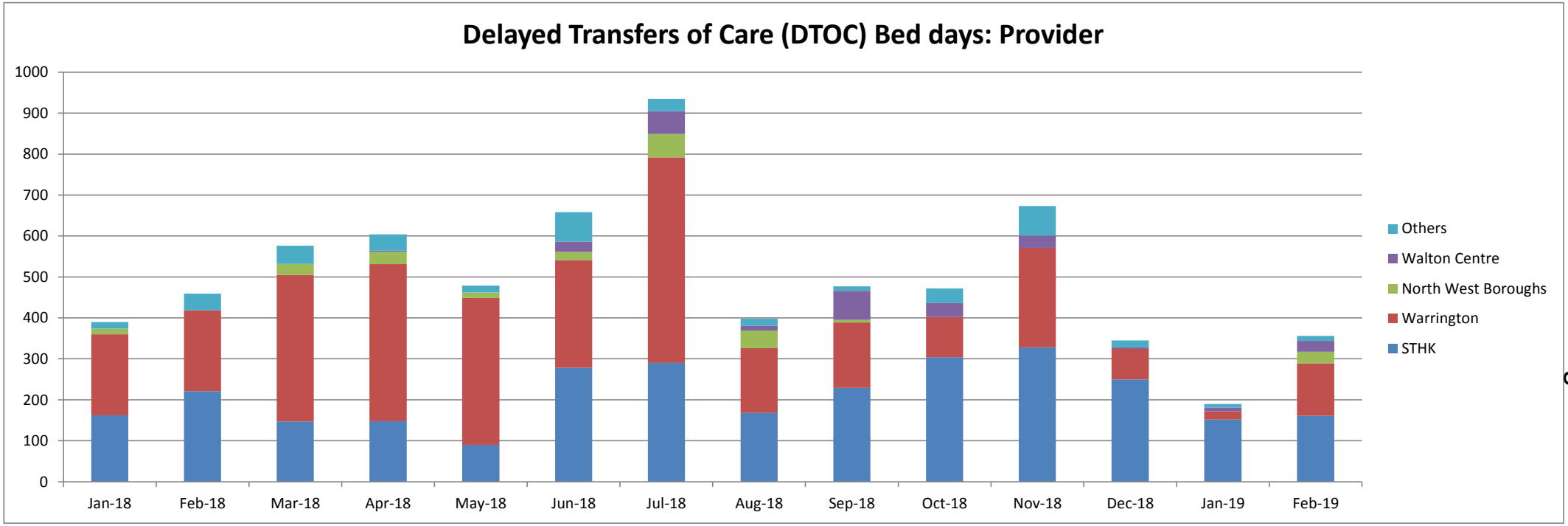




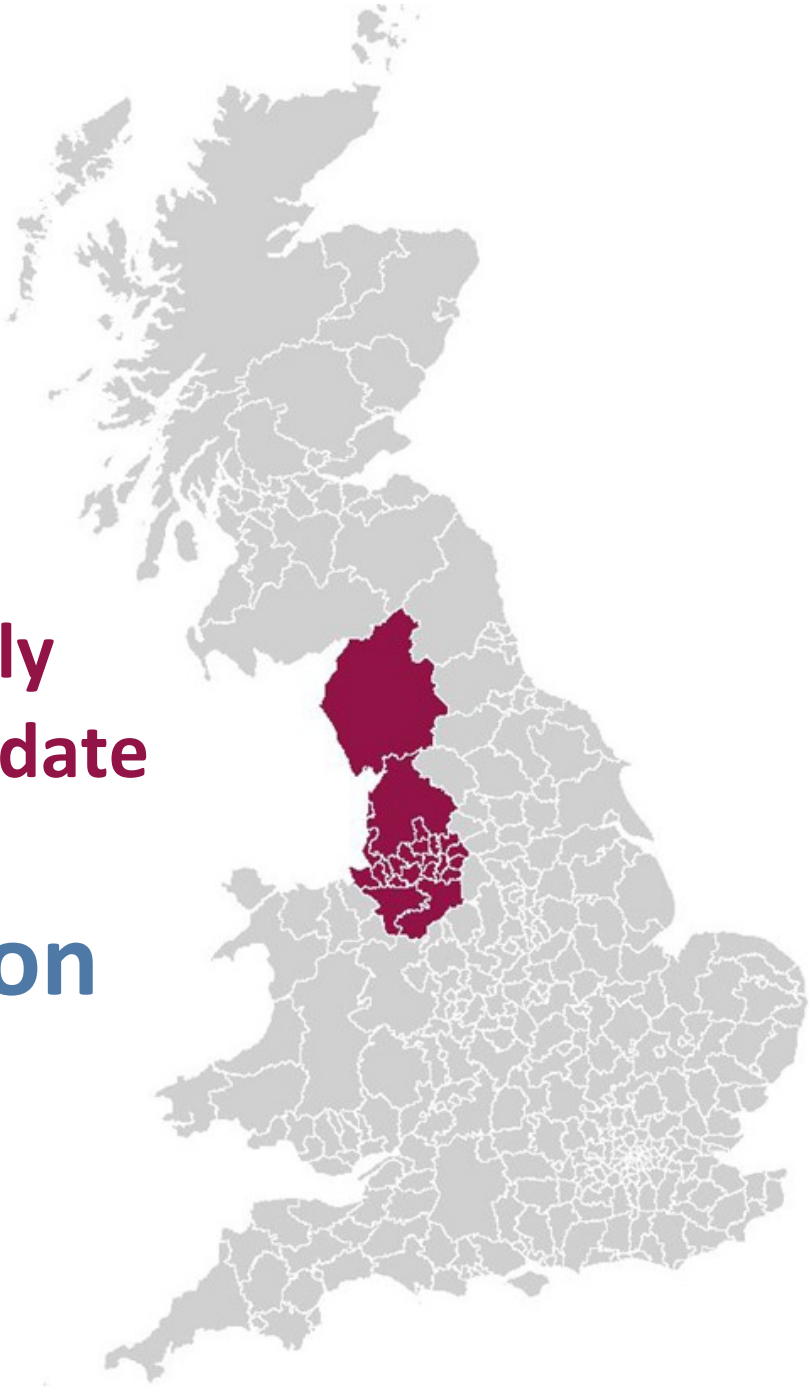




	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19
STHK	162	221	147	148	90	278	290	168	229	304	328	250	152	161
Warrington	198	198	358	383	359	263	502	158	160	98	243	74	20	128
North West Boroughs	14	0	27	30	13	20	57	43	6	0	0	0	0	28
Walton Centre	0	0	0	3	0	25	56	12	71	34	30	5	9	27
Others	16	40	44	40	17	72	30	17	11	36	72	16	9	12



directors of adass
adult social services
North West



North West ADASS Monthly Delayed Transfers of Care Update

February 2019 Edition

Please note that data within this publication is up to December 18, as this is the most recent data published

North West ADASS Programme Office

Introduction

This is a monthly Delayed Transfers of Care update for the North West Region. The aim of the circulation is to provide Local Authorities with a summary of the most up to date data that is published by the NHS.

https://www.england.nhs.uk/statistics/statistical-work-areas/delayed-transfers-of-care/

Contained within the dashobard are some general regional trends as well as a breakdown specifically for Cheshire and Merseyside, Greater Manchester and Lancashire and Cumbria. Each Local Authority also has a one page summary sheet, showing a summary of their data.

Contents

Publication Dates

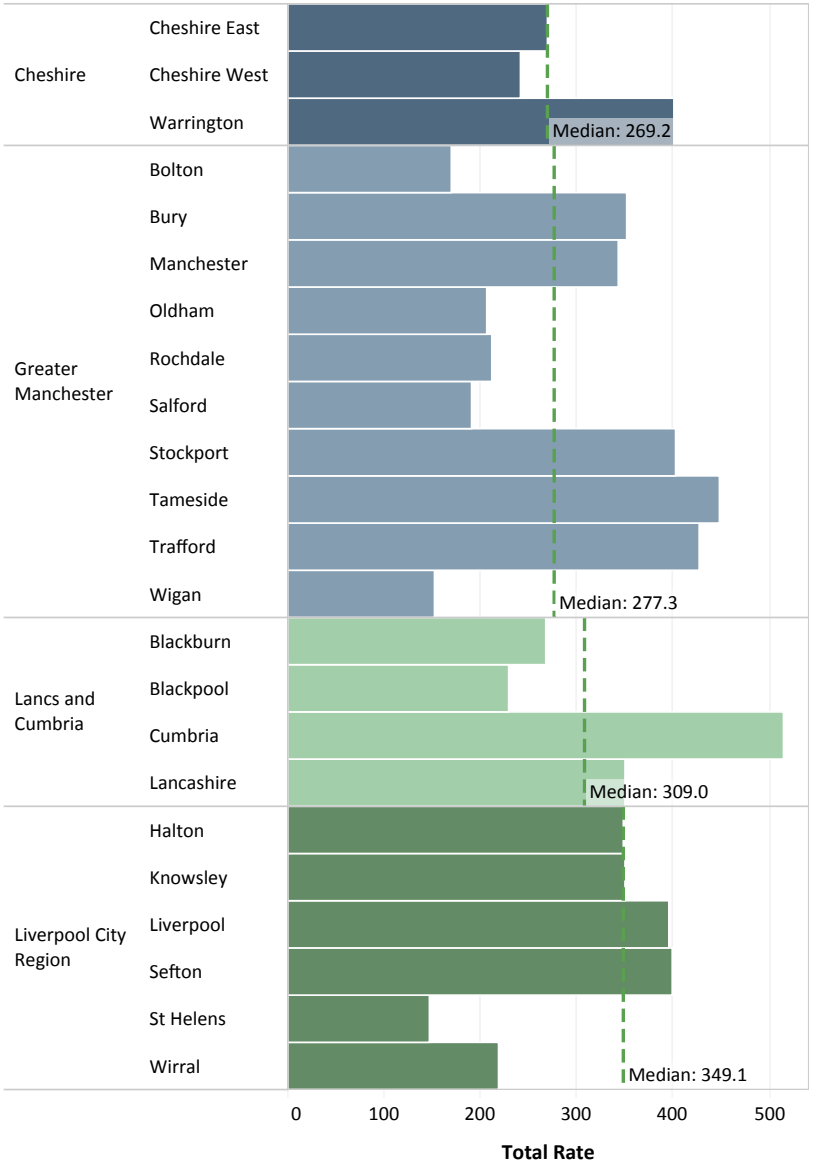
This dashboard will be updated once a month, in line with when the NHS publish the national DToC figures.

Therefore, you can expect an update on the dates below (or within a day or two):

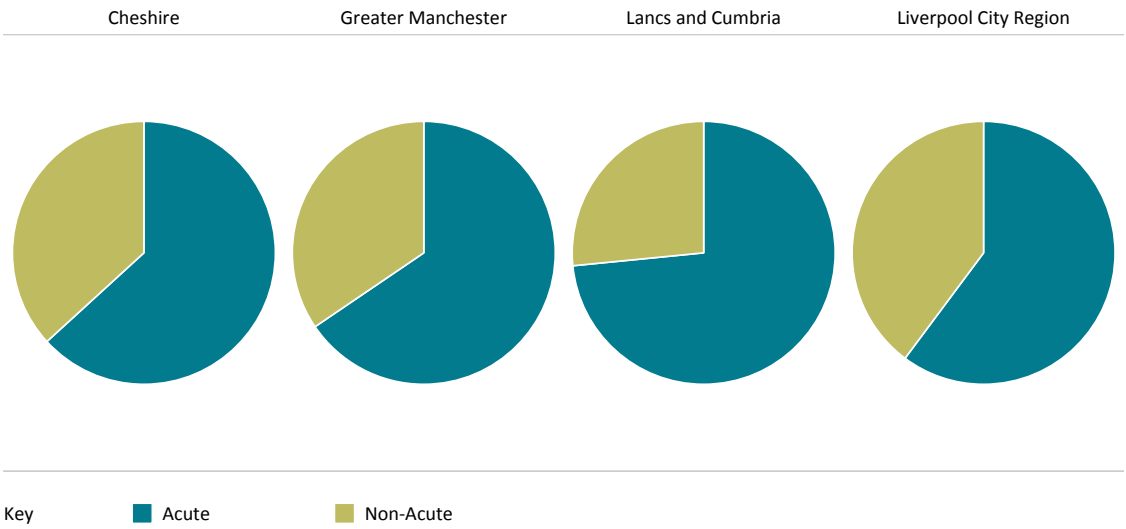
> 14th March 19
> 12th April 19
> 10th May 19
> 14th June 19
> 12th July 19
> 9th August 19
> 13th September 19
> 11th October 19
> 8th November 19
> 13th December 19

Overview of all Delays in the Region

North West Local Authority's Total DToC Rate per 100,000 Population December 2018



North West Sub Regions Total DToC Rate in December 2018 Split by Acute and Non Acute

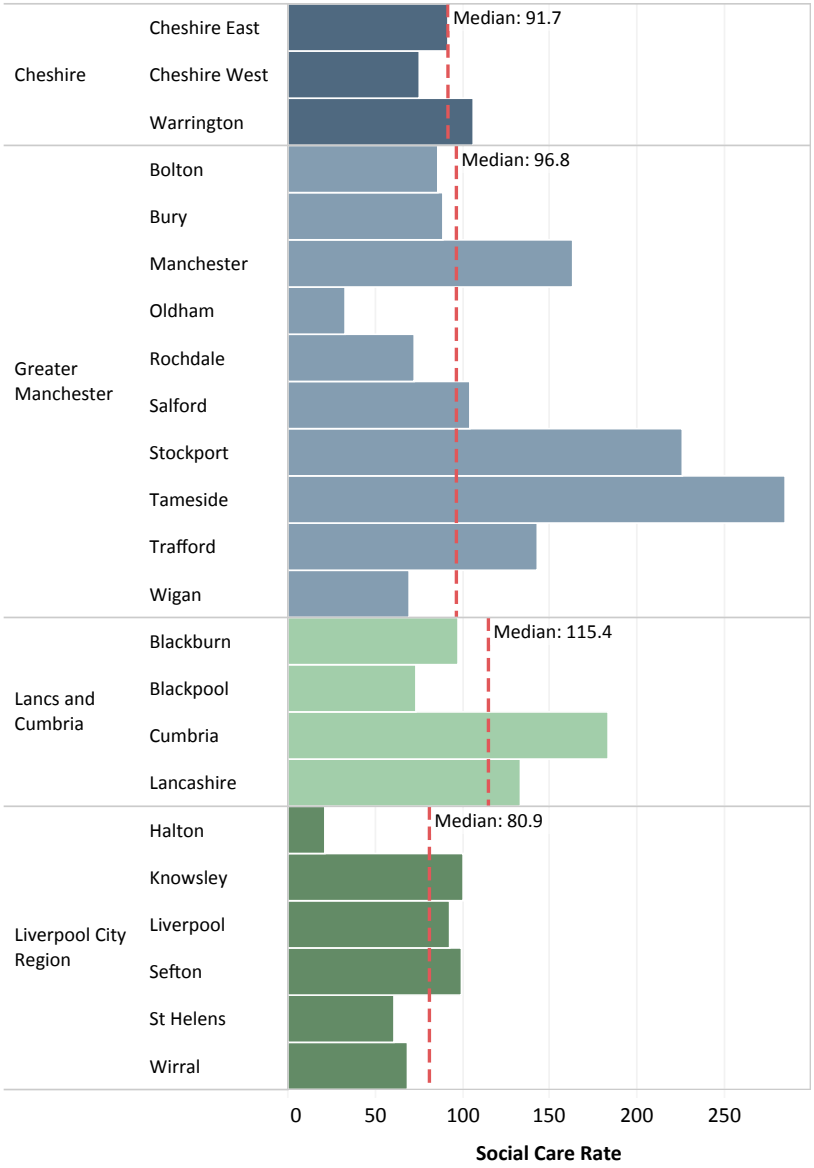


North West Sub Region DToC - Reason for Delay Summary: December 2018

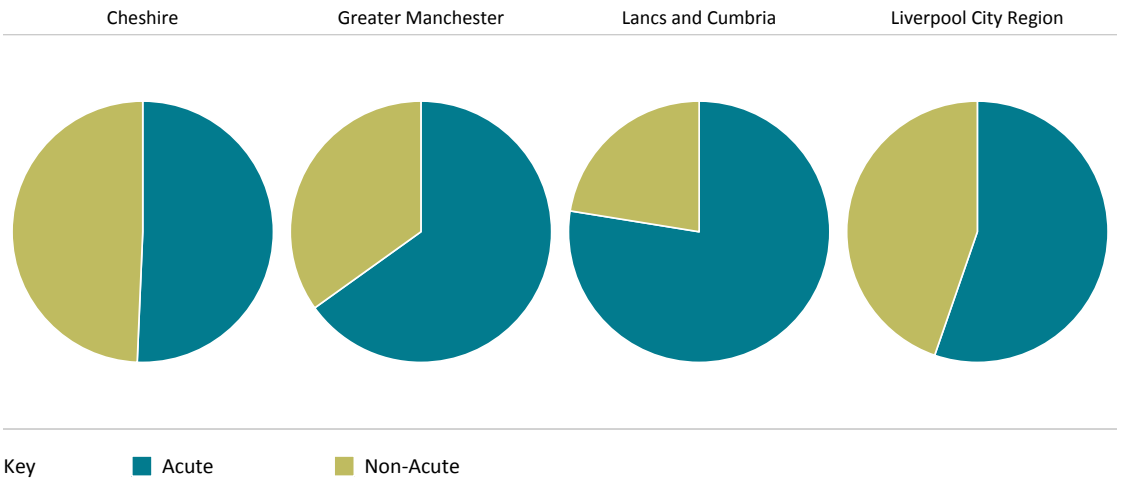
Reason For Delay	Cheshire	Greater Manchester	Lancs and Cumbria	Liverpool City Region
A: Comp of Assessment	6.4%	15.4%	27.1%	3.5%
B: Public Funding	3.9%	1.4%	3.8%	3.5%
C: Further Non Acute NHS	20.5%	8.9%	11.3%	20.7%
D(i): Res Placement	7.5%	14.2%	10.7%	7.3%
D(ii): Nursing Placement	12.6%	24.2%	16.0%	10.8%
E: Care Package in Own Home	31.0%	16.4%	15.6%	24.9%
F: Comm Equip	4.6%	2.3%	3.2%	1.2%
G: Patient & Family Choice	8.3%	13.3%	6.3%	23.0%
I: Housing	0.6%	3.8%	4.9%	0.7%

Overview of Adult Social Care Attributable Delays in the Region

North West Local Authority's *Adult Social Care* Attributable DToC Rate per 100,000 Population December 2018



North West Sub Regions Total *Adult Social Care* DToC Rate in December 2018 Split by Acute and Non Acute



North West Sub Region DToC - Reason for Delay Summary (ASC Delays Only): December 2018

Reason For Delay	Cheshire	Greater Manchester	Lancs and Cumbria	Liverpool City Region
A: Comp of Assessment	6.4%	21.0%	41.4%	3.7%
B: Public Funding	0.0%	0.9%	0.3%	10.4%
D(i): Res Placement	12.6%	23.9%	14.9%	7.6%
D(ii): Nursing Placement	15.9%	11.0%	9.0%	11.7%
E: Care Package in Own Home	54.9%	34.7%	28.5%	65.5%
F: Comm Equip	3.6%	0.5%	1.4%	0.0%
G: Patient & Family Choice	1.8%	7.9%	4.0%	0.4%
H: Disputes	0.0%	0.0%	0.5%	0.6%

North West Local Authorties National Ranking

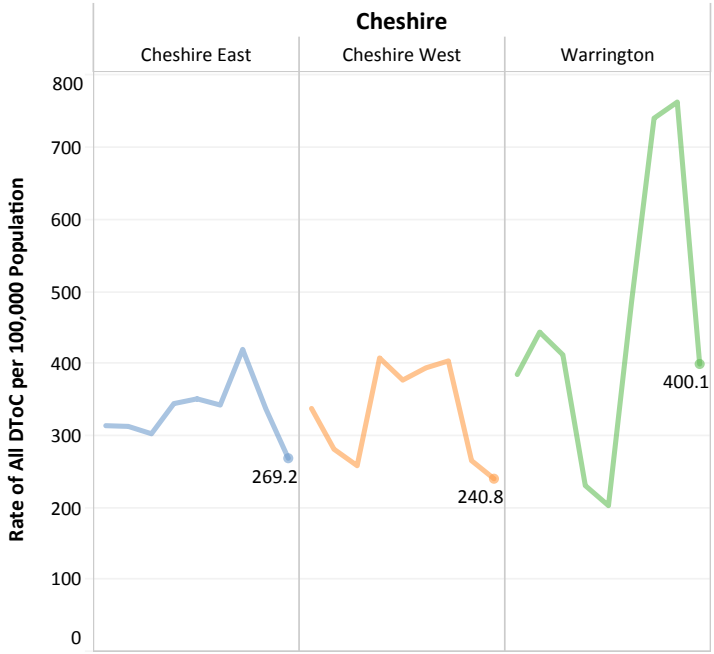
This is based on Sum of Delayed Bed Days, per Head of Population

1 is Lowest Rate in the Country, 151 is Highest

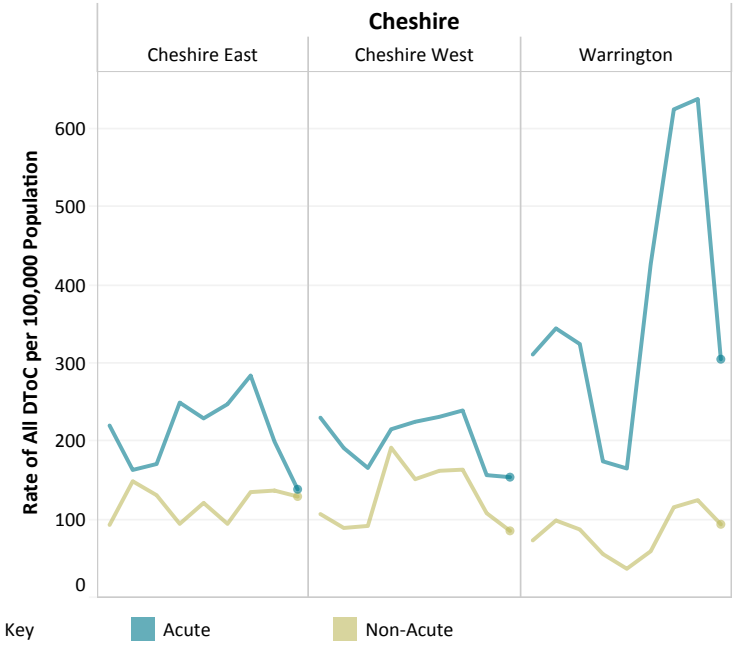
		OCT 17	NOV 17	DEC 17	JAN 18	FEB 18	MAR 18	APR 18	MAY 18	JUN 18	JULY 18	AUG 18	SEP 18	OCT 18	NOV 18	DEC 18
Cheshire	Cheshire East	86	85	83	81	90	71	89	95	90	104	100	97	123	106	85
	Cheshire West	62	116	76	86	111	106	99	82	74	119	103	111	118	80	75
	Warrington	138	118	134	104	97	137	114	127	124	62	51	129	150	150	125
Greater Manchester	Bolton	125	92	133	141	119	76	71	87	44	31	57	84	69	41	37
	Bury	148	143	147	144	145	144	136	139	129	129	136	113	108	123	113
	Manchester	115	127	125	133	137	129	127	118	127	123	124	135	114	100	106
	Oldham	16	58	71	28	62	69	29	51	92	99	81	82	78	42	60
	Rochdale	26	57	54	50	36	78	67	60	53	46	48	63	65	69	62
	Salford	64	39	60	75	68	53	14	24	23	11	49	32	14	8	52
	Stockport	104	114	111	126	127	132	125	116	110	121	105	88	102	125	128
	Tameside	109	124	129	127	142	127	134	145	131	117	131	120	128	135	136
	Trafford	150	146	136	142	133	126	128	141	141	143	143	110	138	144	132
	Wigan	21	37	50	66	45	13	11	16	31	23	16	27	18	30	30
Lancs and Cumbria	Blackburn	71	74	64	84	80	79	64	58	73	116	118	101	93	98	84
	Blackpool	126	137	124	98	103	108	115	106	85	111	108	140	87	105	70
	Cumbria	151	151	150	150	150	151	150	150	143	145	149	151	146	146	143
	Lancashire	124	125	120	99	106	107	105	100	86	93	87	94	101	113	109
Liverpool City Region	Halton	135	148	132	116	134	143	146	133	147	150	114	128	130	148	108
	Knowsley	88	45	38	90	72	58	33	86	113	124	116	112	88	77	110
	Liverpool	101	122	101	115	88	89	85	124	102	100	129	131	121	127	121
	Sefton	114	138	138	120	120	124	116	109	121	108	135	118	113	107	123
	St Helens	90	69	6	55	25	15	51	38	52	7	28	20	51	58	26
	Wirral	69	35	41	29	32	25	32	70	43	71	63	55	56	74	66

Cheshire Summary

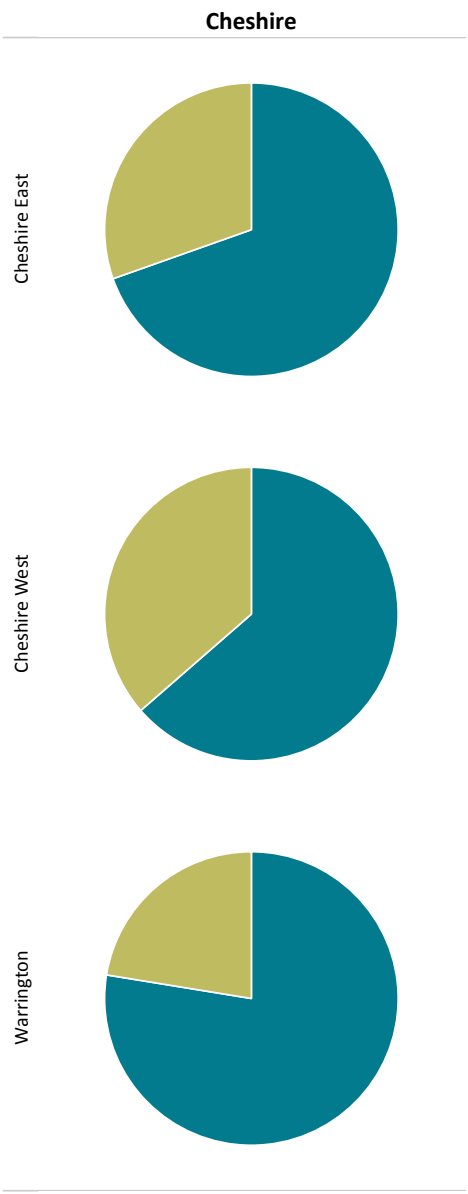
Cheshire Rate of all Delayed Transfers of Care per 100k Population (2018-19)



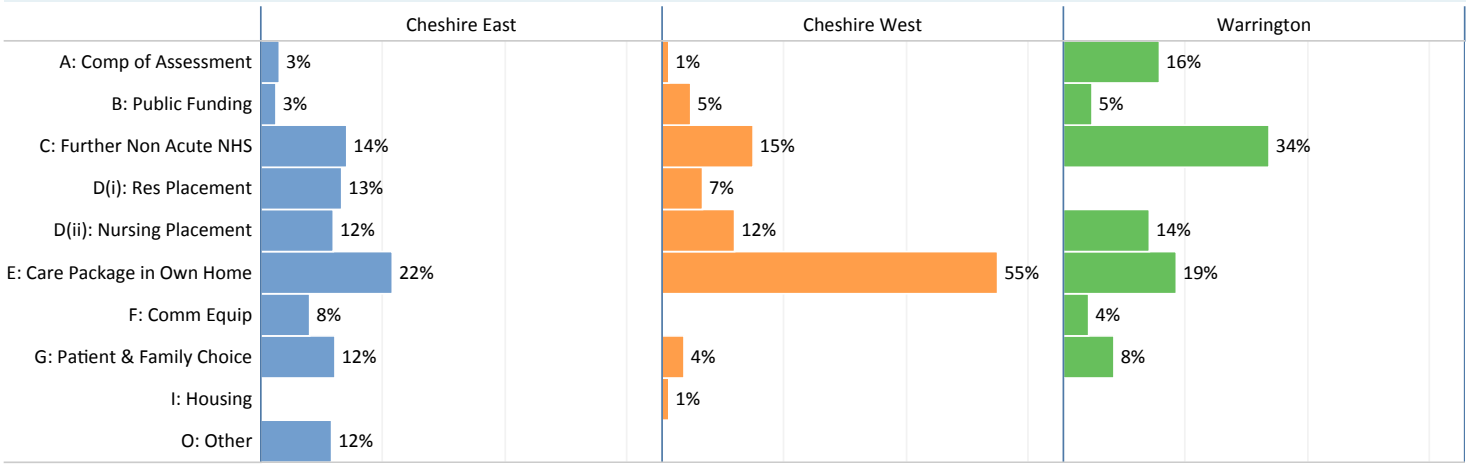
Cheshire Comparison: Rate of Delays Split by Acute and Non Acute (2018-19)



Cheshire Acute and Non Acute Split Since April 17

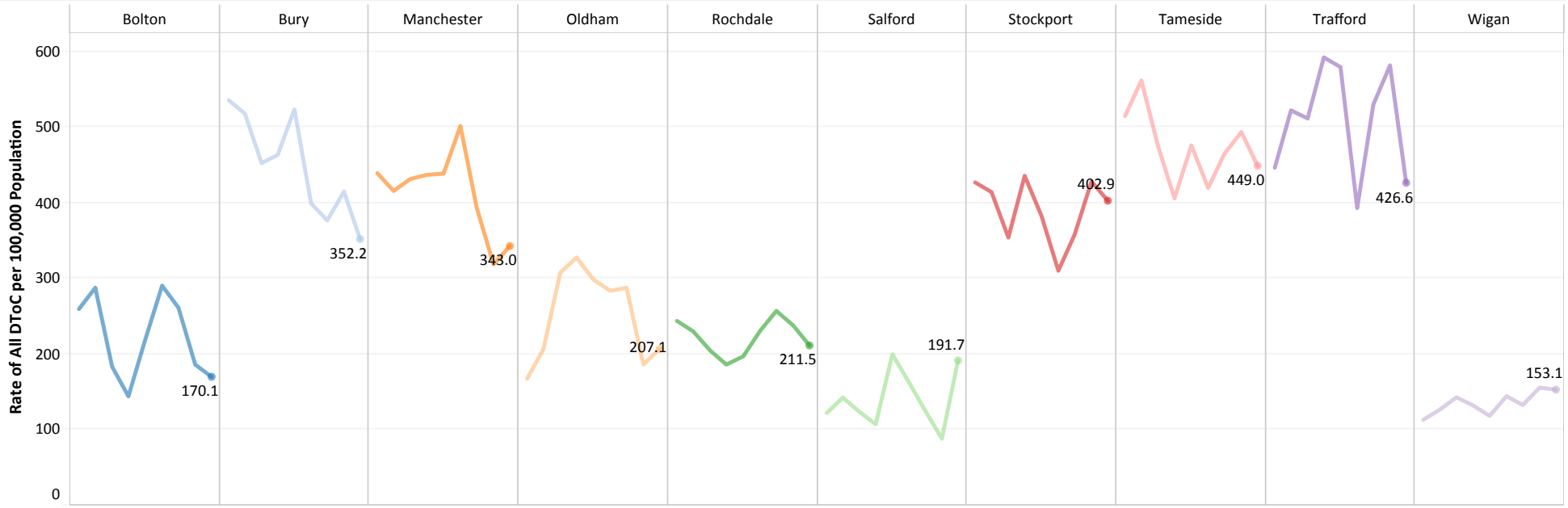


Cheshire Delays in December 2018, by Reason for Delay

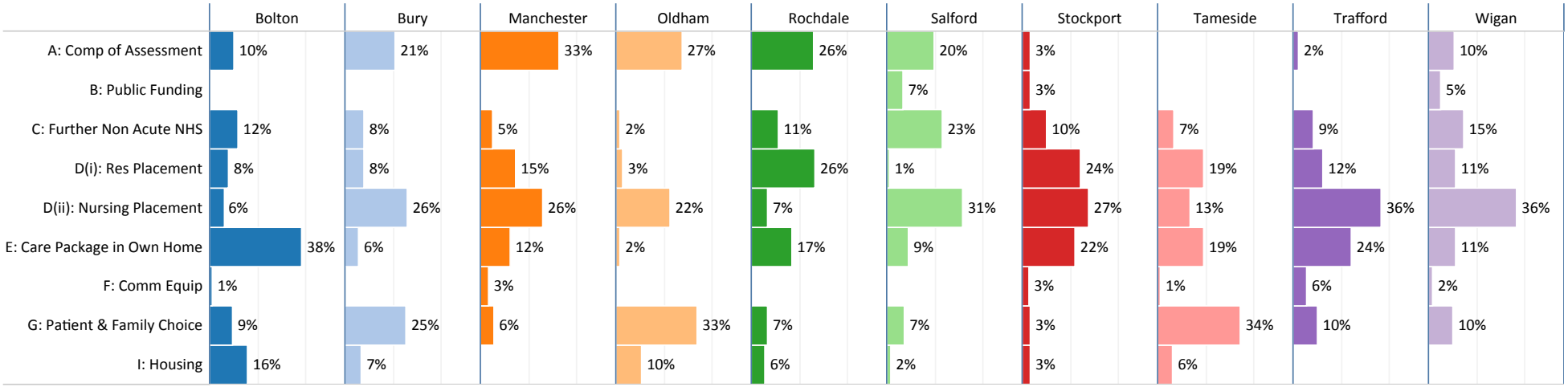


Greater Manchester Summary

Greater Manchester Rate of all Delayed Transfers of Care per 100k Population (2018-19)

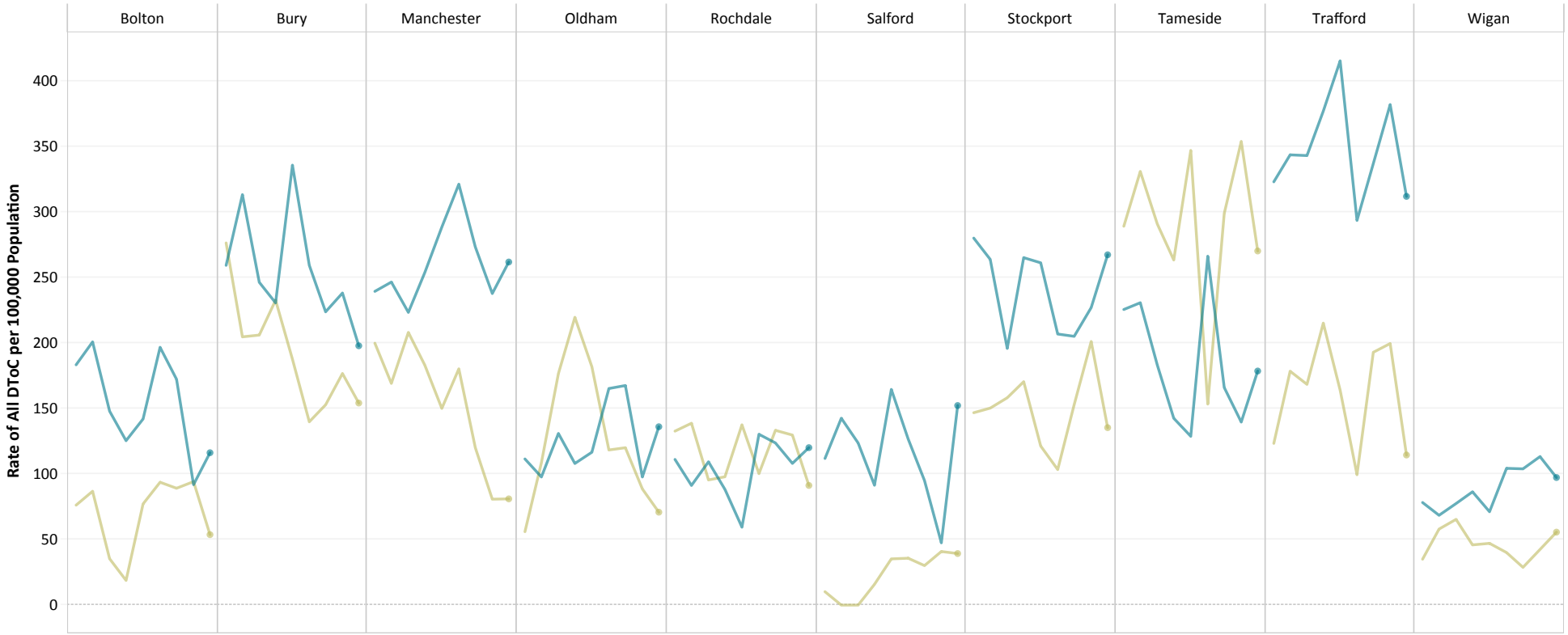


Greater Manchester Delays in December 2018, by Reason for Delay

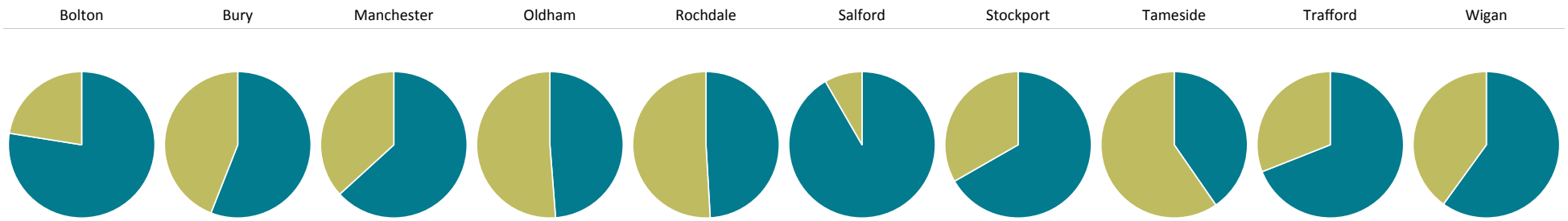


Greater Manchester Summary

Greater Manchester Comparison: Rate of Delays Split by Acute and Non Acute (2018-19)



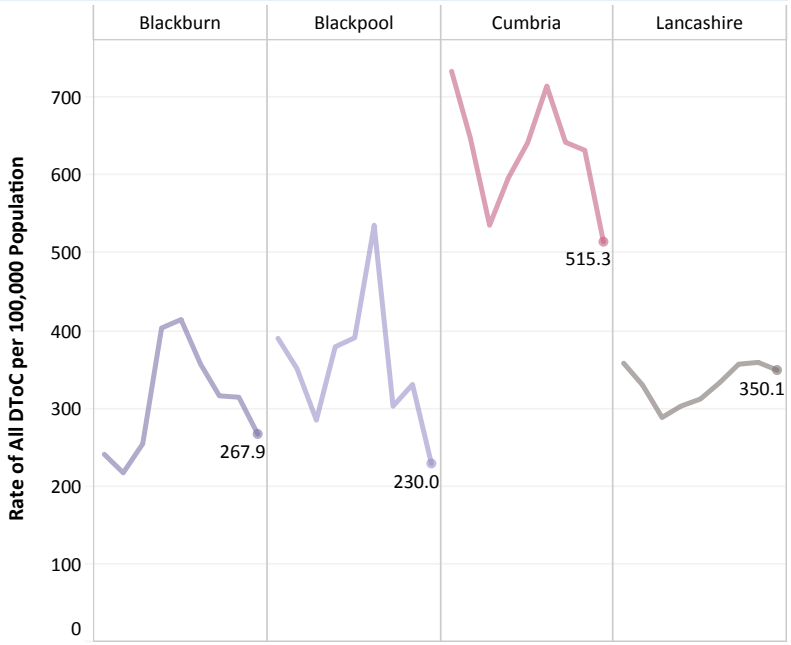
Greater Manchester Acute and Non Acute Split Since April 17



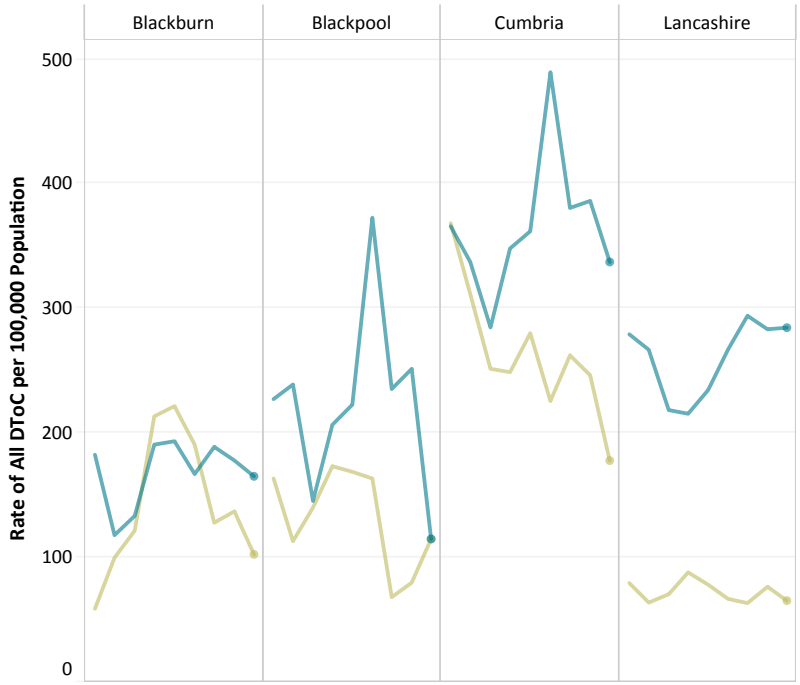
Key Acute Non-Acute

Lancashire and Cumbria Summary

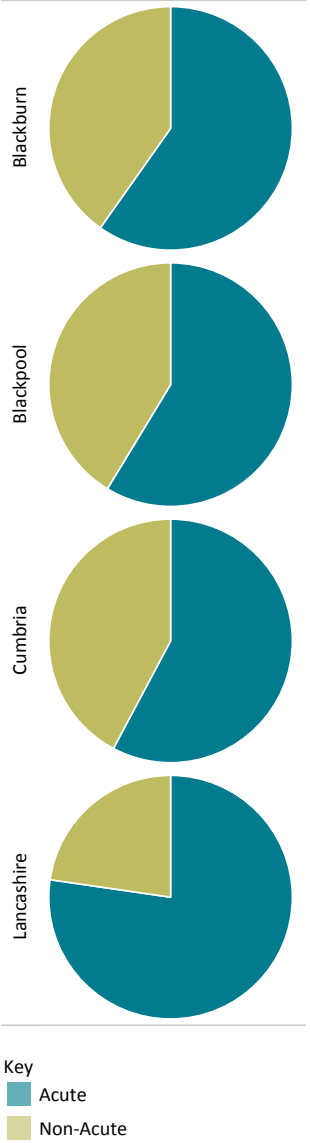
Lancs and Cumbria Rate of all Delayed Transfers of Care per 100k Population (2018-19)



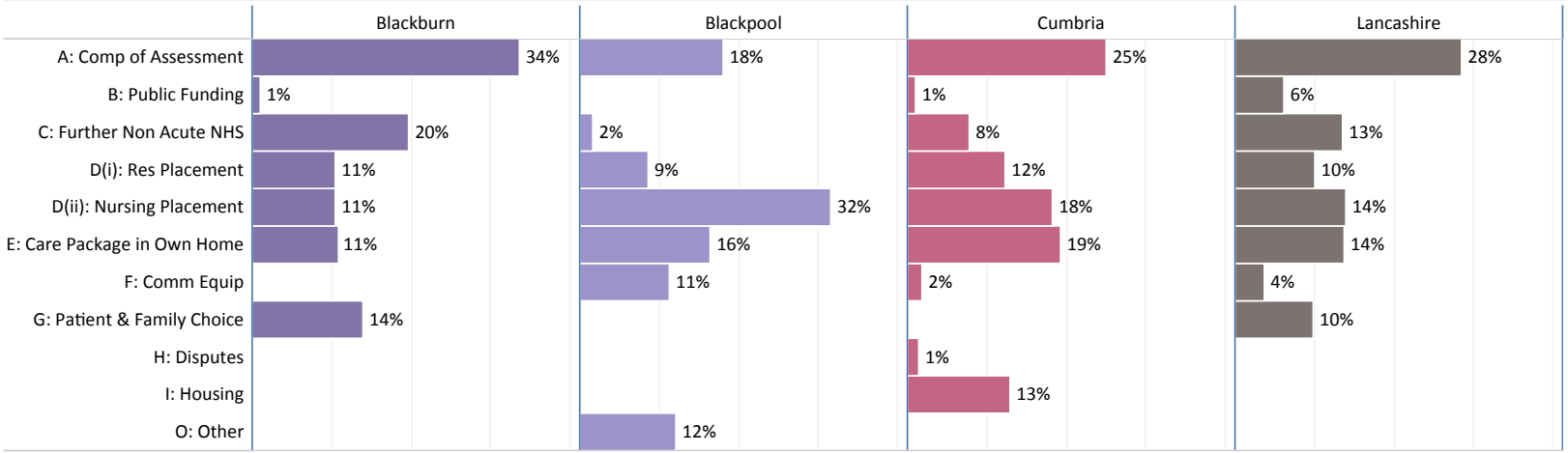
Lancs and Cumbria Acute and Non Acute Split (2018-19)



Lancs and Cumbria Acute and Non Acute Split Since April 17

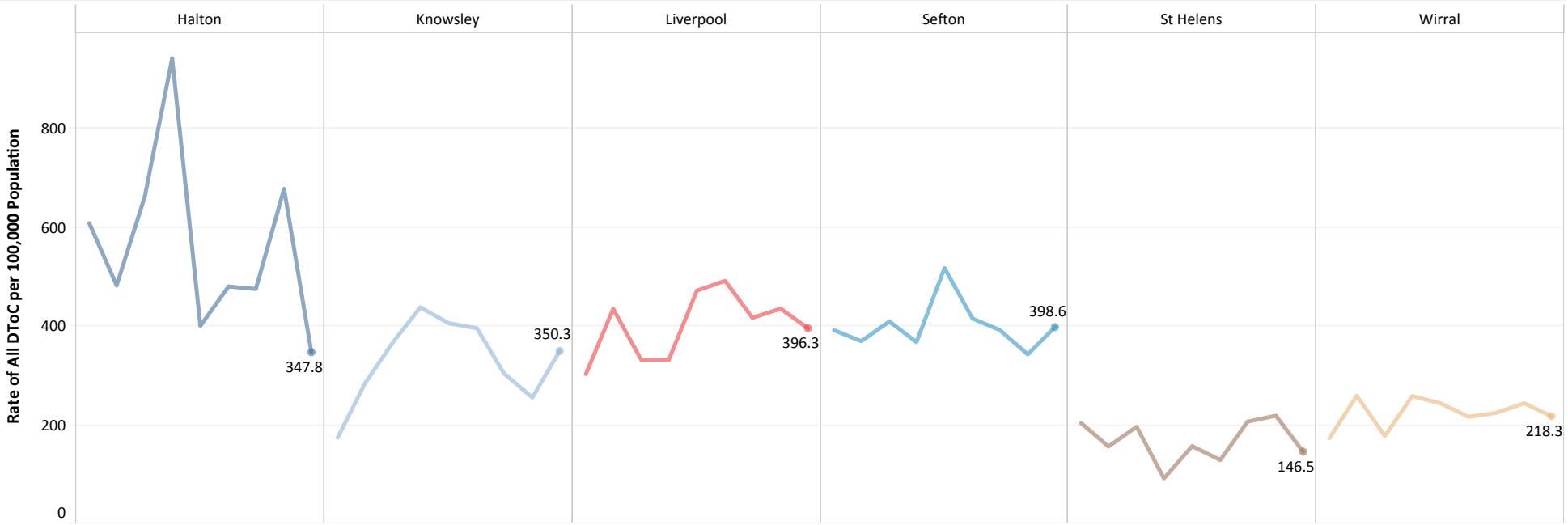


Lancs and Cumbria Delays in December 2018, by Reason for Delay

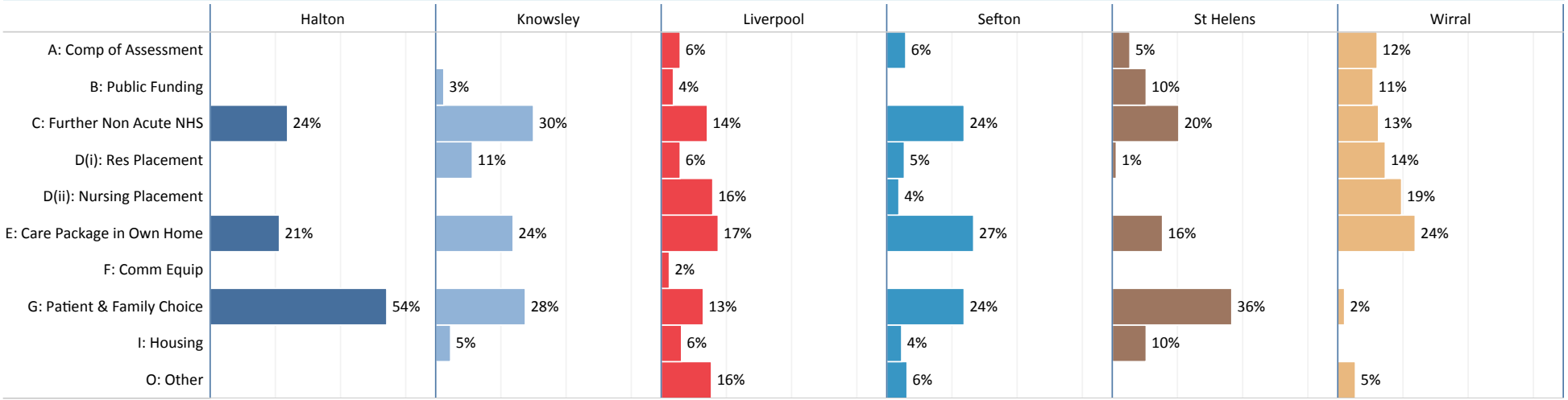


Liverpool City Region Summary

Liverpool City Region Rate of all Delayed Transfers of Care per 100k Population (2018-19)

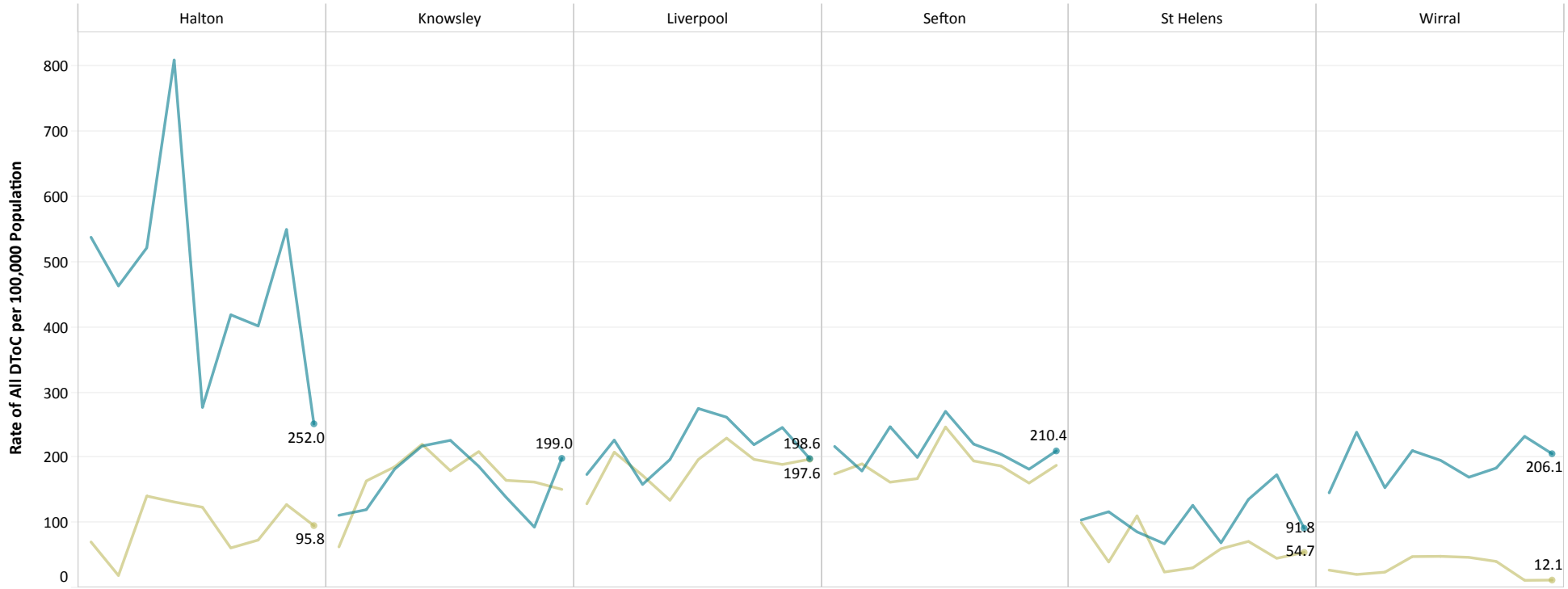


Liverpool City Region Delays in October 2018, by Reason for Delay

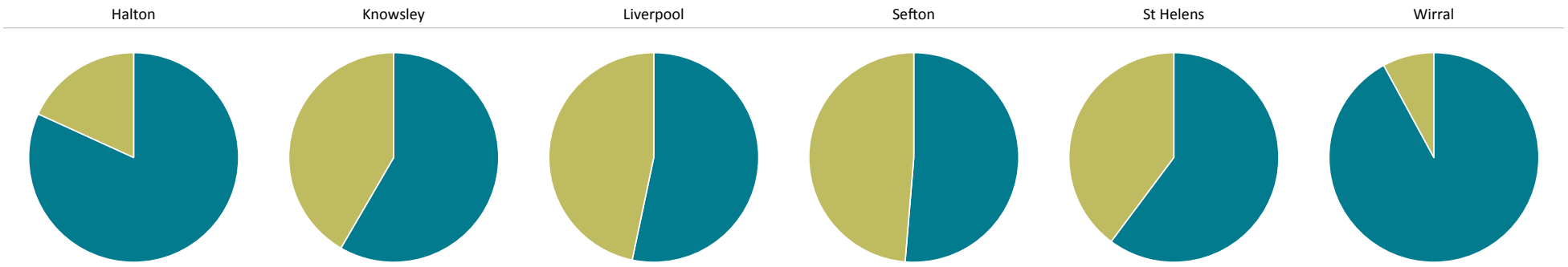


Liverpool City Region Summary

Liverpool City Region Comparison: Rate of Delays Split by Acute and Non Acute (2018-19)



Liverpool City Region Acute and Non Acute Split Since April 17



Key Acute Non-Acute

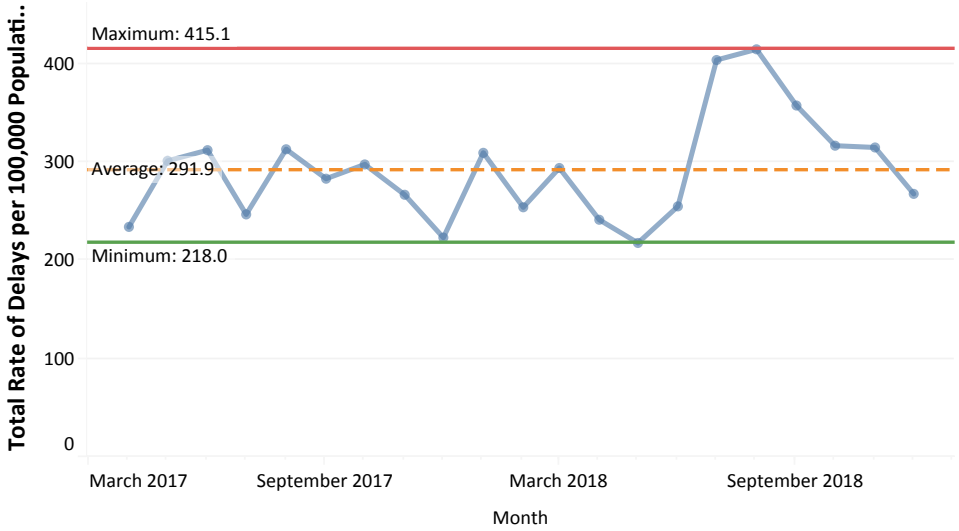
directors of adass adult social services North West

Appendices

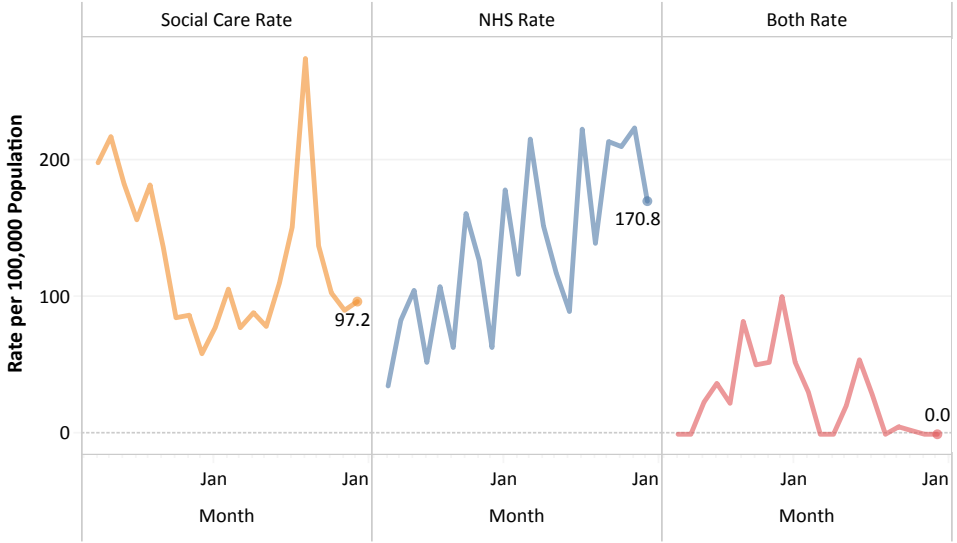
Each Local Authority has a one page summary (in alphabetical order)

Blackburn

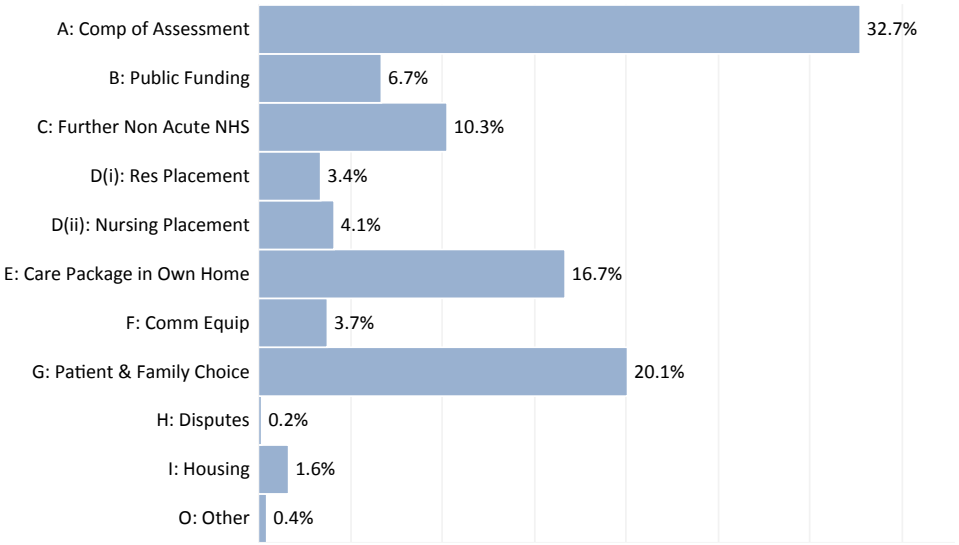
Blackburn: Total Rate of Delayed Transfers of Care per 100k Population (April 2017 onwards)



Blackburn: Total Rate of Delayed Transfers of Care per 100k Population (April 2017 onwards) Split by Attributable Organisation

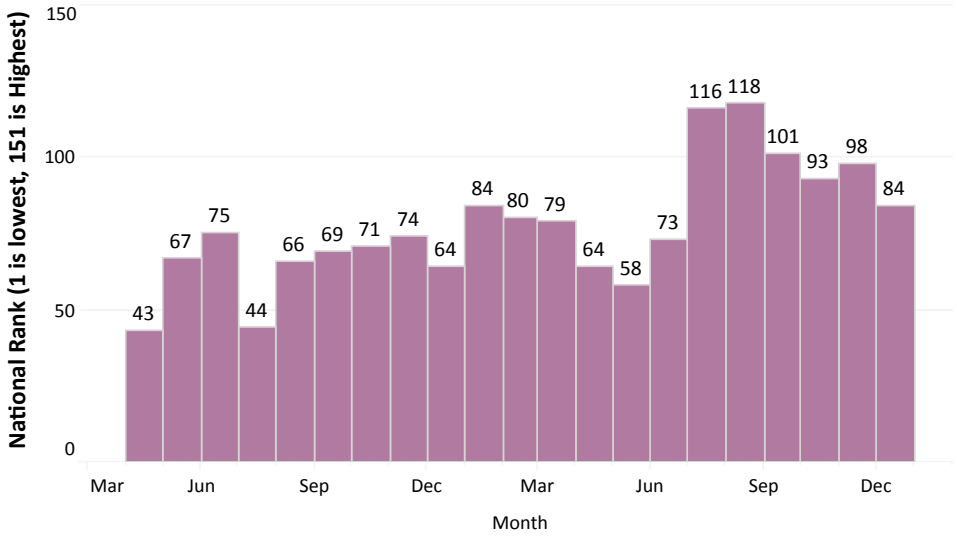


Blackburn: Breakdown of All Delayed Transfers of Care since April 2017, per Reason for Delay



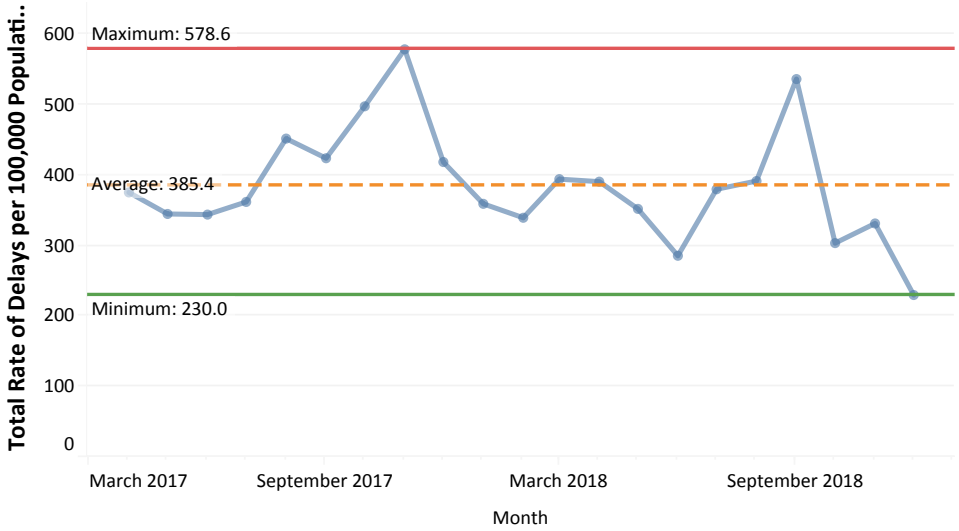
Blackburn: DToC National Rank per Month (All Delays)

1 is Lowest Rate in the Country, 151 is Highest

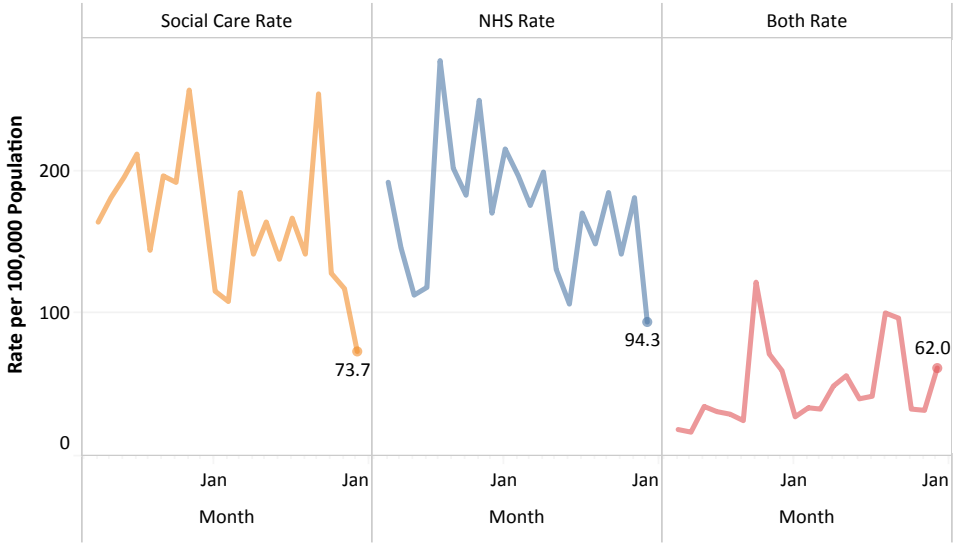


Blackpool

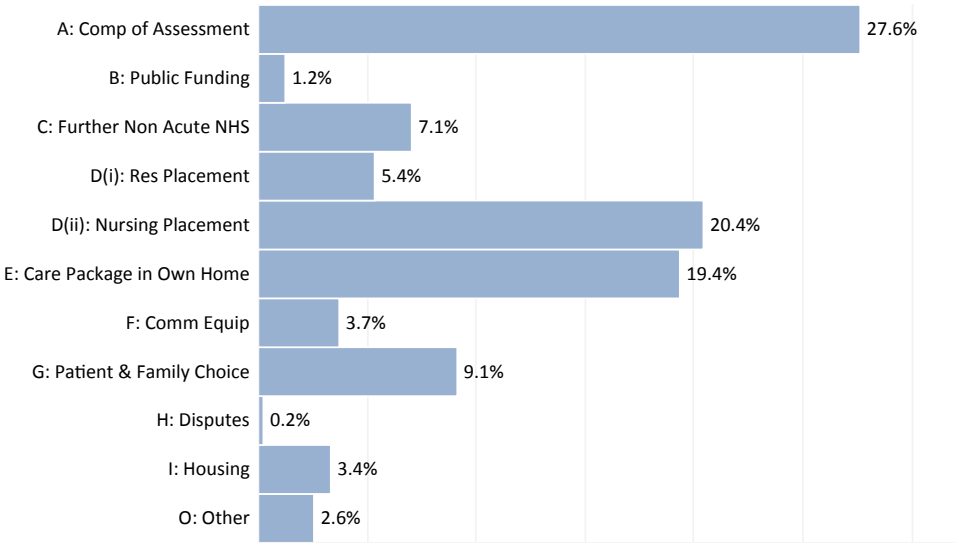
Blackpool: Total Rate of Delayed Transfers of Care per 100k Population (April 2017 onwards)



Blackpool: Total Rate of Delayed Transfers of Care per 100k Population (April 2017 onwards) Split by Attributable Organisation



Blackpool: Breakdown of All Delayed Transfers of Care since April 2017, per Reason for Delay



Blackpool: DToC National Rank per Month (All Delays)

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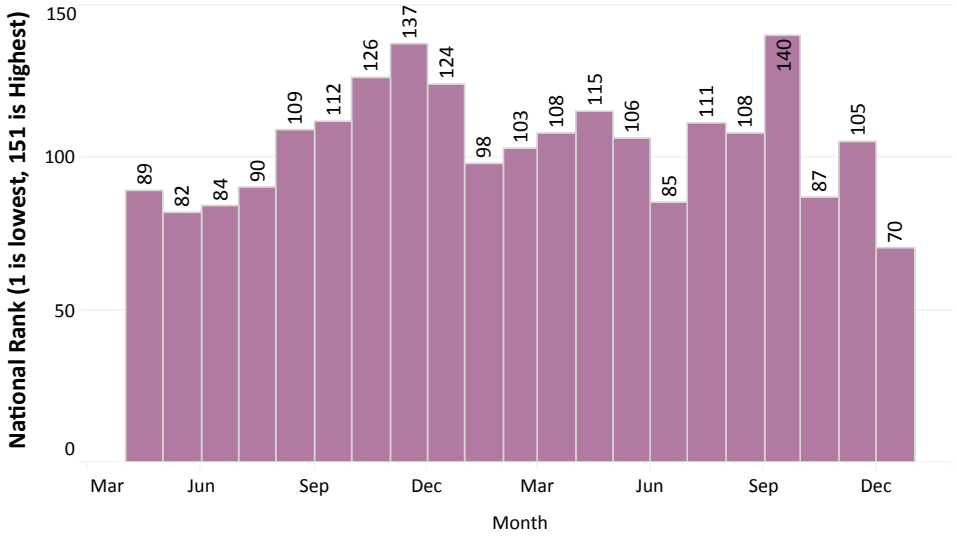
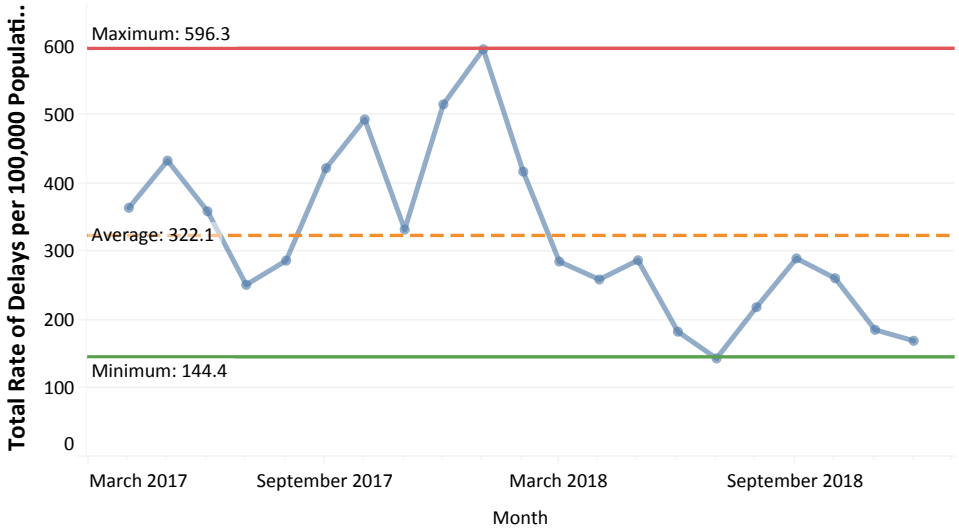
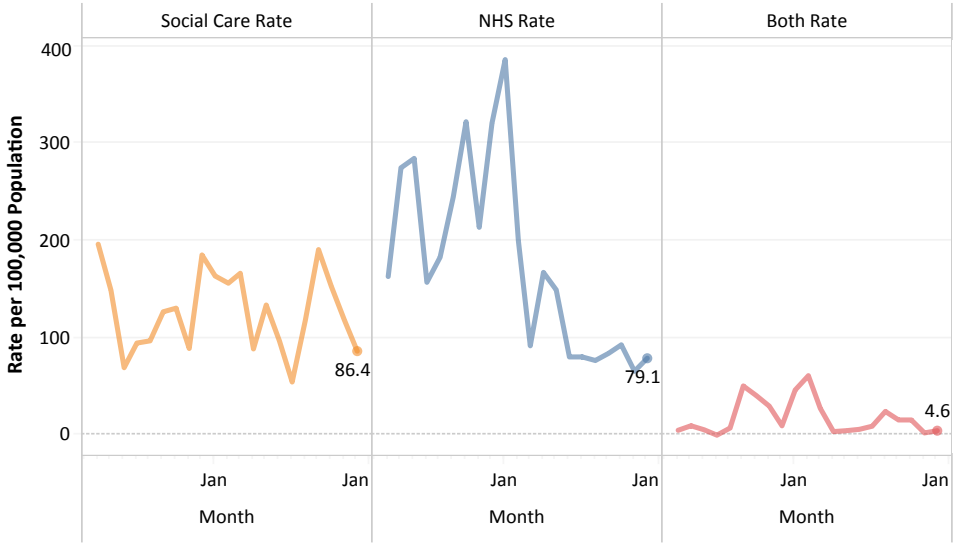


Bolton

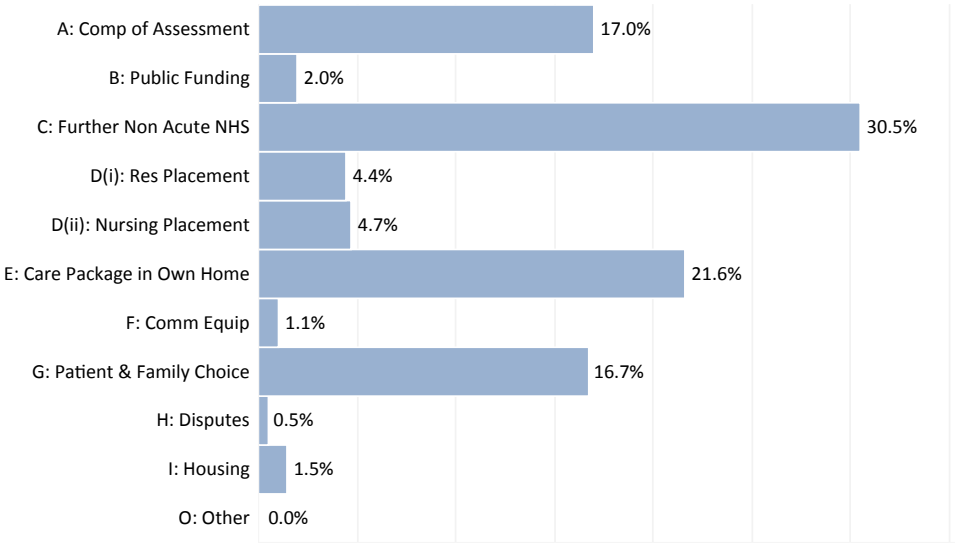
Bolton: Total Rate of Delayed Transfers of Care per 100k Population (April 2017 onwards)



Bolton: Total Rate of Delayed Transfers of Care per 100k Population (April 2017 onwards) Split by Attributable Organisation



Bolton: Breakdown of All Delayed Transfers of Care since April 2017, per Reason for Delay



Bolton: DToC National Rank per Month (All Delays)

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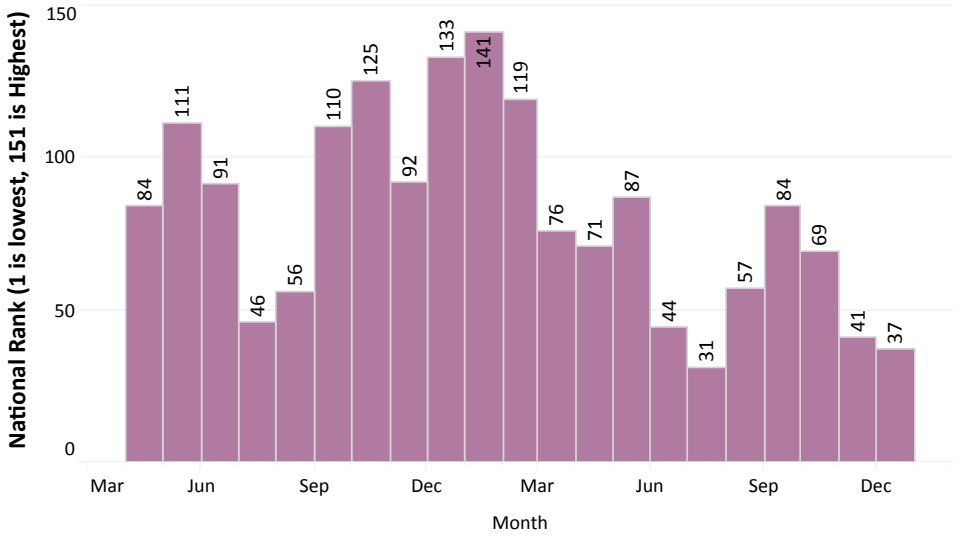
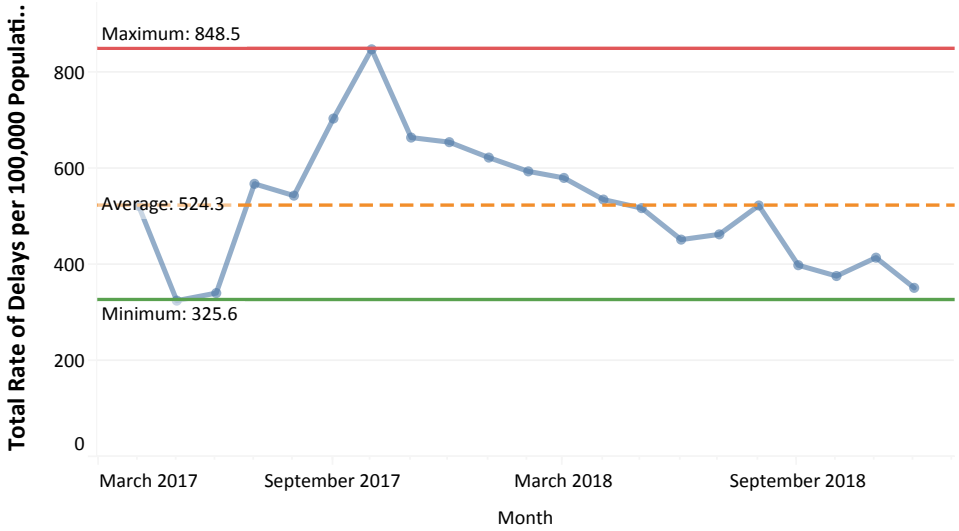
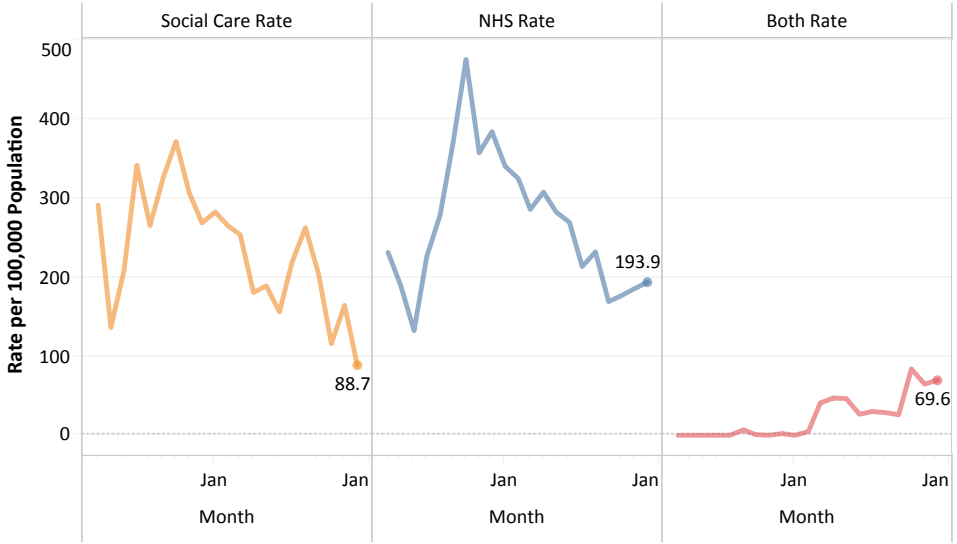


Bury

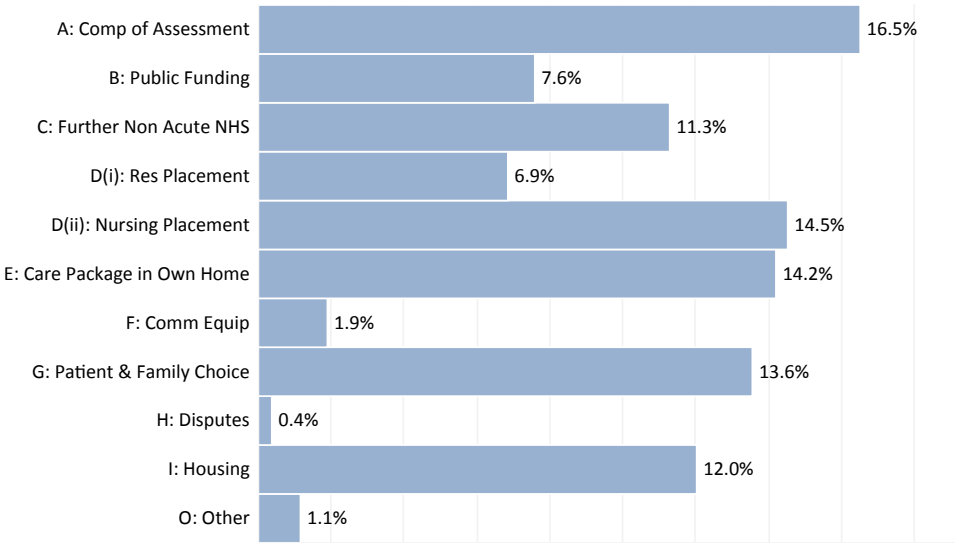
Bury: Total Rate of Delayed Transfers of Care per 100k Population (April 2017 onwards)



Bury: Total Rate of Delayed Transfers of Care per 100k Population (April 2017 onwards) Split by Attributable Organisation



Bury: Breakdown of All Delayed Transfers of Care since April 2017, per Reason for Delay



Bury: DToC National Rank per Month (All Delays)

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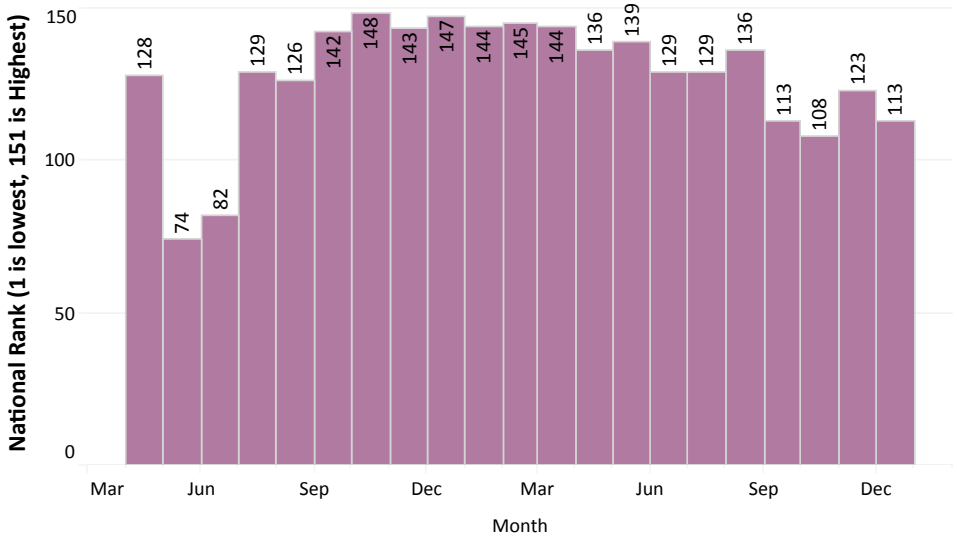
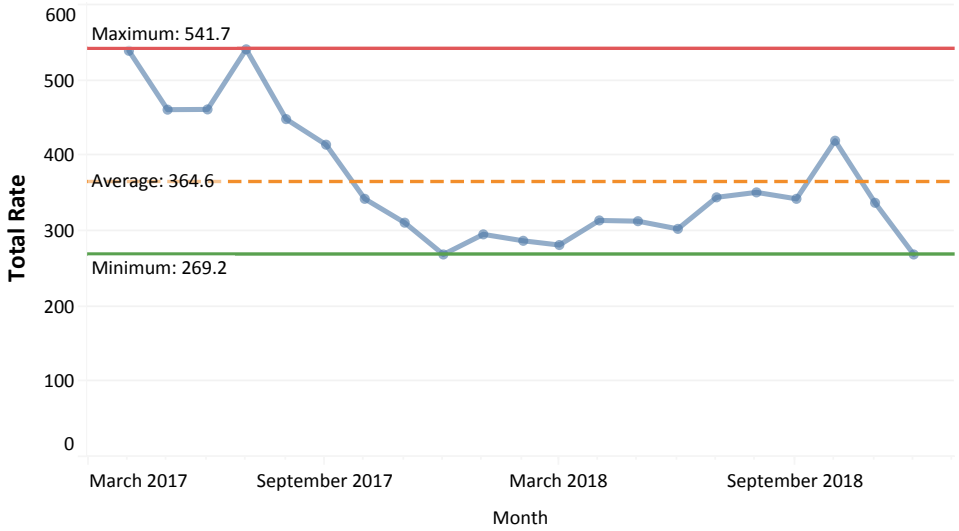
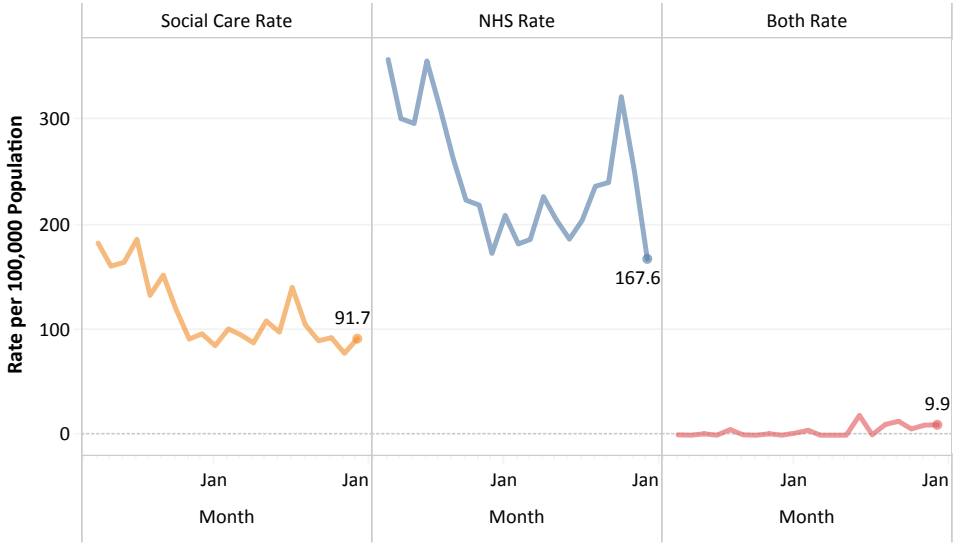


Cheshire East

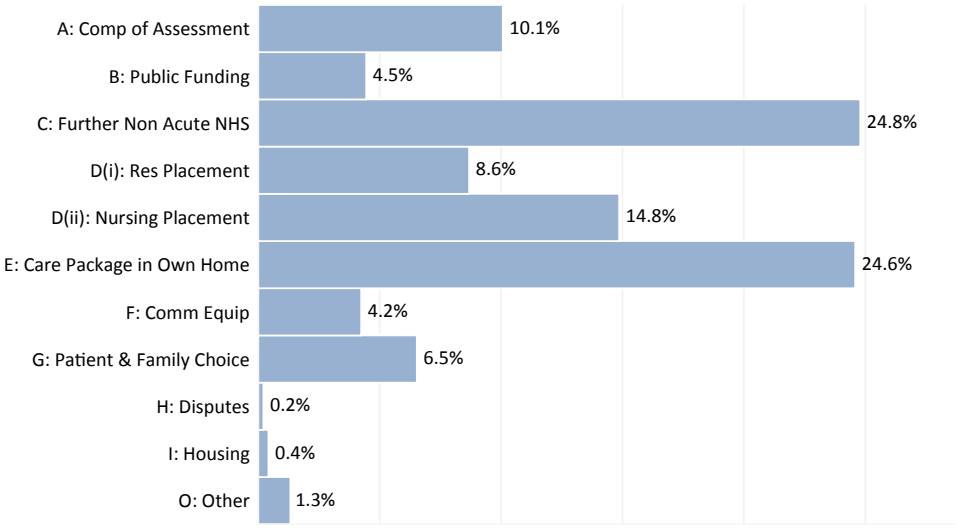
Cheshire East: Total Rate of Delayed Transfers of Care per 100k Population (April 2017 onwards)



Cheshire East: Total Rate of Delayed Transfers of Care per 100k Population (April 2017 onwards) Split by Attributable Organisation

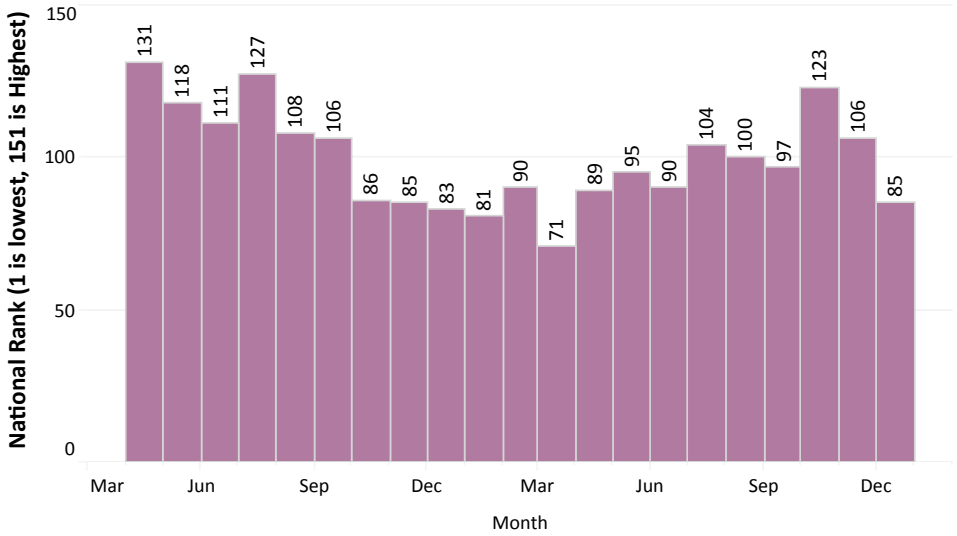


Cheshire East: Breakdown of All Delayed Transfers of Care since April 2017, per Reason for Delay



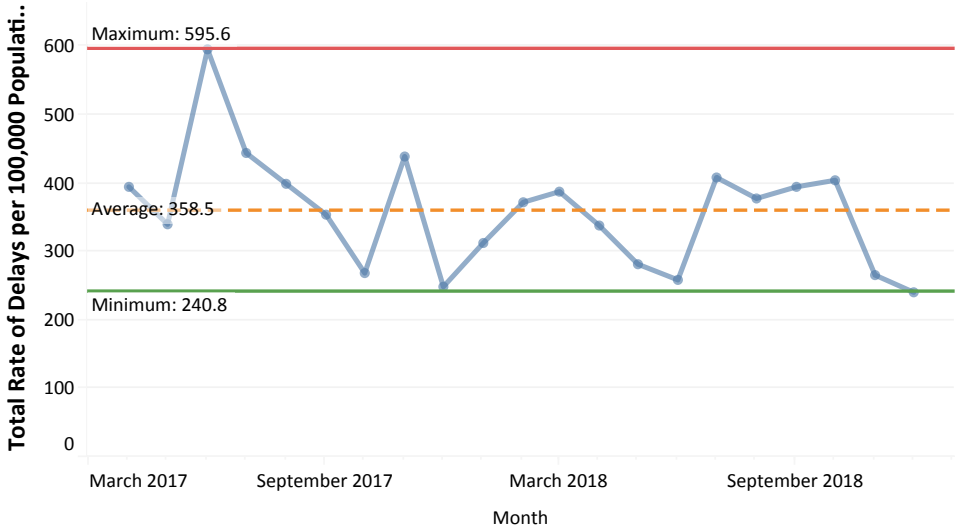
Cheshire East: DToC National Rank per Month (All Delays)

1 is Lowest Rate in the Country, 151 is Highest

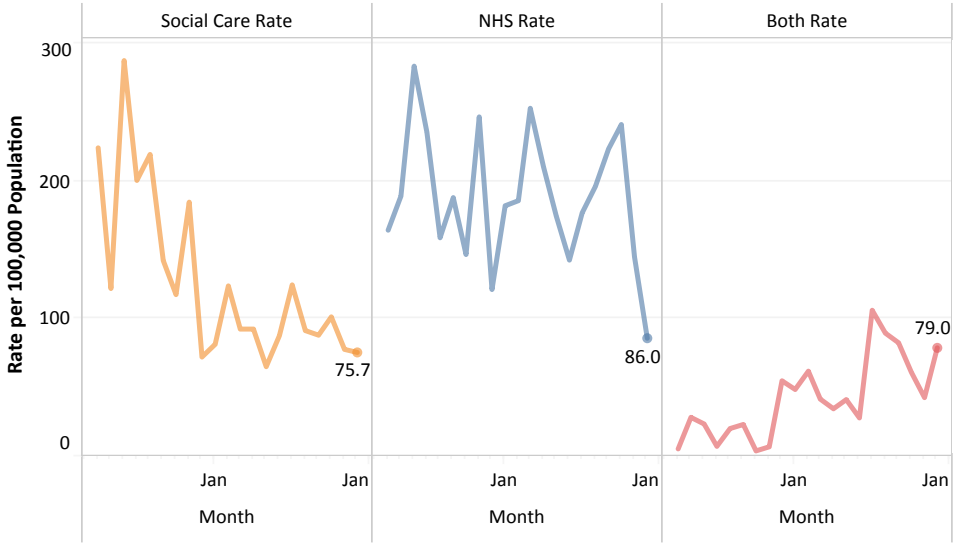


Cheshire West

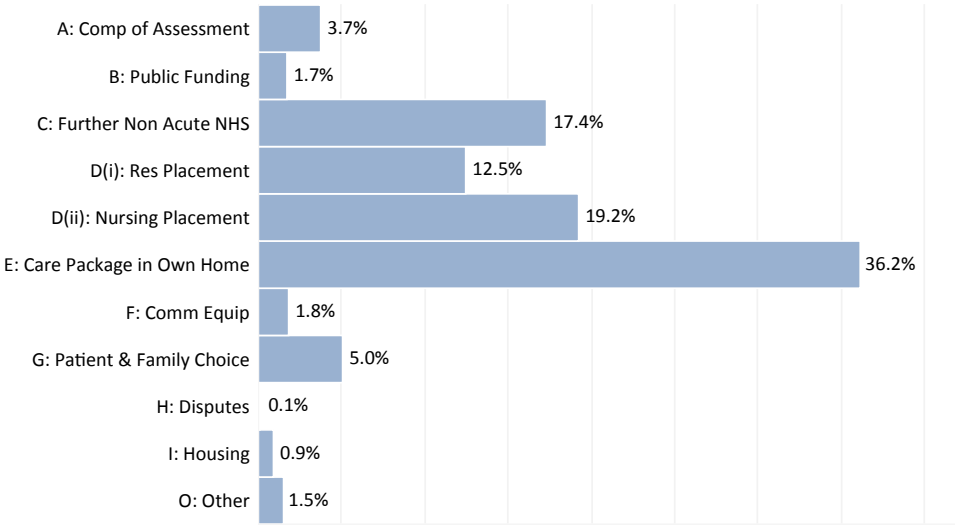
Cheshire West: Total Rate of Delayed Transfers of Care per 100k Population (April 2017 onwards)



Cheshire West: Total Rate of Delayed Transfers of Care per 100k Population (April 2017 onwards) Split by Attributable Organisation

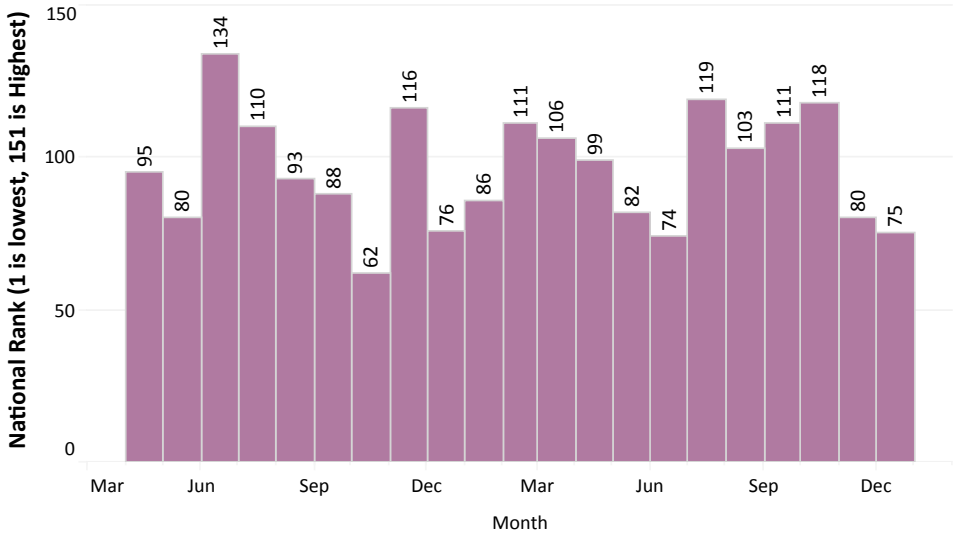


Cheshire West: Breakdown of All Delayed Transfers of Care since April 2017, per Reason for Delay



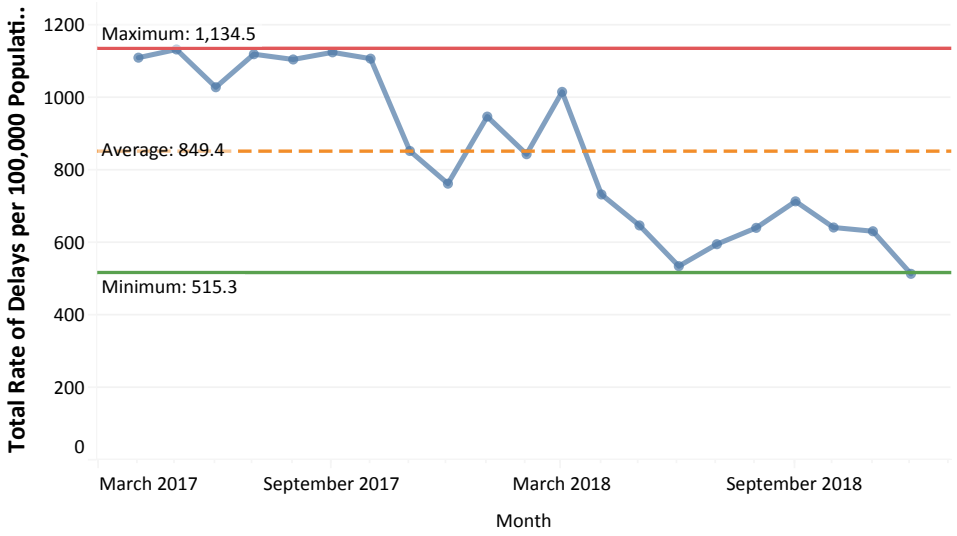
Cheshire West: DToC National Rank per Month (All Delays)

1 is Lowest Rate in the Country, 151 is Highest

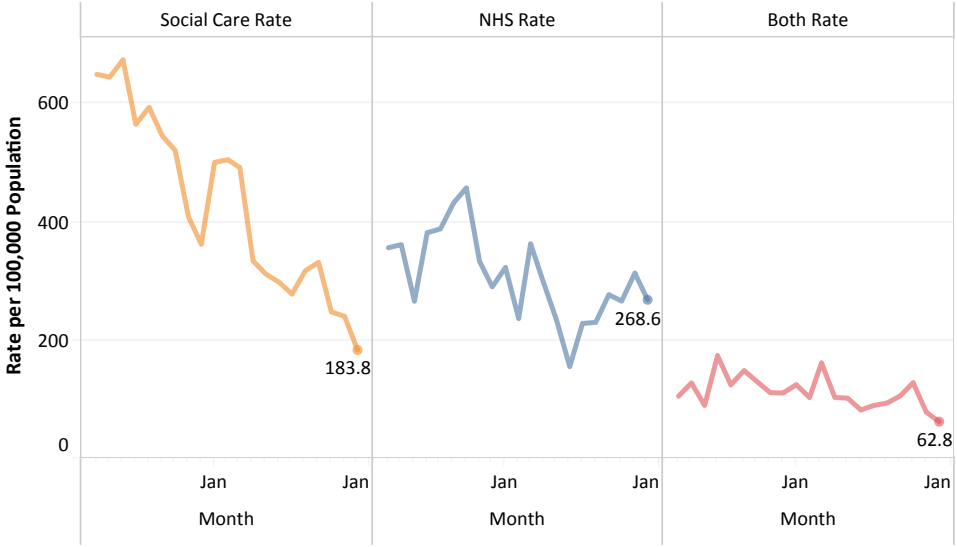


Cumbria

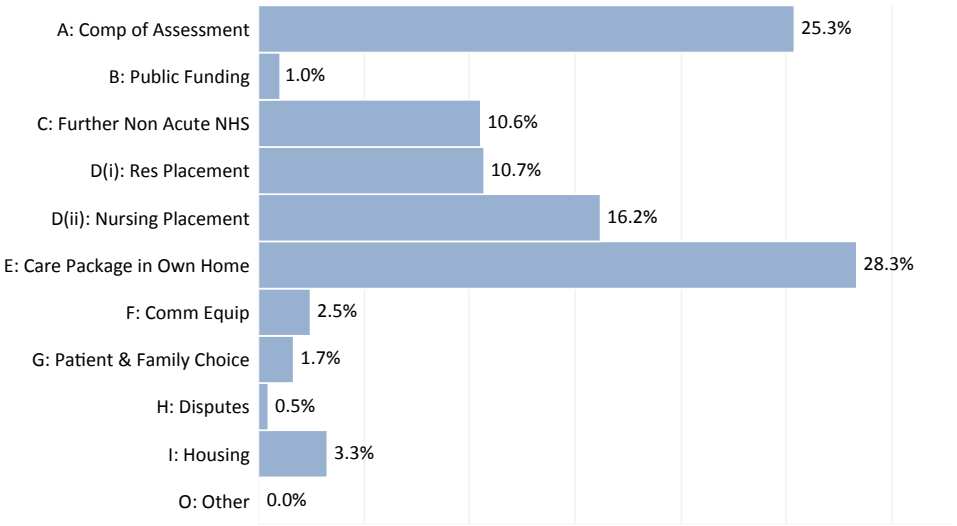
Cumbria: Total Rate of Delayed Transfers of Care per 100k Population (April 2017 onwards)



Cumbria: Total Rate of Delayed Transfers of Care per 100k Population (April 2017 onwards) Split by Attributable Organisation

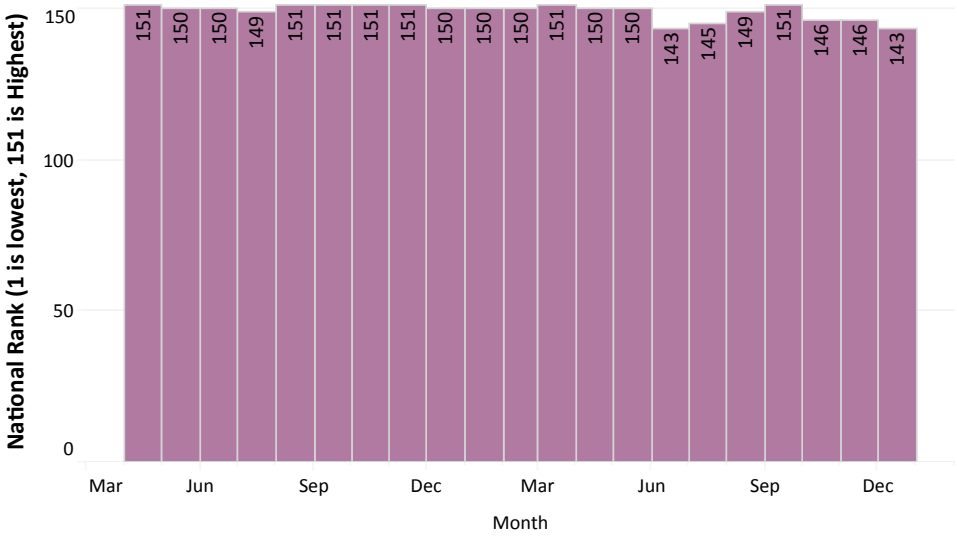


Cumbria: Breakdown of All Delayed Transfers of Care since April 2017, per Reason for Delay



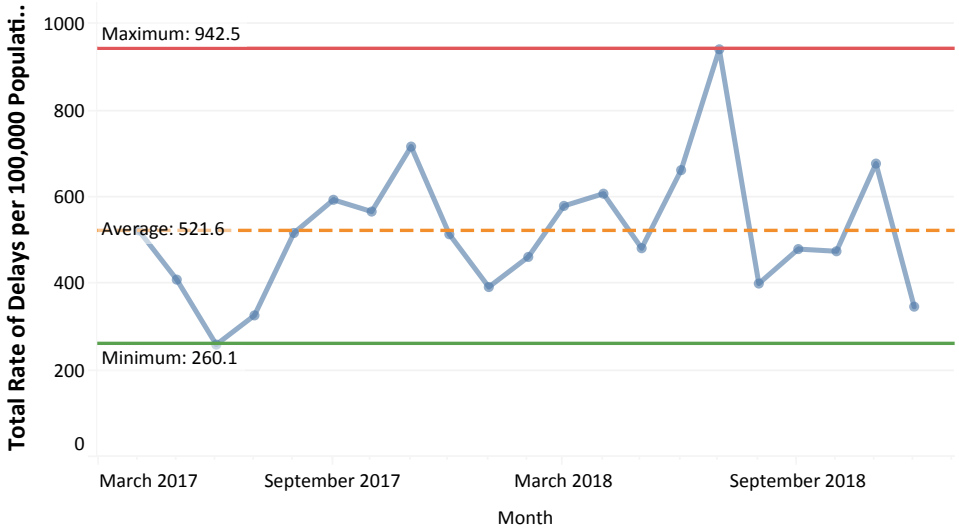
Cumbria: DToC National Rank per Month (All Delays)

1 is Lowest Rate in the Country, 151 is Highest

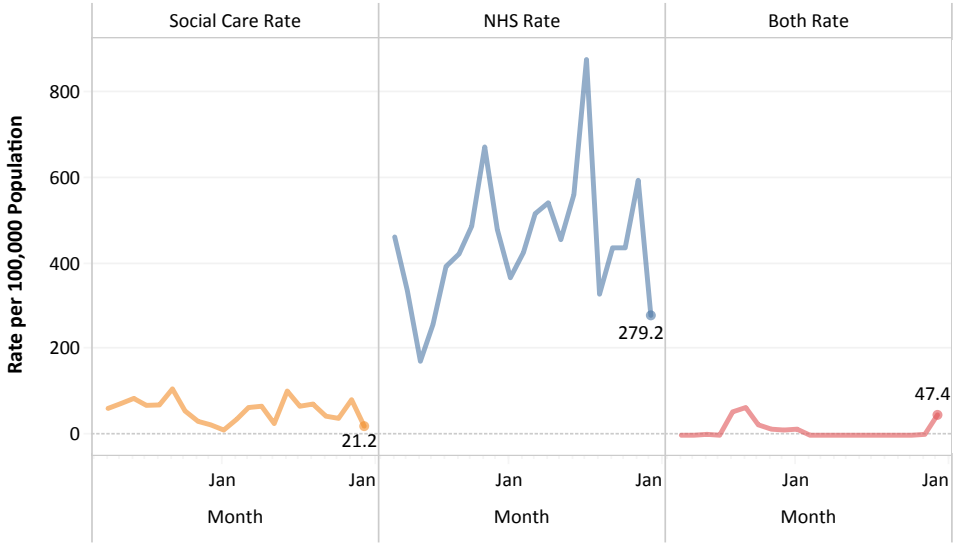


Halton

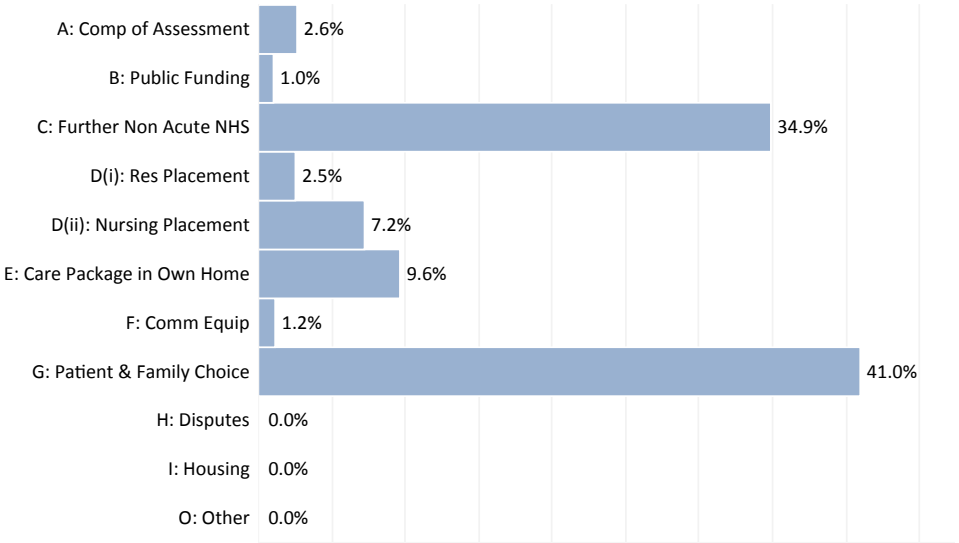
Halton: Total Rate of Delayed Transfers of Care per 100k Population (April 2017 onwards)



Halton: Total Rate of Delayed Transfers of Care per 100k Population (April 2017 onwards) Split by Attributable Organisation



Halton: Breakdown of All Delayed Transfers of Care since April 2017, per Reason for Delay



Halton: DToC National Rank per Month (All Delays)

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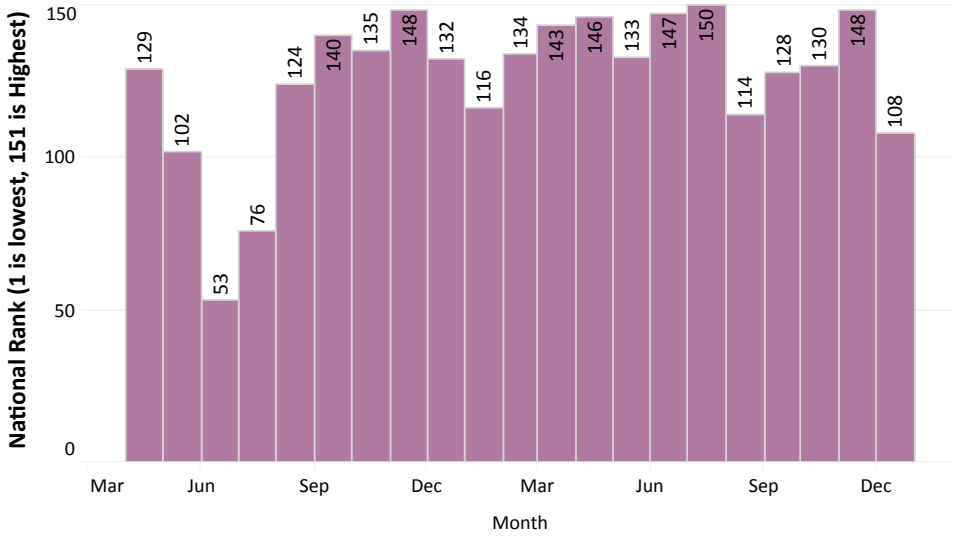
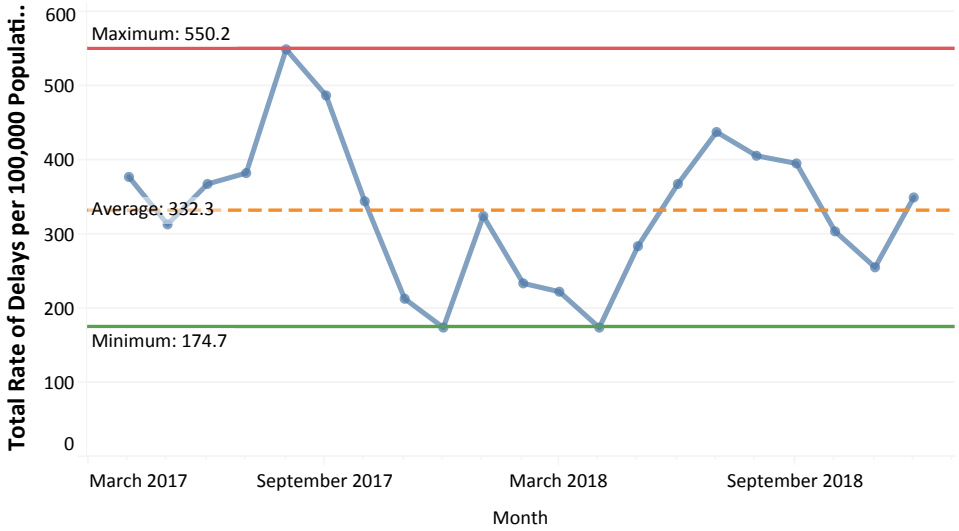
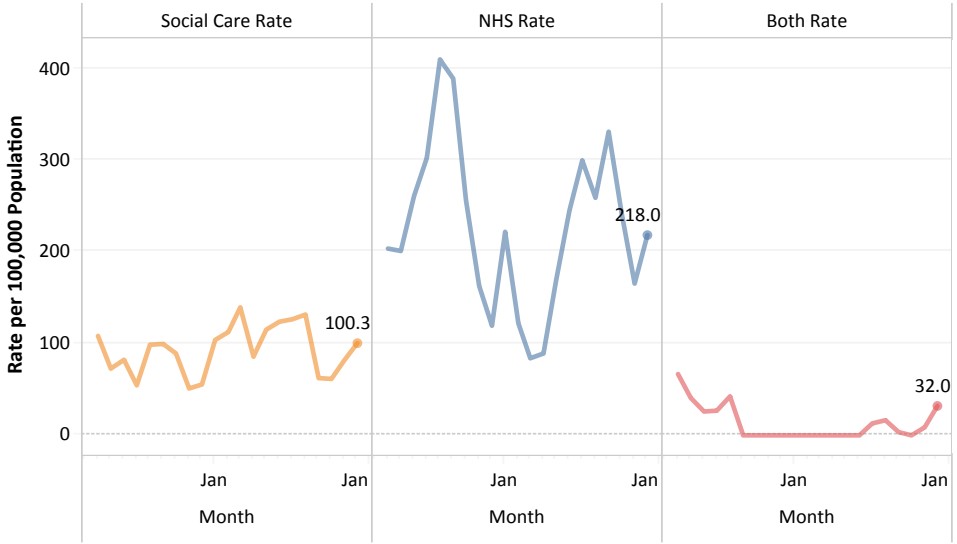


Knowsley

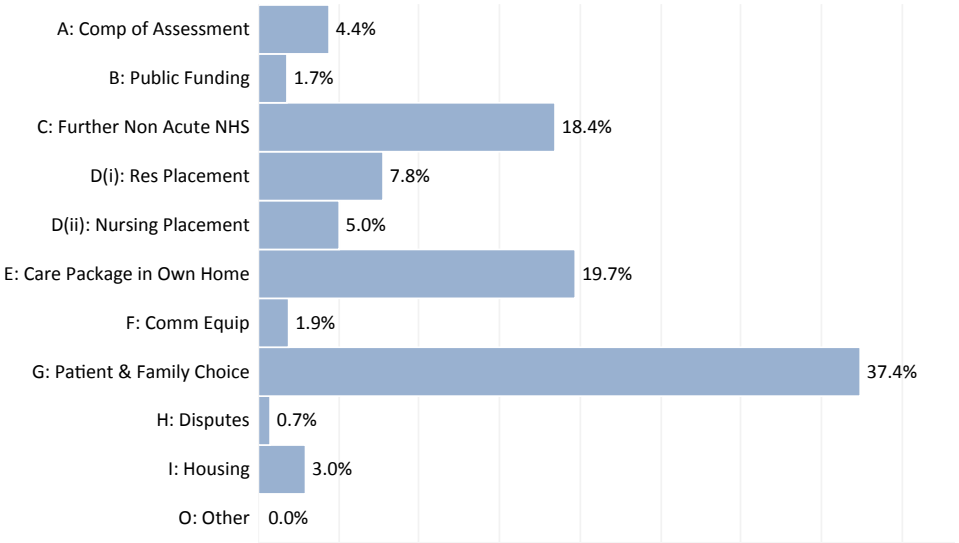
Knowsley: Total Rate of Delayed Transfers of Care per 100k Population (April 2017 onwards)



Knowsley: Total Rate of Delayed Transfers of Care per 100k Population (April 2017 onwards) Split by Attributable Organisation

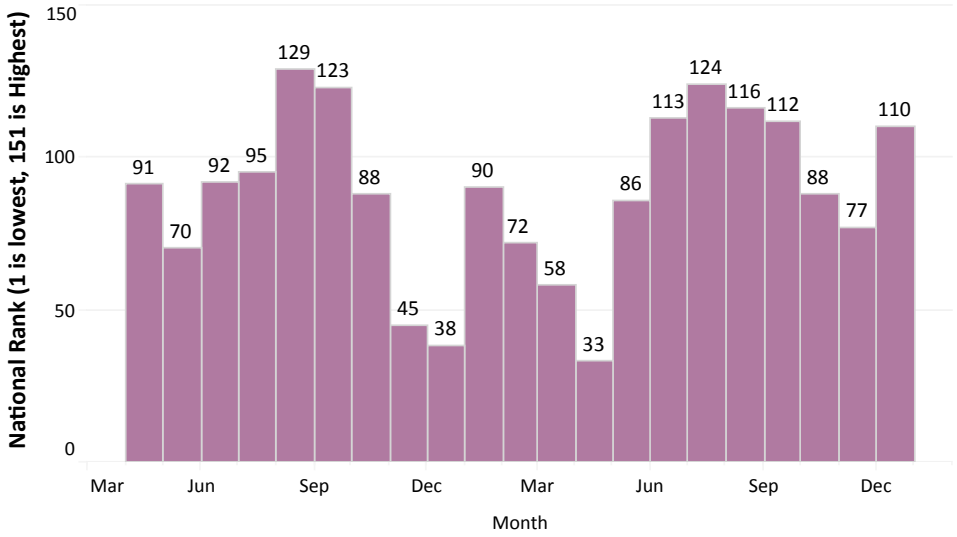


Knowsley: Breakdown of All Delayed Transfers of Care since April 2017, per Reason for Delay



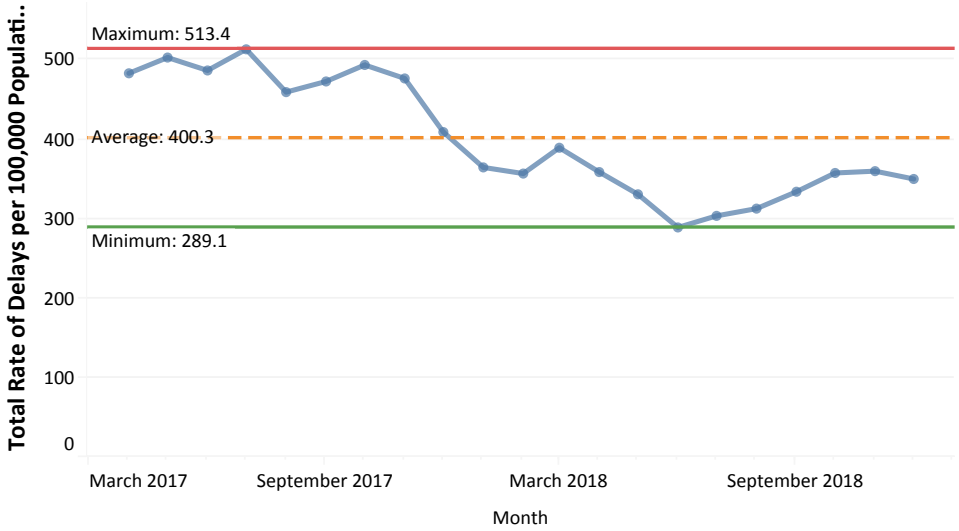
Knowsley: DToC National Rank per Month (All Delays)

1 is Lowest Rate in the Country, 151 is Highest

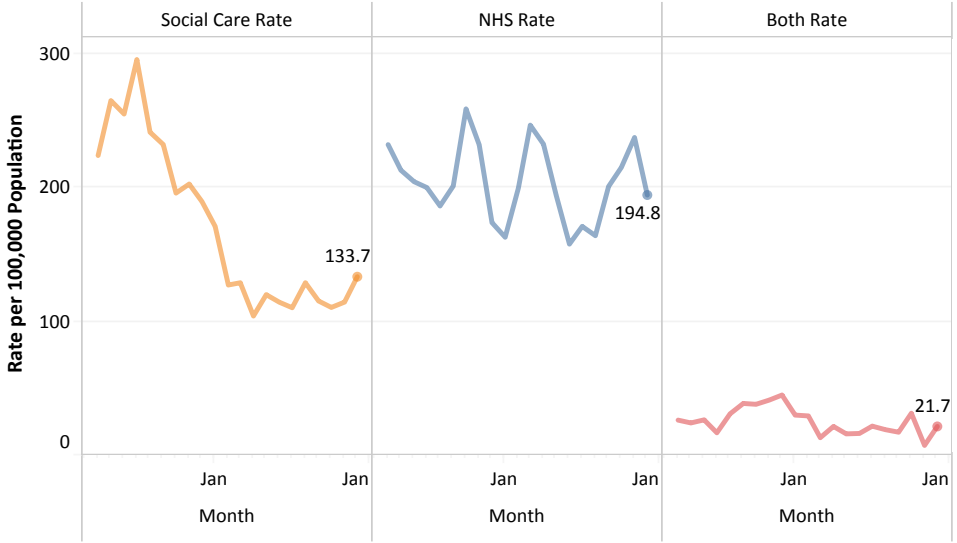


Lancashire

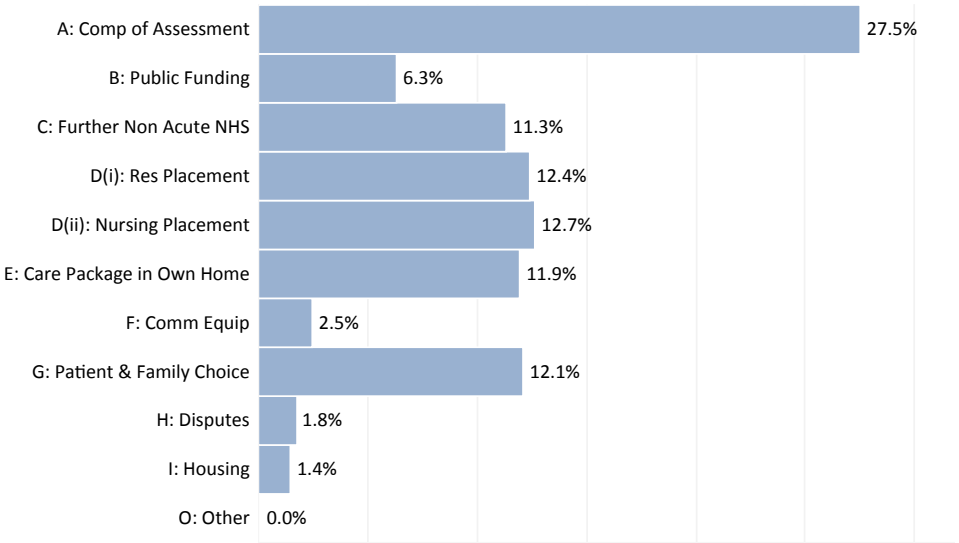
Lancashire: Total Rate of Delayed Transfers of Care per 100k Population (April 2017 onwards)



Lancashire: Total Rate of Delayed Transfers of Care per 100k Population (April 2017 onwards) Split by Attributable Organisation



Lancashire: Breakdown of All Delayed Transfers of Care since April 2017, per Reason for Delay



Lancashire: DToC National Rank per Month (All Delays)

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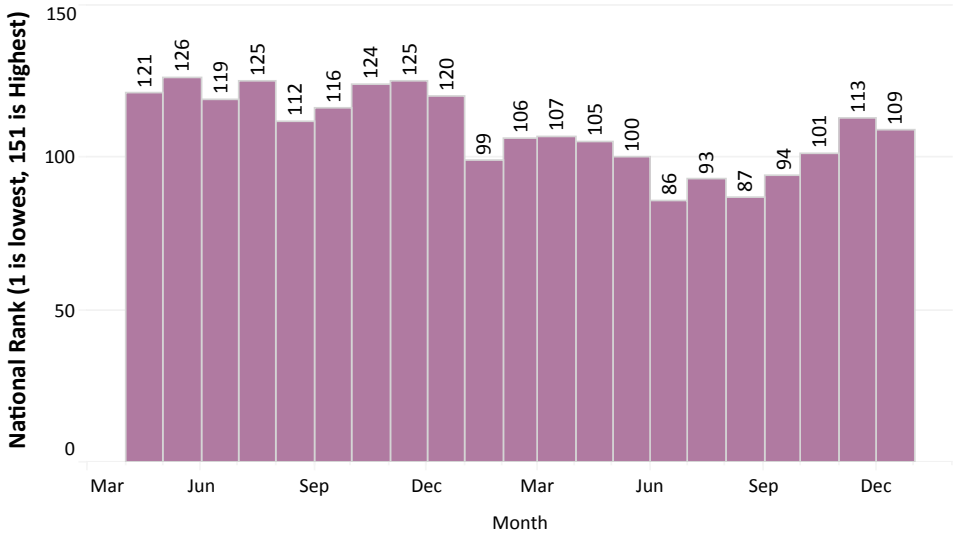
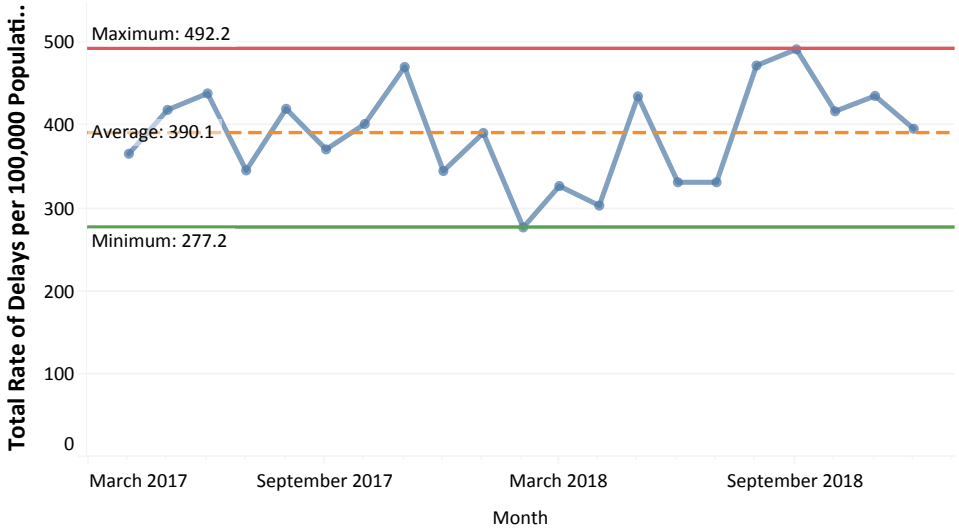
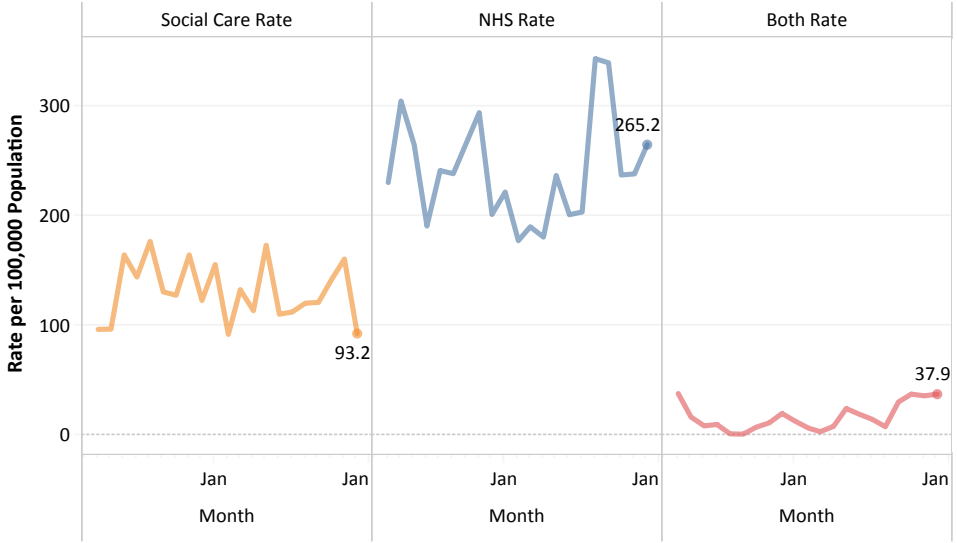


Liverpool

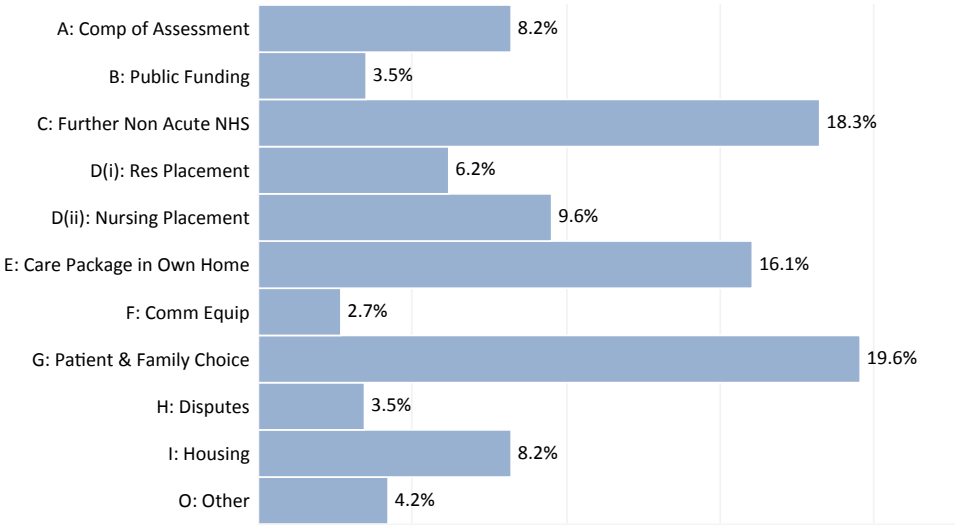
Liverpool: Total Rate of Delayed Transfers of Care per 100k Population (April 2017 onwards)



Liverpool: Total Rate of Delayed Transfers of Care per 100k Population (April 2017 onwards) Split by Attributable Organisation



Liverpool: Breakdown of All Delayed Transfers of Care since April 2017, per Reason for Delay



Liverpool: DToC National Rank per Month (All Delays)

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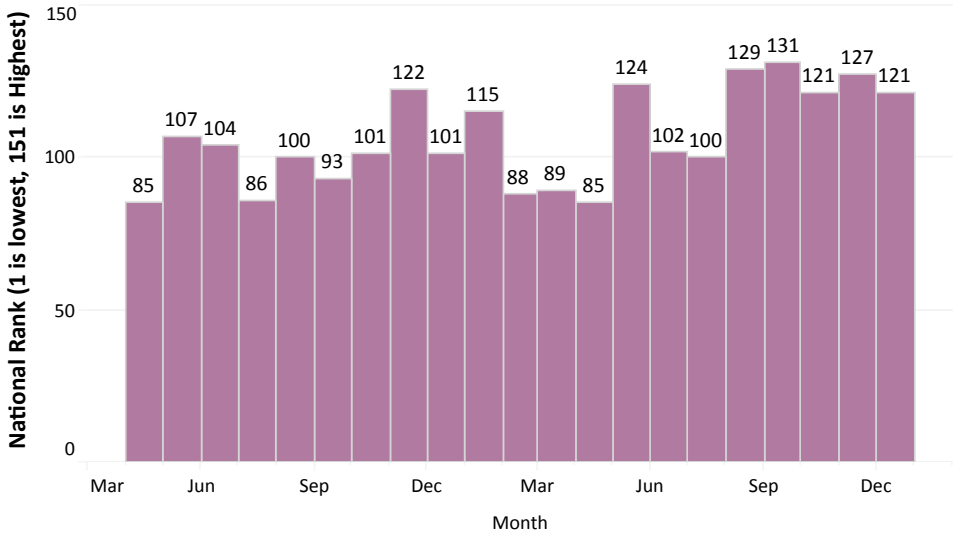
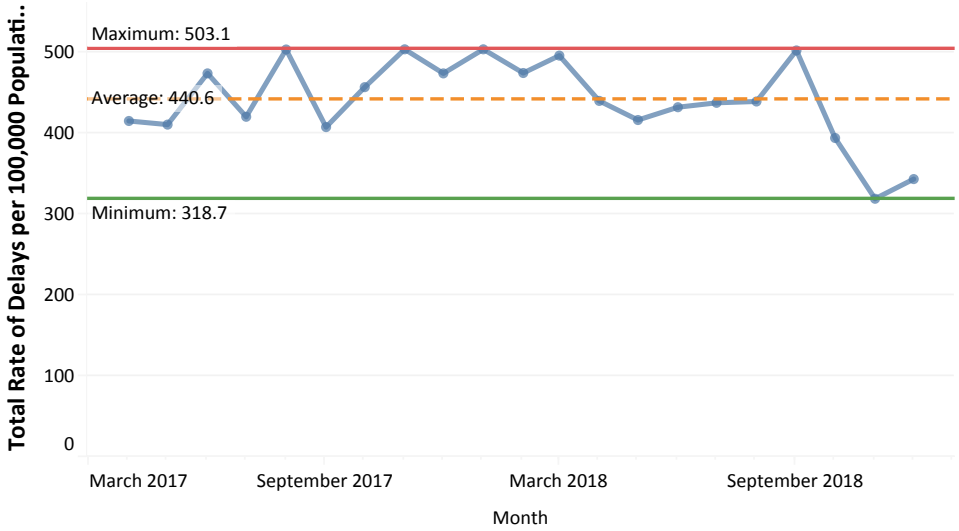
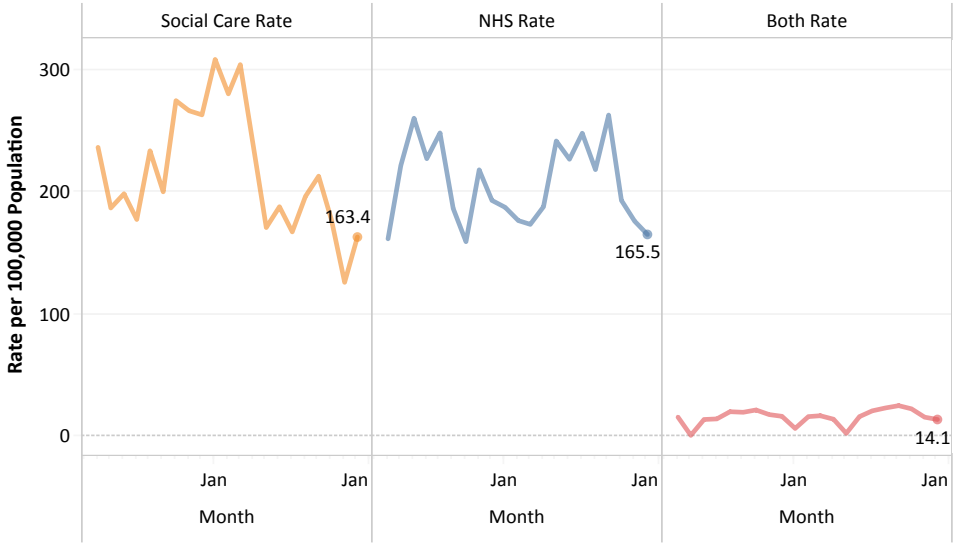


Manchester

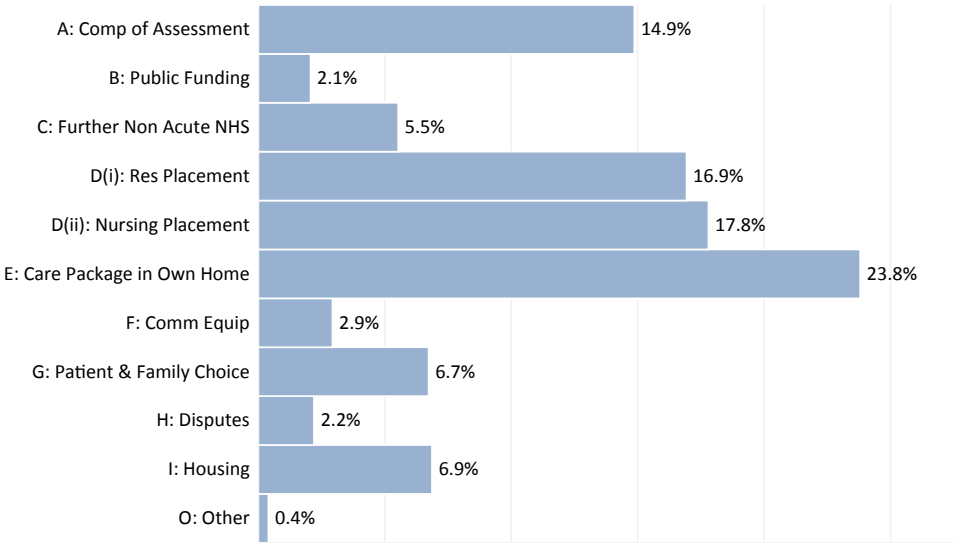
Manchester: Total Rate of Delayed Transfers of Care per 100k Population (April 2017 onwards)



Manchester: Total Rate of Delayed Transfers of Care per 100k Population (April 2017 onwards) Split by Attributable Organisation



Manchester: Breakdown of All Delayed Transfers of Care since April 2017, per Reason for Delay



Manchester: DToC National Rank per Month (All Delays)

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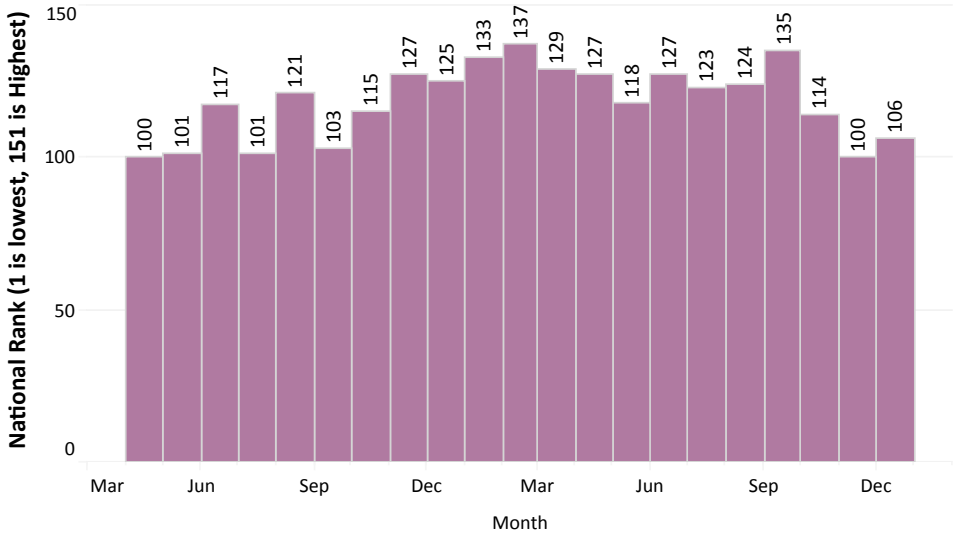
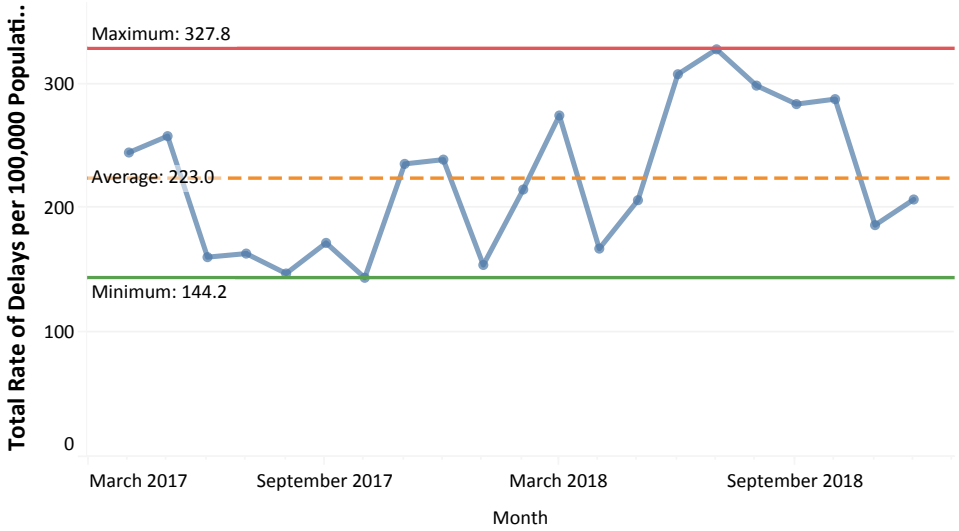
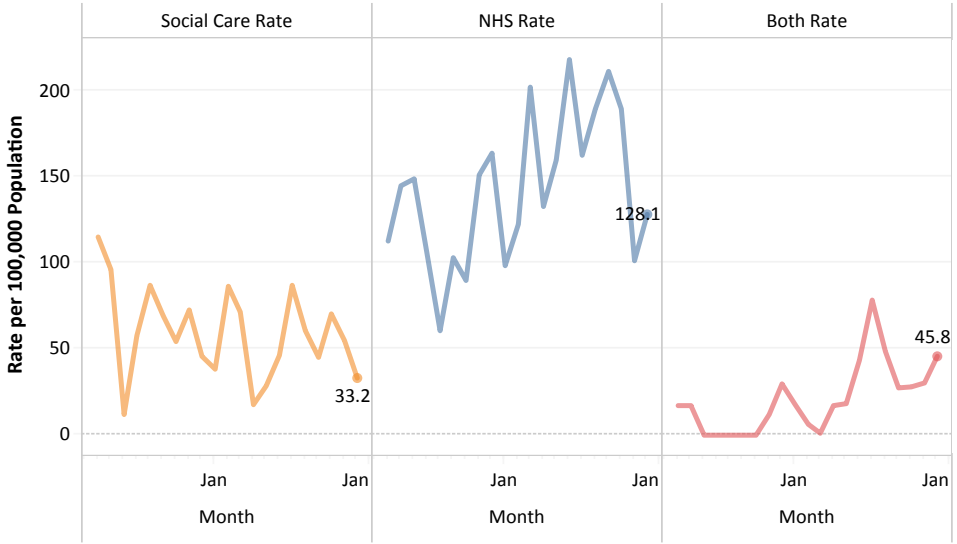


Oldham

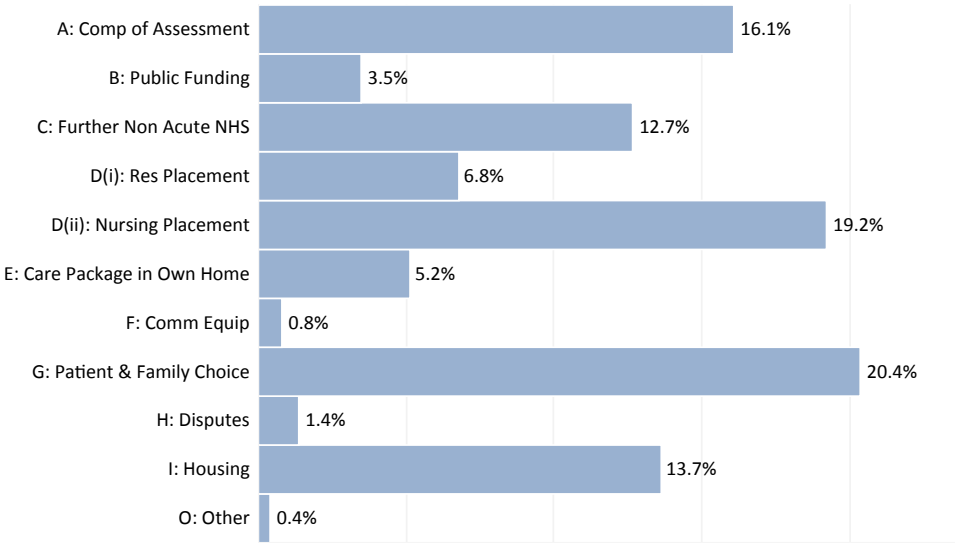
Oldham: Total Rate of Delayed Transfers of Care per 100k Population (April 2017 onwards)



Oldham: Total Rate of Delayed Transfers of Care per 100k Population (April 2017 onwards) Split by Attributable Organisation



Oldham: Breakdown of All Delayed Transfers of Care since April 2017, per Reason for Delay



Oldham: DToC National Rank per Month (All Delays)

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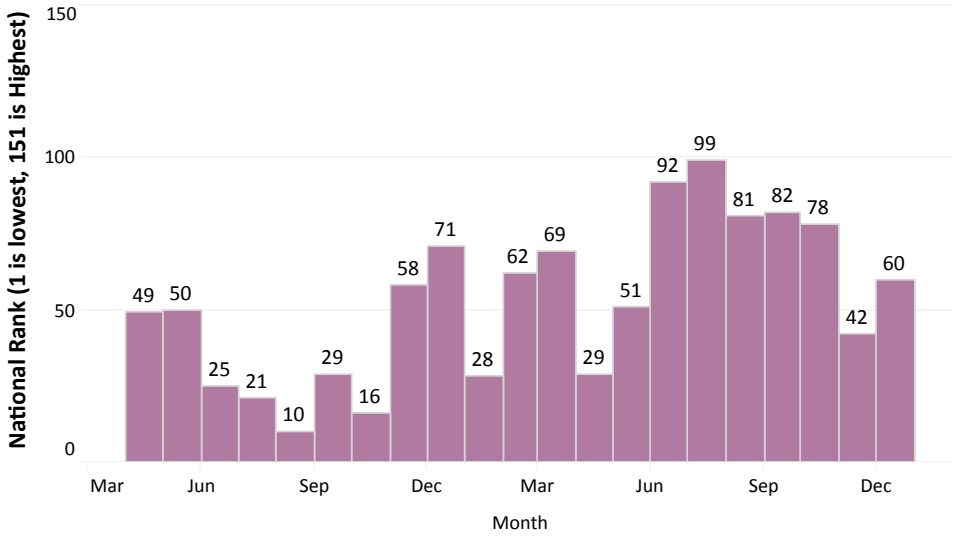
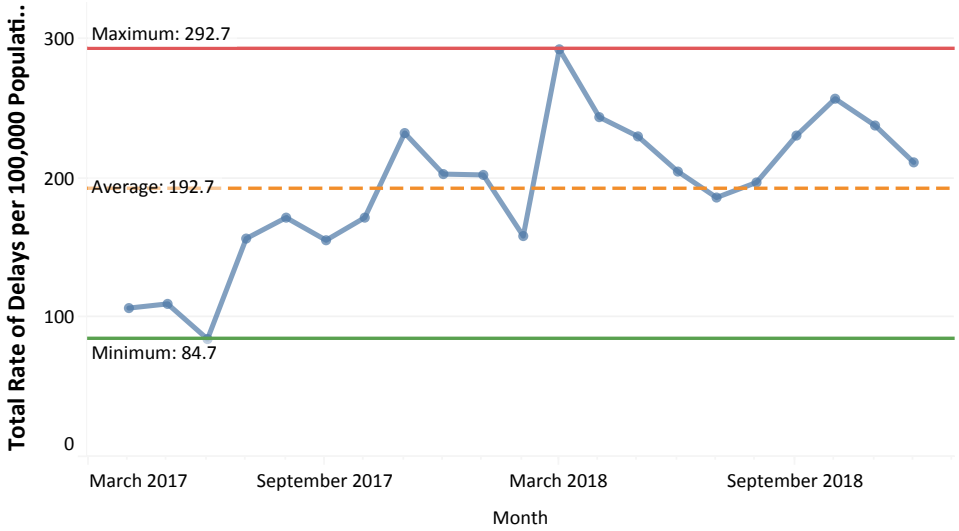
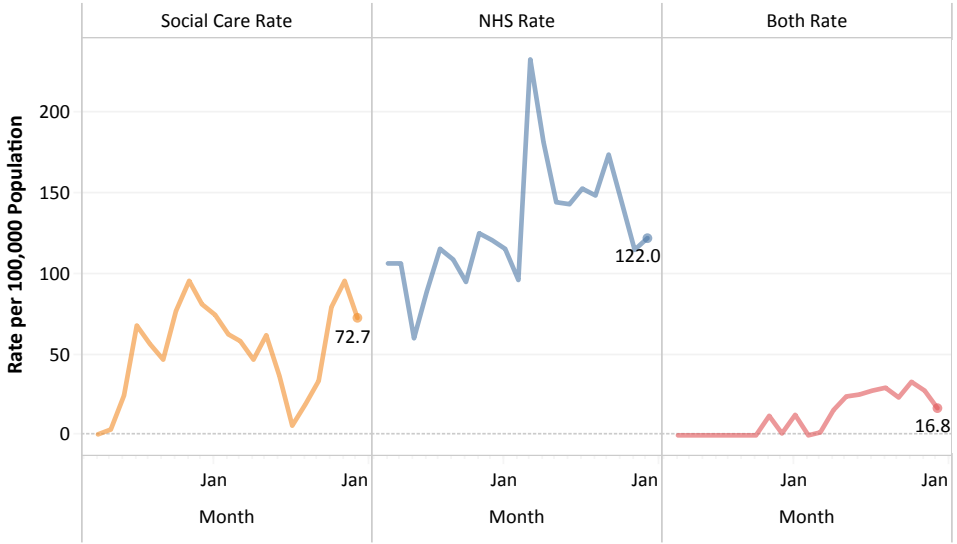


Rochdale

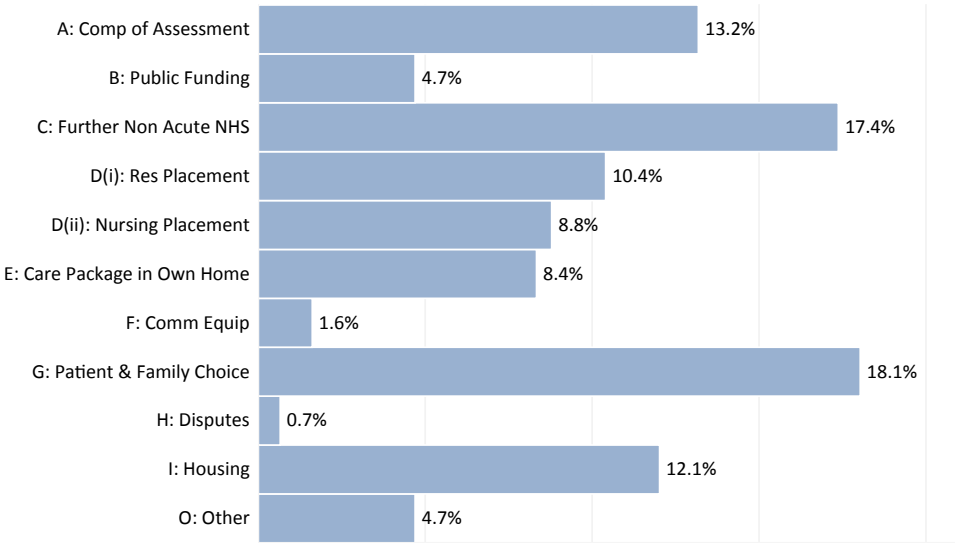
Rochdale: Total Rate of Delayed Transfers of Care per 100k Population (April 2017 onwards)



Rochdale: Total Rate of Delayed Transfers of Care per 100k Population (April 2017 onwards) Split by Attributable Organisation



Rochdale: Breakdown of All Delayed Transfers of Care since April 2017, per Reason for Delay



Rochdale: DToC National Rank per Month (All Delays)

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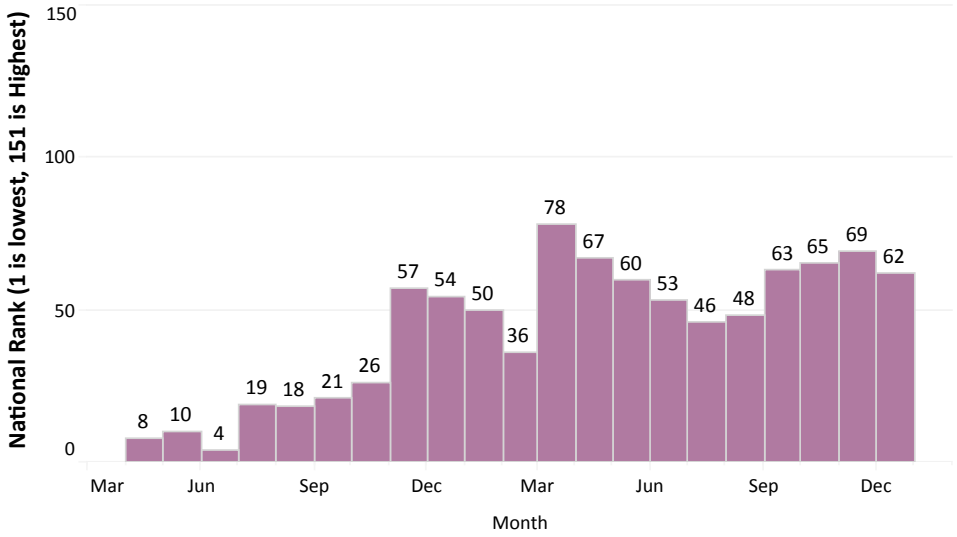
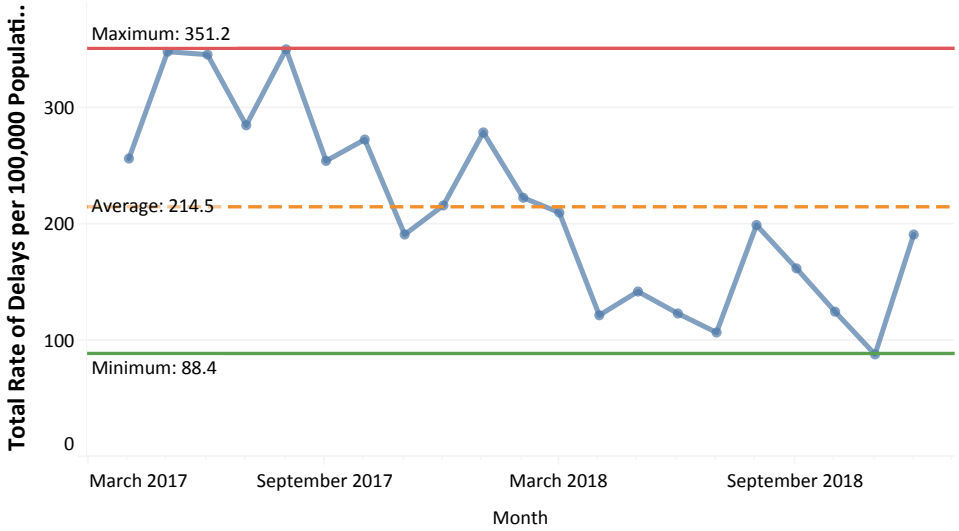
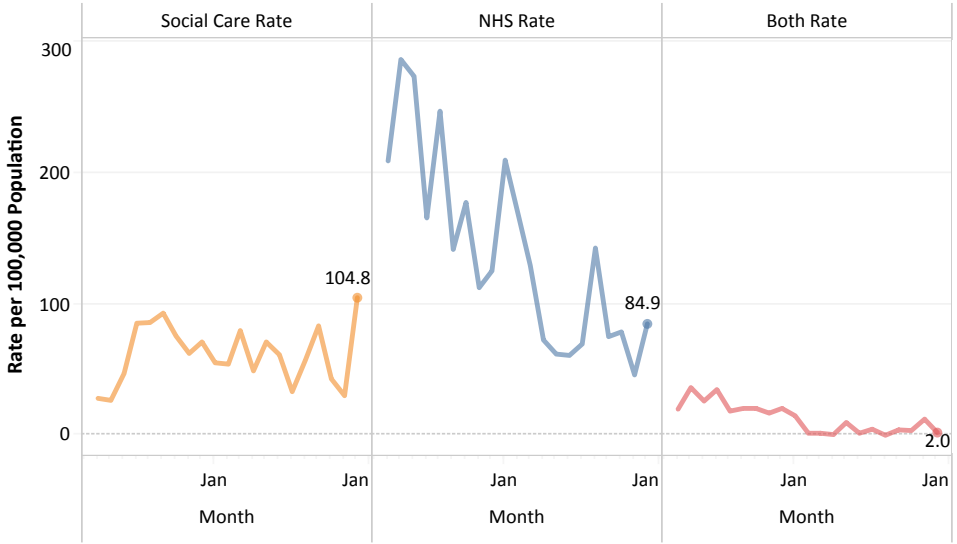


Salford

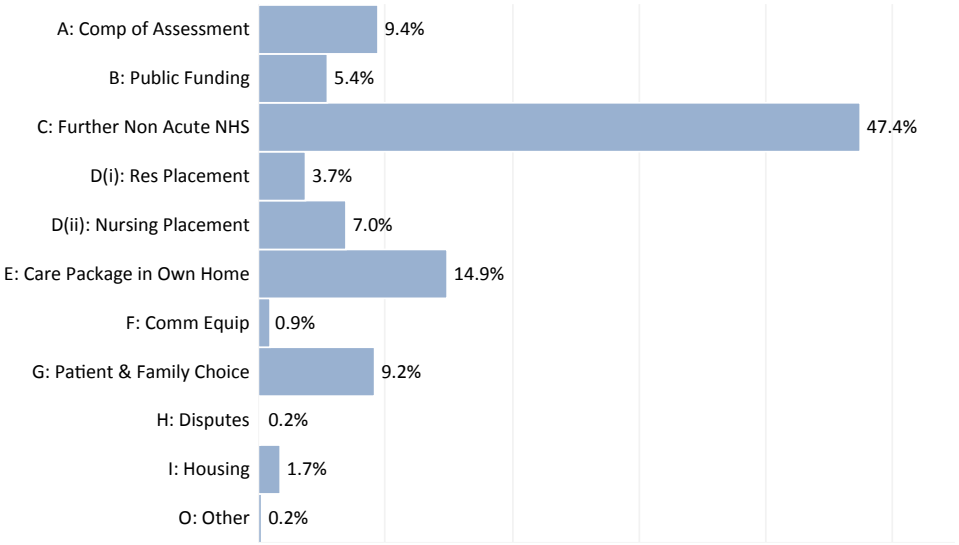
Salford: Total Rate of Delayed Transfers of Care per 100k Population (April 2017 onwards)



Salford: Total Rate of Delayed Transfers of Care per 100k Population (April 2017 onwards) Split by Attributable Organisation



Salford: Breakdown of All Delayed Transfers of Care since April 2017, per Reason for Delay



Salford: DToC National Rank per Month (All Delays)

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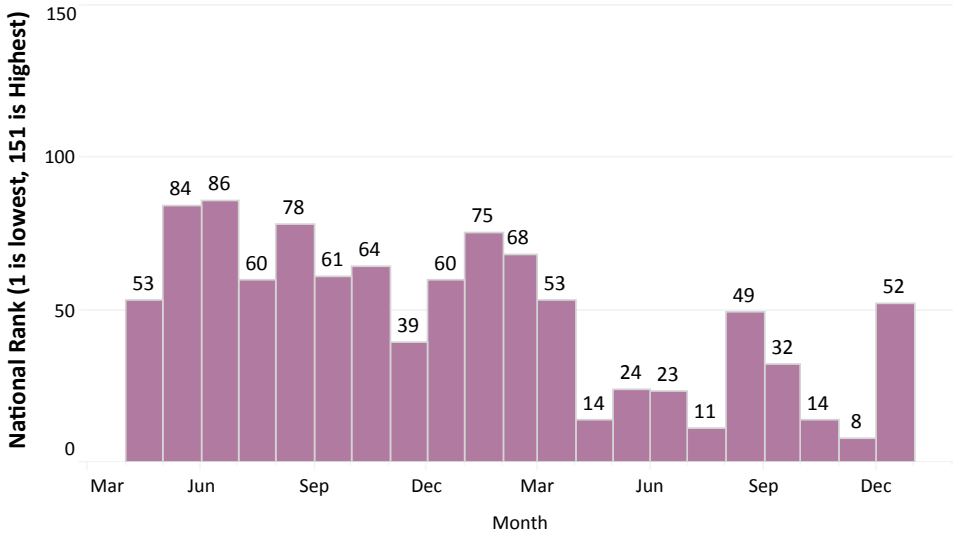
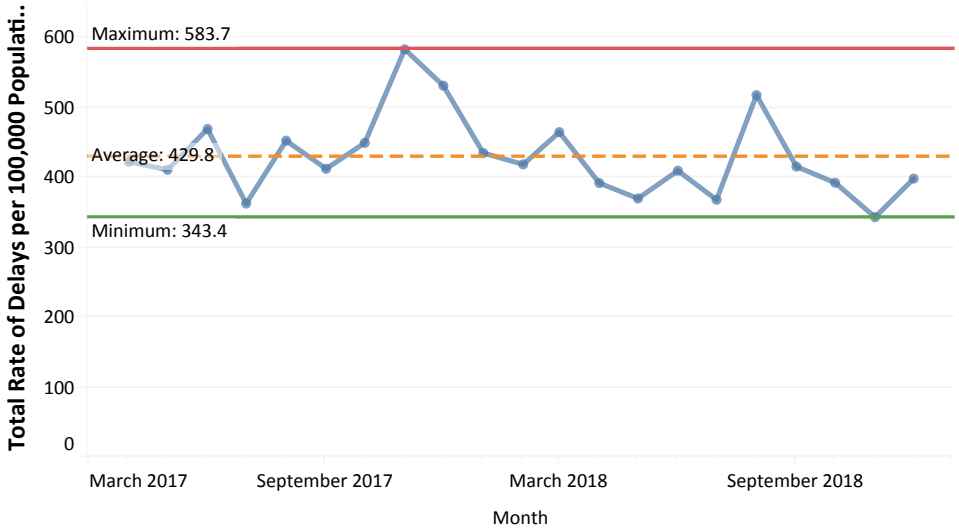
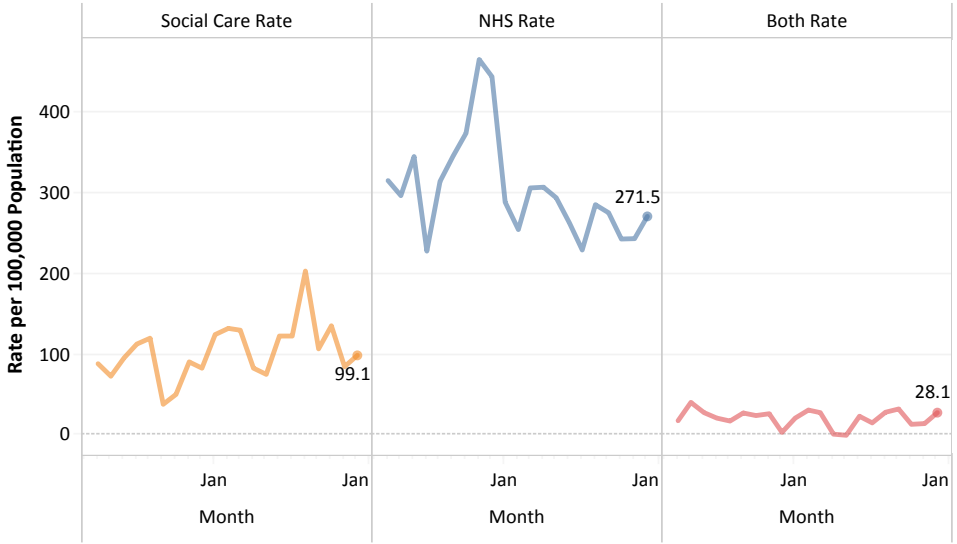


Sefton

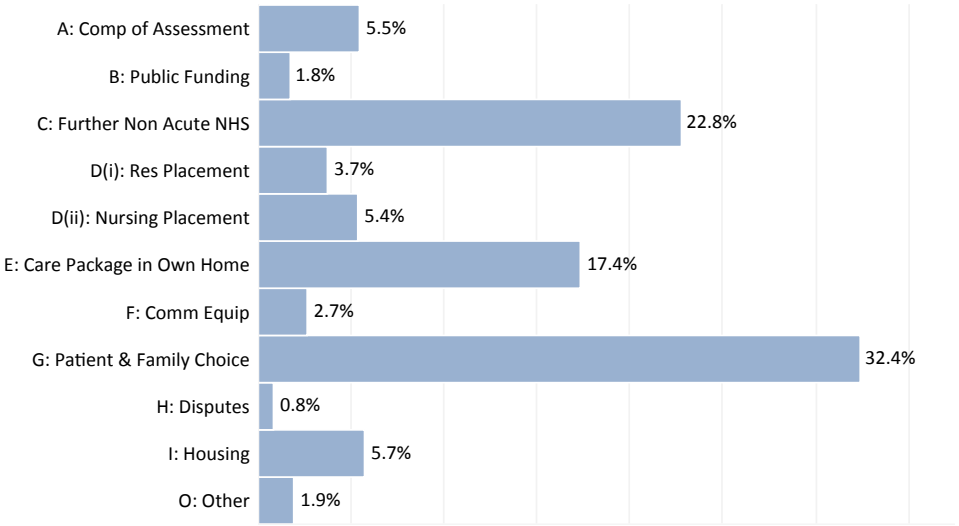
Sefton: Total Rate of Delayed Transfers of Care per 100k Population (April 2017 onwards)



Sefton: Total Rate of Delayed Transfers of Care per 100k Population (April 2017 onwards) Split by Attributable Organisation



Sefton: Breakdown of All Delayed Transfers of Care since April 2017, per Reason for Delay



Sefton: DToC National Rank per Month (All Delays)

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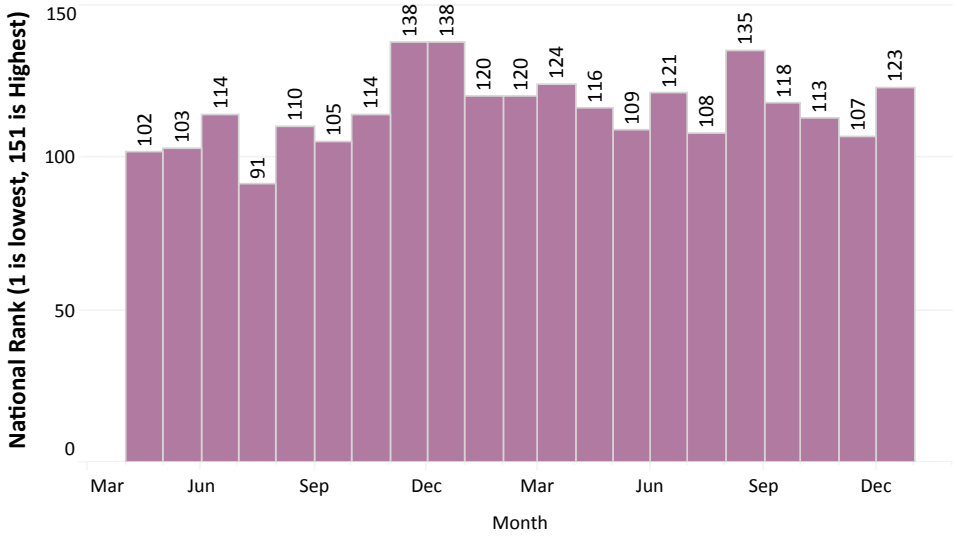
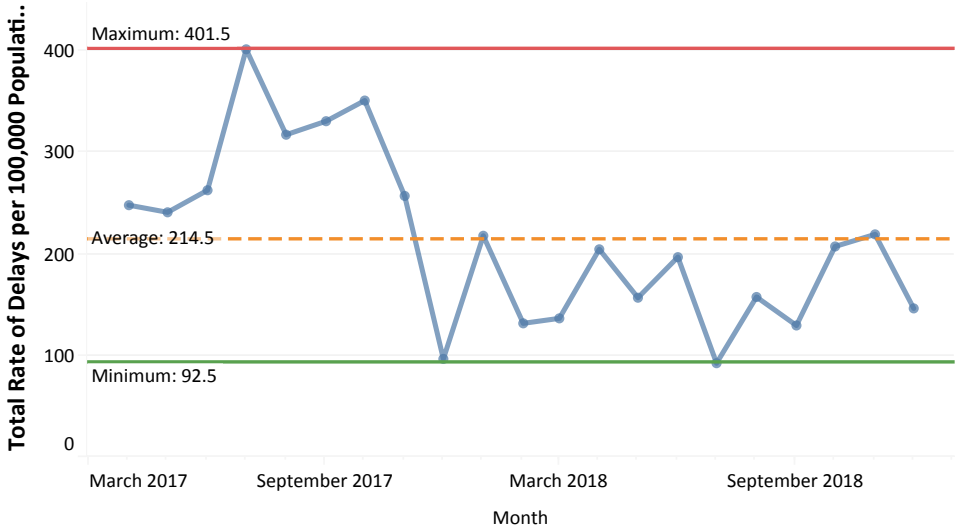
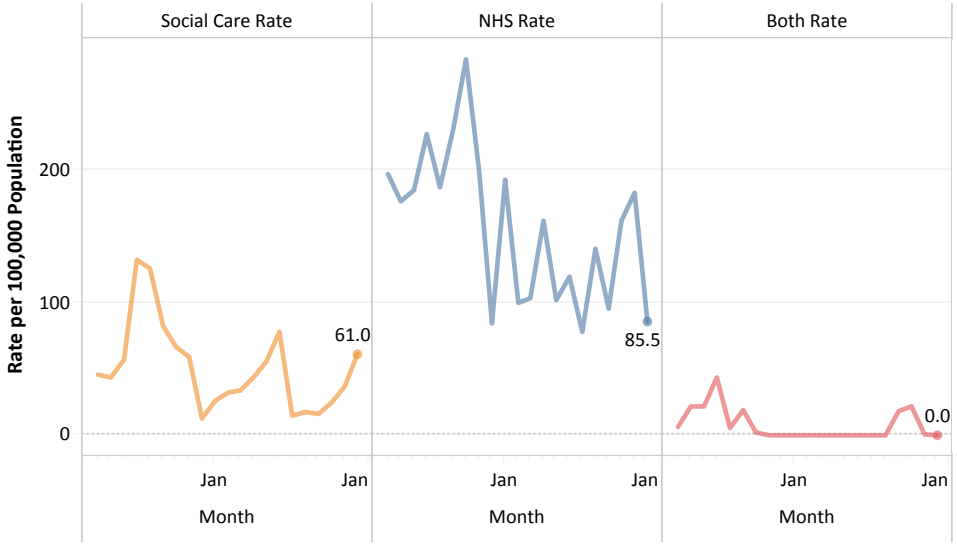


St Helens

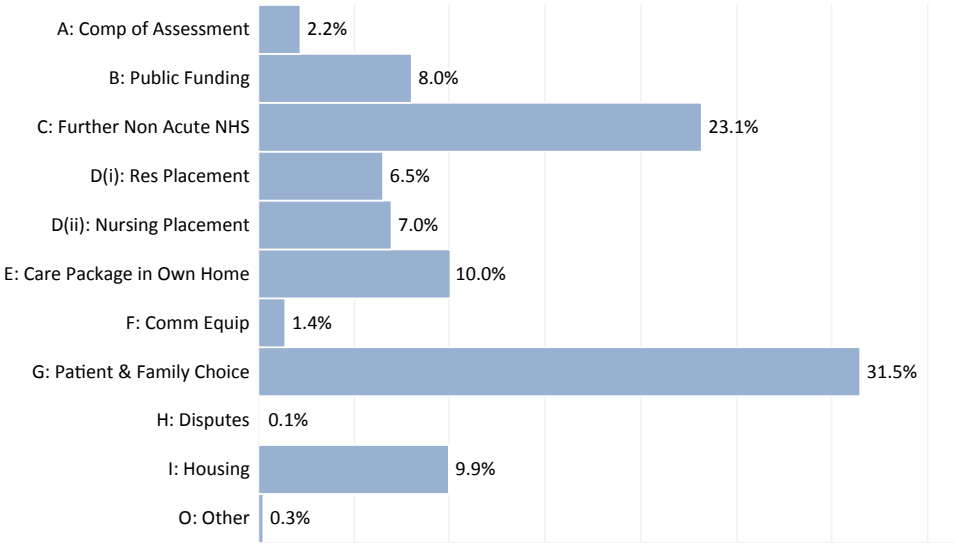
St Helens: Total Rate of Delayed Transfers of Care per 100k Population (April 2017 onwards)



St Helens: Total Rate of Delayed Transfers of Care per 100k Population (April 2017 onwards) Split by Attributable Organisation



St Helens: Breakdown of All Delayed Transfers of Care since April 2017, per Reason for Delay



St Helens: DToC National Rank per Month (All Delays)

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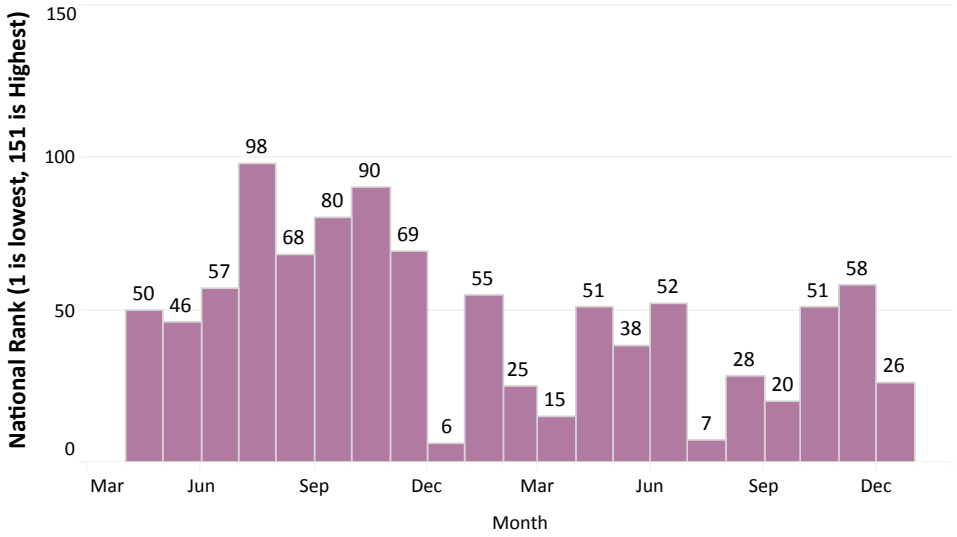
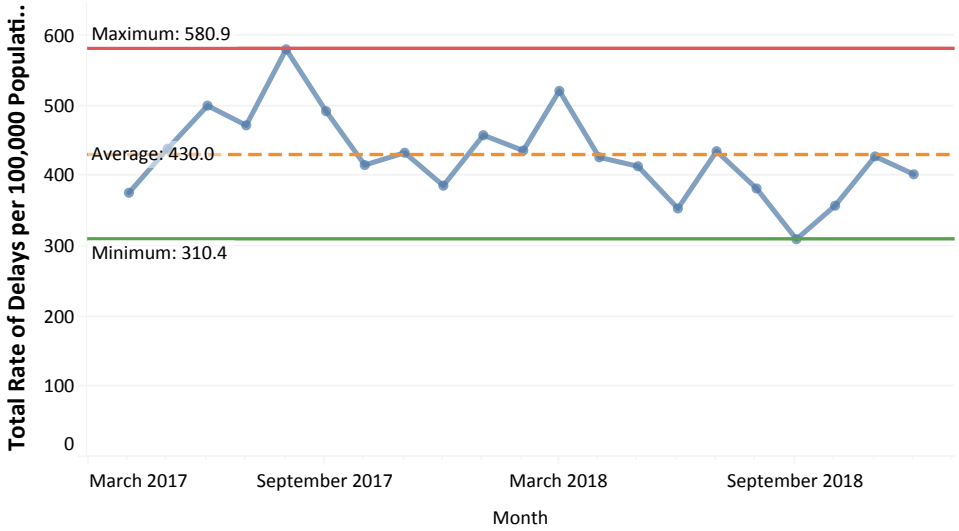
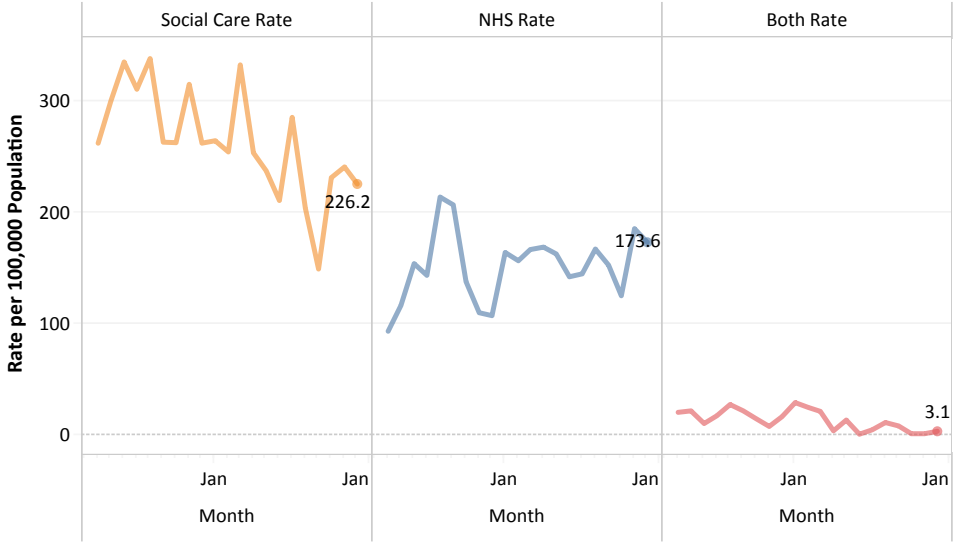


Stockport

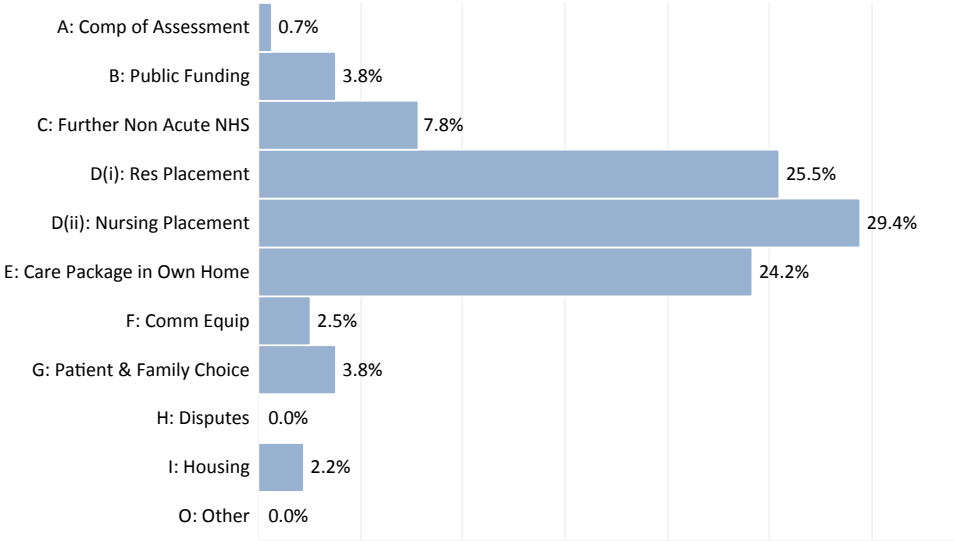
Stockport: Total Rate of Delayed Transfers of Care per 100k Population (April 2017 onwards)



Stockport: Total Rate of Delayed Transfers of Care per 100k Population (April 2017 onwards) Split by Attributable Organisation



Stockport: Breakdown of All Delayed Transfers of Care since April 2017, per Reason for Delay



Stockport: DToC National Rank per Month (All Delays)

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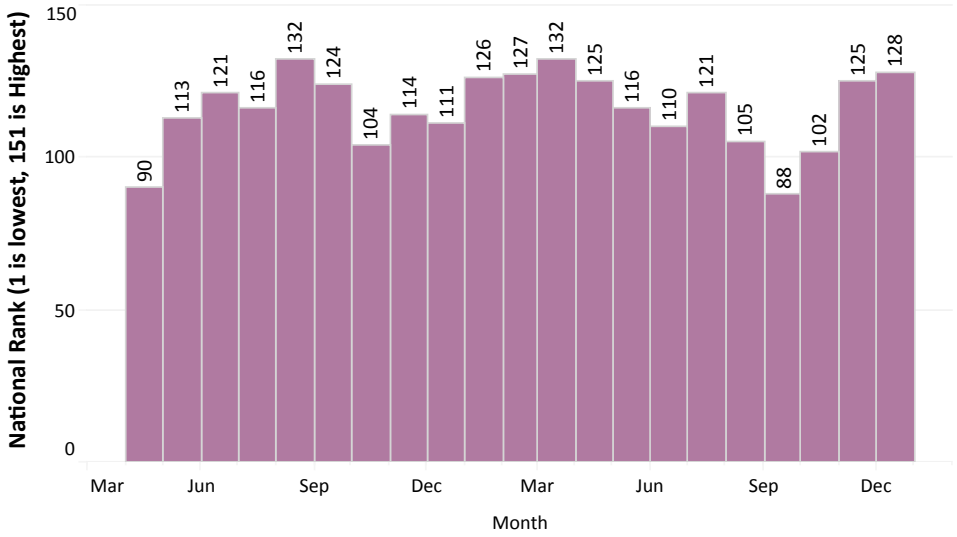
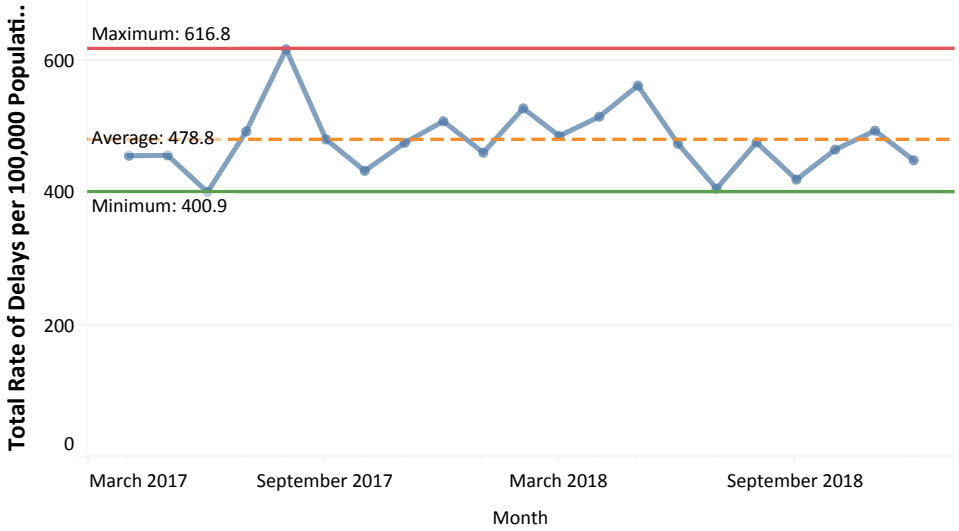
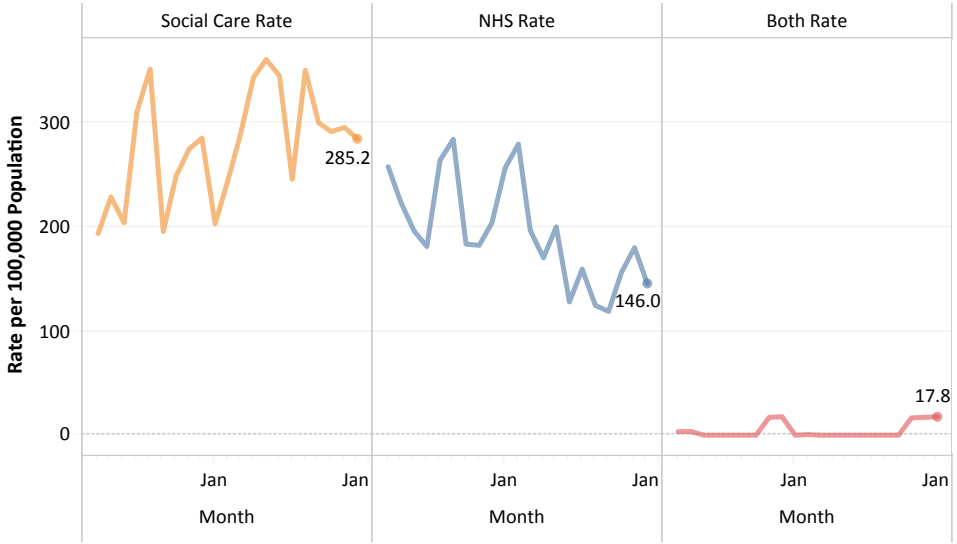


Tameside

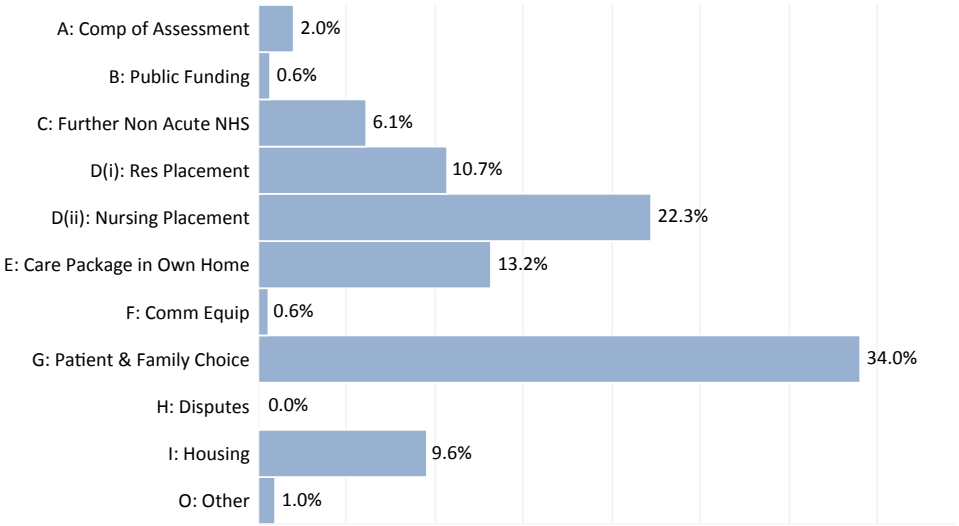
Tameside: Total Rate of Delayed Transfers of Care per 100k Population (April 2017 onwards)



Tameside: Total Rate of Delayed Transfers of Care per 100k Population (April 2017 onwards) Split by Attributable Organisation



Tameside: Breakdown of All Delayed Transfers of Care since April 2017, per Reason for Delay



Tameside: DToC National Rank per Month (All Delays)

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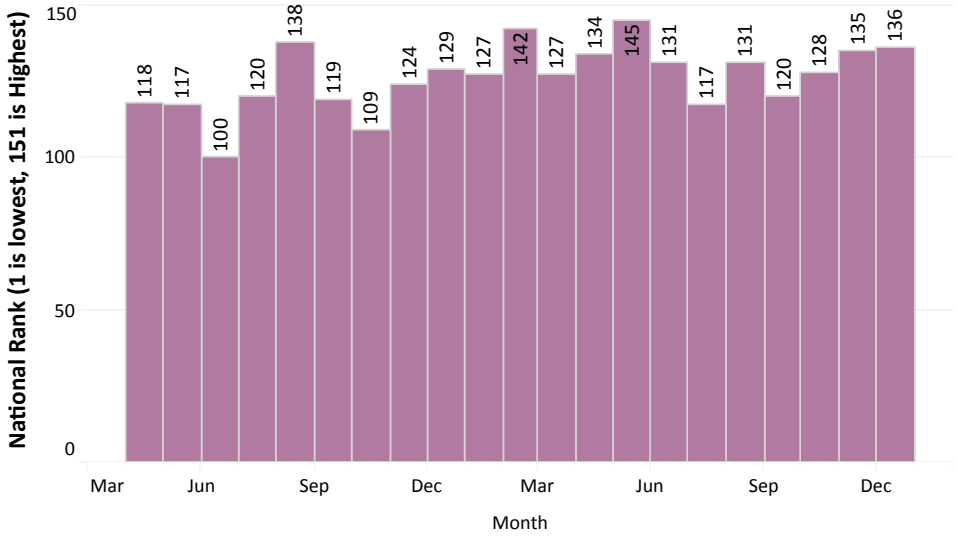
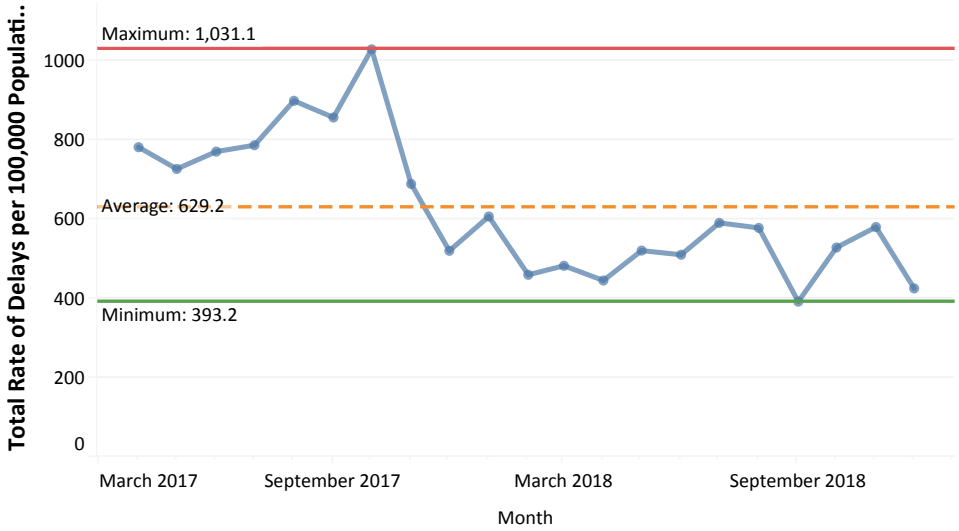
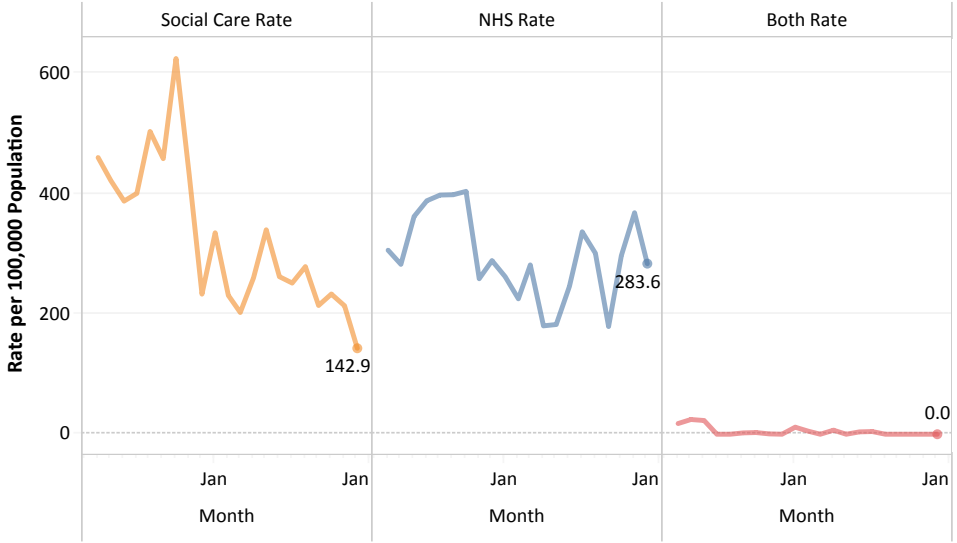


Trafford

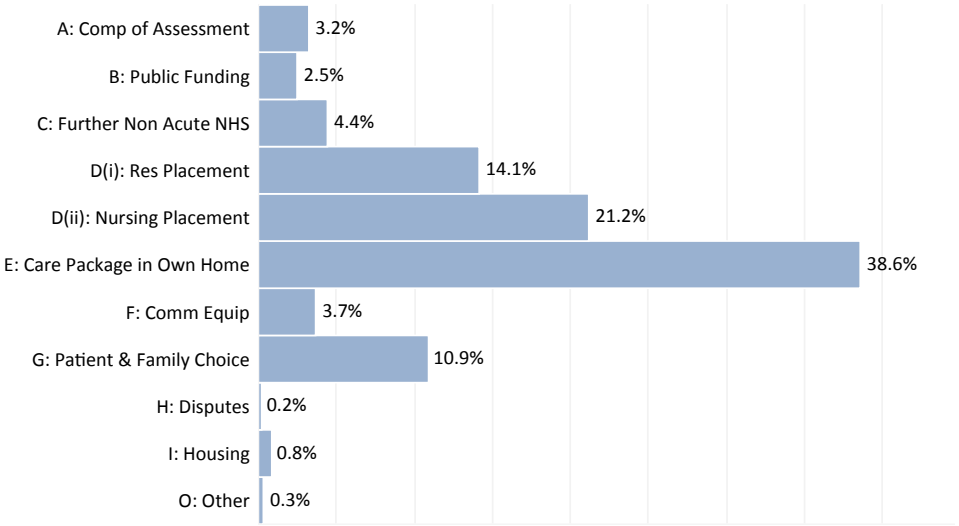
Trafford: Total Rate of Delayed Transfers of Care per 100k Population (April 2017 onwards)



Trafford: Total Rate of Delayed Transfers of Care per 100k Population (April 2017 onwards) Split by Attributable Organisation



Trafford: Breakdown of All Delayed Transfers of Care since April 2017, per Reason for Delay



Trafford: DToC National Rank per Month (All Delays)

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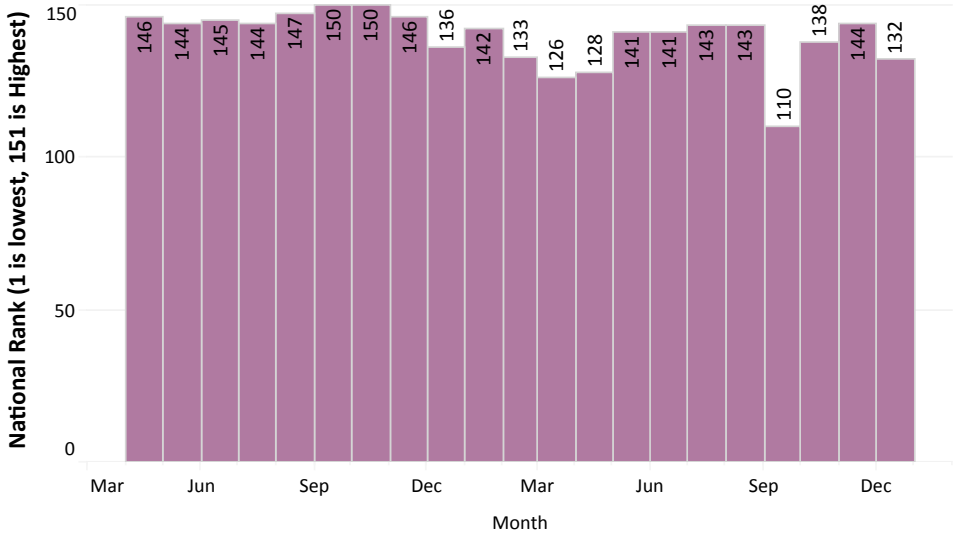
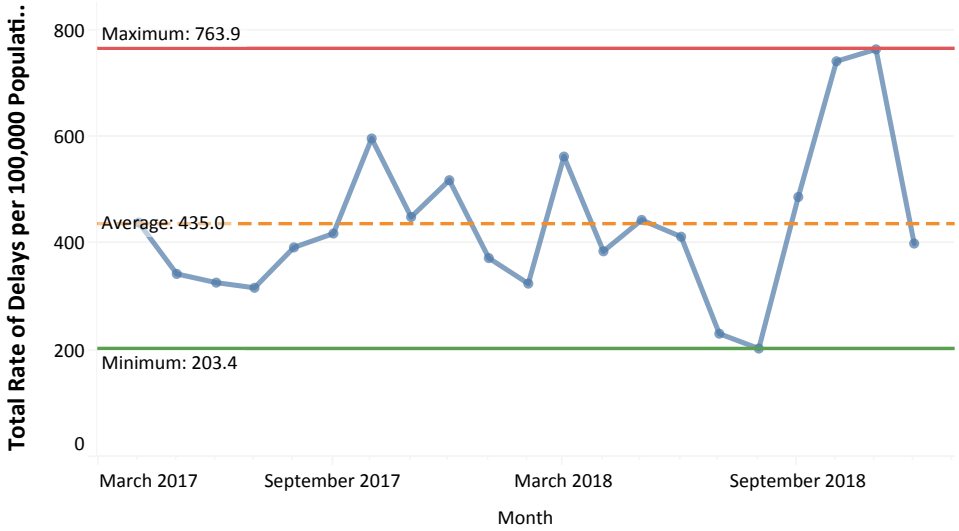
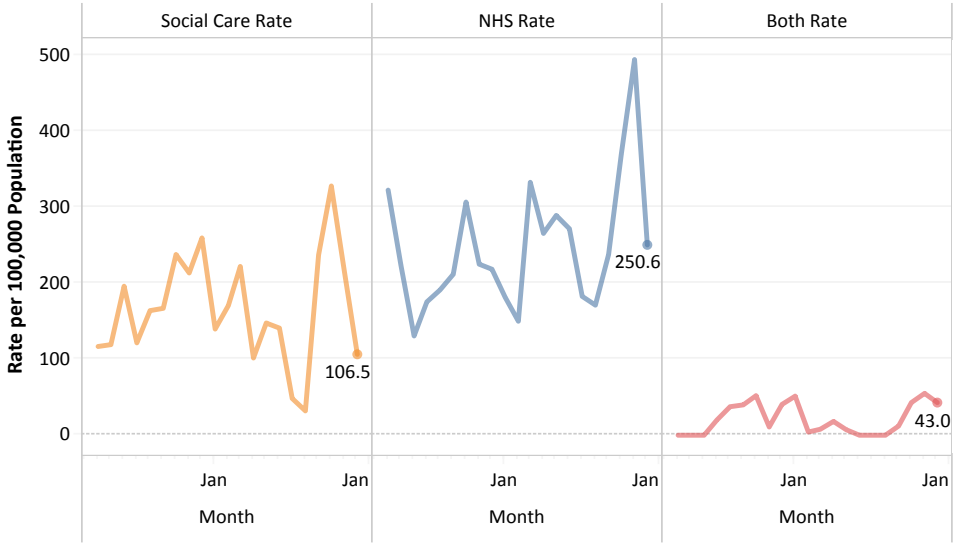


Warrington

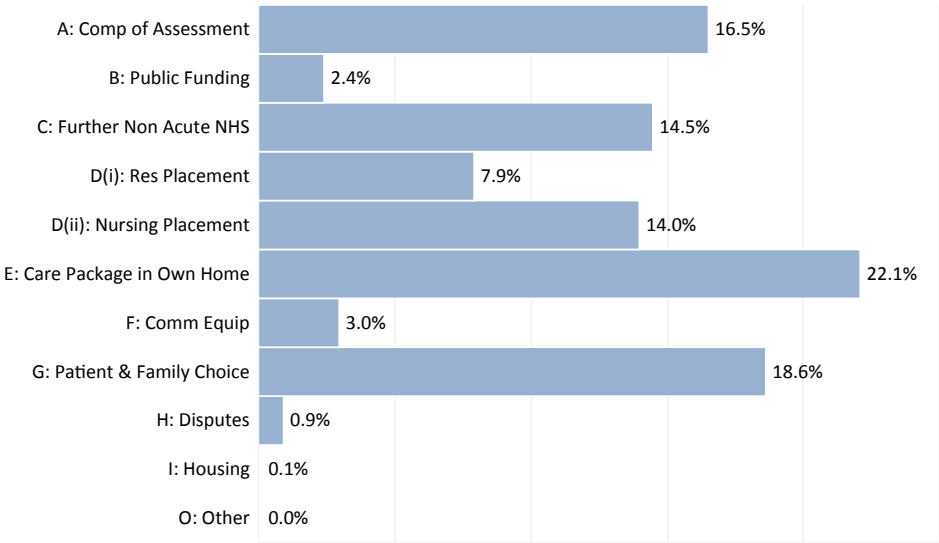
Warrington: Total Rate of Delayed Transfers of Care per 100k Population (April 2017 onwards)



Warrington: Total Rate of Delayed Transfers of Care per 100k Population (April 2017 onwards) Split by Attributable Organisation



Warrington: Breakdown of All Delayed Transfers of Care since April 2017, per Reason for Delay



Warrington: DToC National Rank per Month (All Delays)

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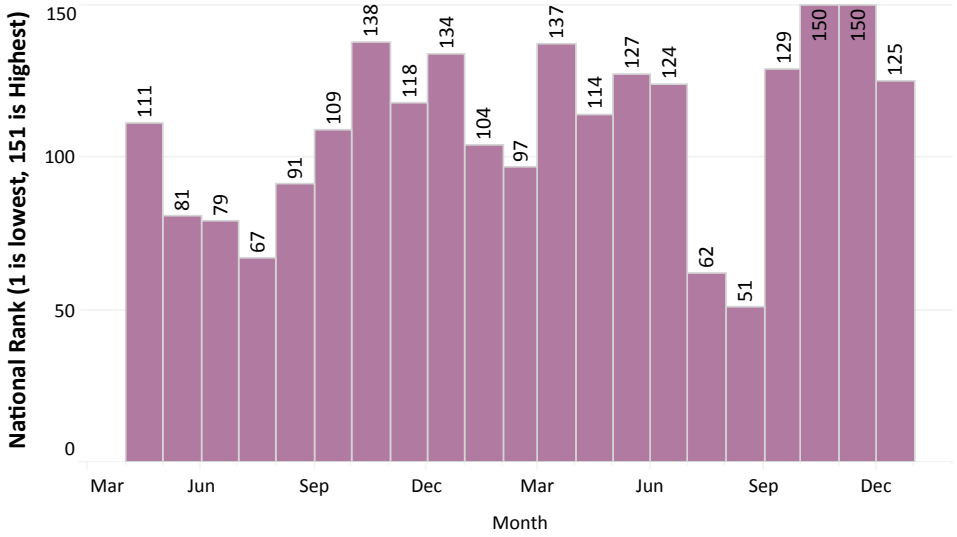
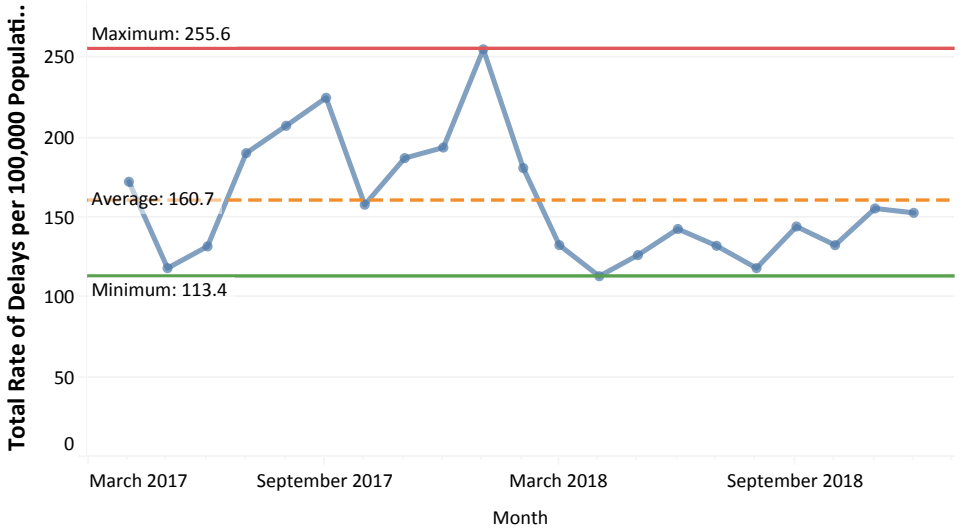
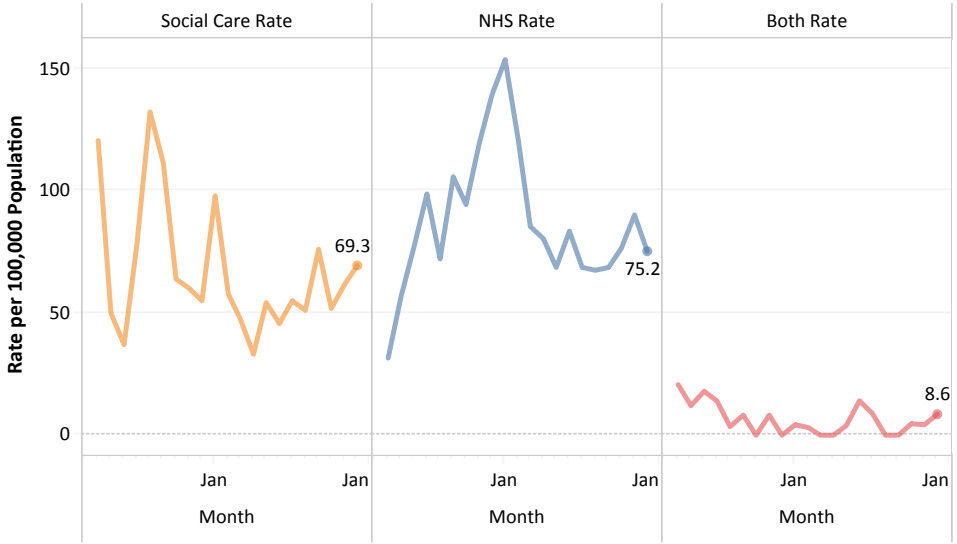


Wigan

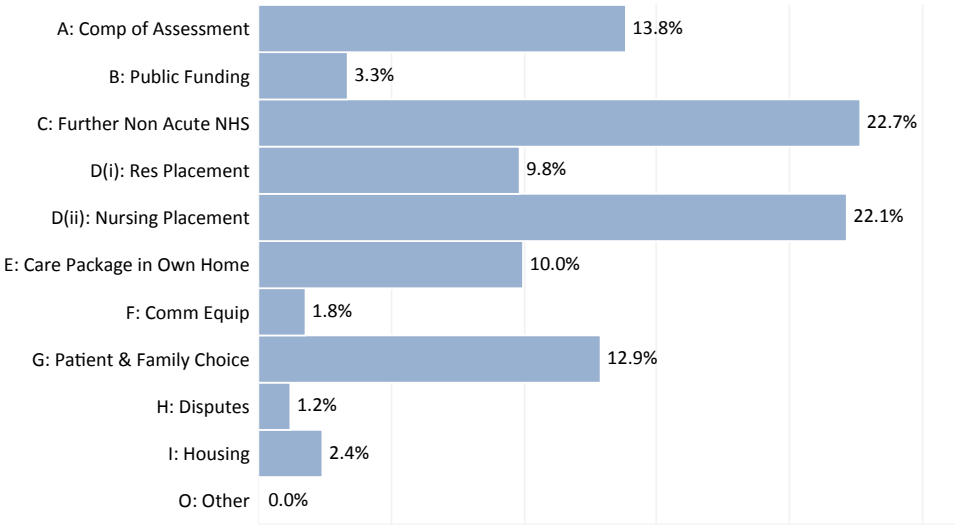
Wigan: Total Rate of Delayed Transfers of Care per 100k Population (April 2017 onwards)



Wigan: Total Rate of Delayed Transfers of Care per 100k Population (April 2017 onwards) Split by Attributable Organisation

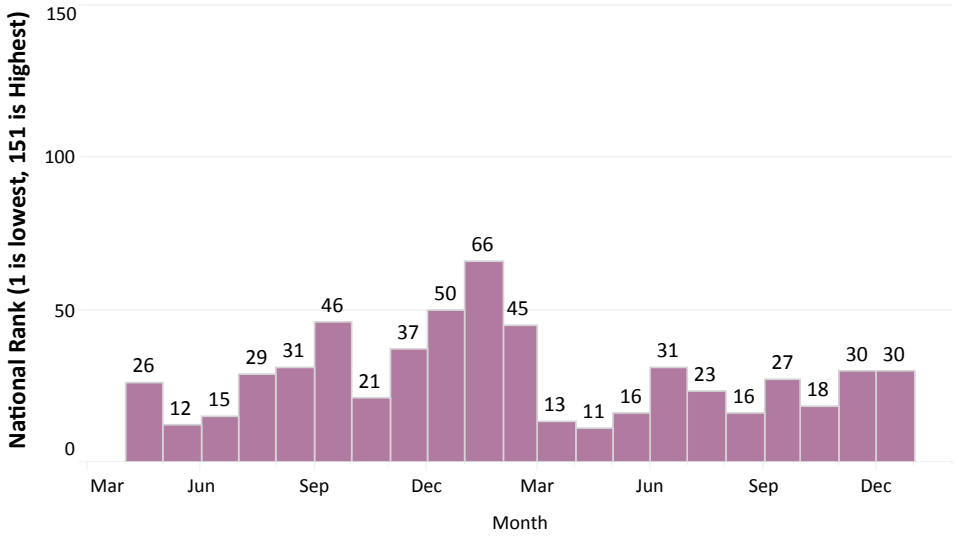


Wigan: Breakdown of All Delayed Transfers of Care since April 2017, per Reason for Delay



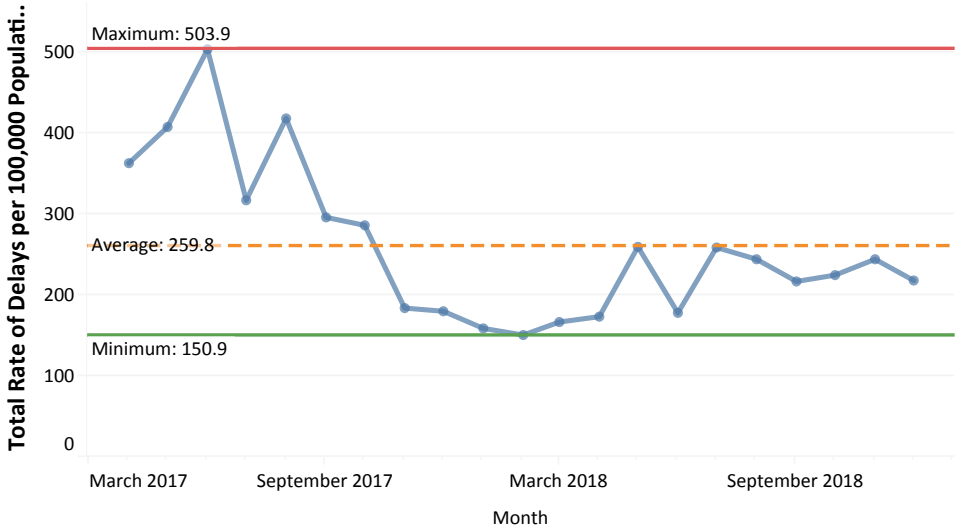
Wigan: DToC National Rank per Month (All Delays)

1 is Lowest Rate in the Country, 151 is Highest

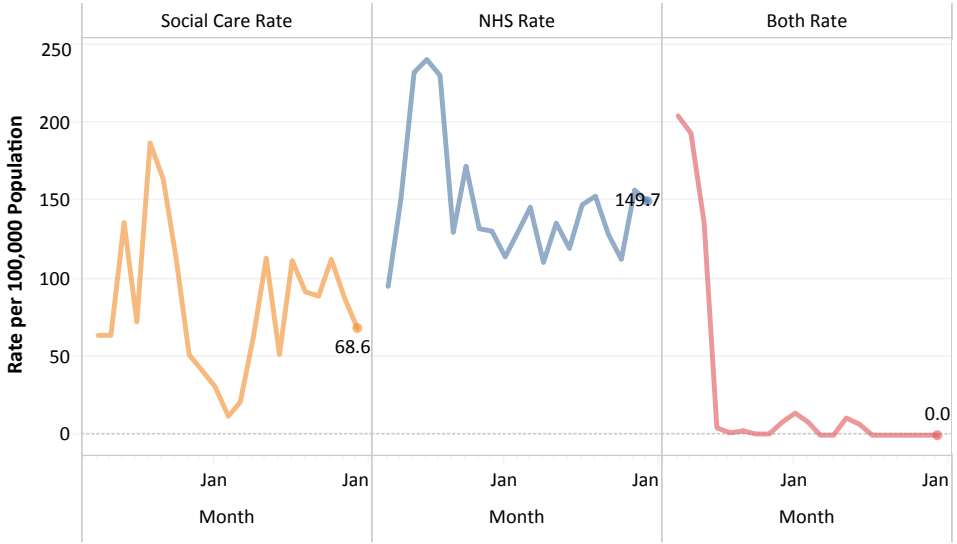


Wirral

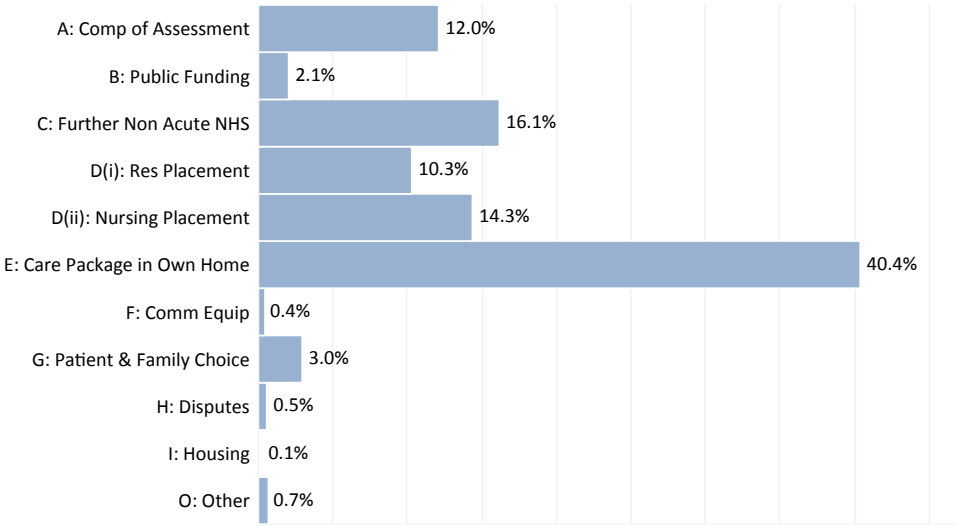
Wirral: Total Rate of Delayed Transfers of Care per 100k Population (April 2017 onwards)



Wirral: Total Rate of Delayed Transfers of Care per 100k Population (April 2017 onwards) Split by Attributable Organisation



Wirral: Breakdown of All Delayed Transfers of Care since April 2017, per Reason for Delay



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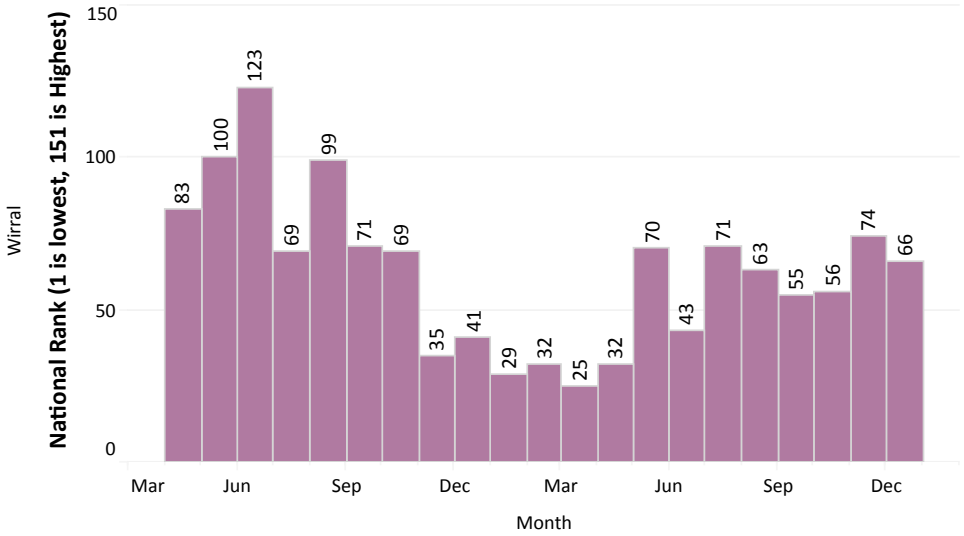

REPORT TO: Health Policy and Performance Board

DATE: 18 June 2019

REPORTING OFFICER: Chief Executive

PORTFOLIO: Community Safety/Health and Wellbeing

SUBJECT: Update on Asylum Seekers and Refugees – Health Impacts

WARDS: Borough wide

1.0 PURPOSE OF THE REPORT

1.1 To update the Board on Halton's involvement with asylum seeker and refugee dispersal and resettlement programmes, and to highlight any health and wellbeing issues.

2.0 RECOMMENDATION: That

1) **the report be noted; and**
2) **support be shown for investigating whether the Safe Surgeries initiative is suitable for promotion in Halton.**

3.0 BACKGROUND INFORMATION

3.1 Following a request in late 2015 from Central Government, the Council's Executive Board agreed, in February 2016, to support the national dispersal programmes for asylum seekers, Syrian refugees, vulnerable children resettlement scheme (VCRS) and unaccompanied asylum seeker children (National Transfer Scheme).

3.2 42 out of 44 local authorities in the Northwest are participating in the dispersal programmes, including all 6 in the Liverpool City Region (LCR) and all 4 Cheshire Authorities.

3.3 For asylum seekers - LCR Leaders agreed an initial tranche of 30 properties per local authority in 2016, with another 30 properties following a second request in 2018 from Central Government – except for Liverpool who currently house over 1,800 people.

3.4 Halton's initial commitment to the Syrian Resettlement Programme (SRP) and VCRS was 100 individuals, with a further 60 agreed in 2018. This is in-line with the other LCR local authorities.

3.5 Currently, through the SRP and VCRS, 112 individuals have resettled in Halton.

It is less clear how many asylum seekers are placed in Halton as this information isn't currently shared directly with the local authority,

however local intelligence would suggest at present there are 10 – 20 asylum seekers placed in Halton. However, this is likely to increase over the next 12 months.

4.0 LOCAL ISSUES

4.1 Serco manage the asylum seeking dispersal process in the NW for the Home Office. Unlike the refugee programme where the Authority is involved from the outset, the Local Authority is not directly involved in the asylum seeking dispersal process until a Post Code Check is requested, a House of Multiple Occupancy (HMO) License is required, there is a planning issue or wider support needs arise.

4.2 As local authorities do not have access to the same information for asylum seekers as they do with the Syrian Resettlement Programme, there is a reliance on other ways to identify where they might be living in Halton. These include:-

- Local information from Councillors, Partners and community networks;
- Engagement with local GPs and Schools to share information, appropriately, when people register, ensuring no legislation is broken;
- Use of database which keeps track of PCCs requested/rejected; and
- Improved information sharing with Serco. This is to be enhanced as part of the new contract between the HO and Serco, which commences in the autumn.

4.3 Through these methods it is known that there are somewhere between 6-8 properties currently occupied in the Borough, across both sides of the river, with a mix of singe individuals and a couple of families.

4.4 The voluntary, community and faith sector has started a drop-in to support asylum seekers and refugees in the Borough – every Monday at Trinity Church, Widnes. This includes support from organisations in the wider LCR, with a track record of supporting these client groups (i.e. British Red Cross).

5.0 HEALTH CONSIDERATIONS

5.1 GP and nurse consultations in primary care, treatment provided by a GP and other primary care services are free of charge to all, whether registering as an NHS patient, or as a temporary patient, which is when the patient is in the area for more than 24 hours and less than 3 months.

5.2 For secondary care services, the UK's healthcare system is a residence-based one, which means entitlement to free healthcare is based on living lawfully in the UK on a properly settled basis for the time being.

5.3 All asylum seekers and refugees are entitled to free primary and secondary health care. Failed/refused asylum seekers are entitled to

primary care, and to any treatment that is immediately necessary, but will fall within the scope of NHS charging regulations.

5.4 There are exceptions to this such as maternity and emergency care services, or if the person seeking asylum comes under the Care Act or if a family with children. A full list of what is and isn't chargeable can be found here:-

https://www.gov.uk/guidance/nhs-entitlements-migrant-health-guide

5.5 The NHS have a huge range of resources available to support medical professionals, and these were shared with local GP surgery staff as part of Halton's preparation for resettled refugees. Below is a link to the information:-

https://www.gov.uk/health-and-social-care/health-protection-migrant-health-guide

5.6 It's important to stress there are different levels of support available to someone depending on where in the immigration process they are. In particular there is no additional resource available to support the integration and health care needs for asylum seekers, as there is for those refugees resettled through the SRP and VCRS.

5.7 Whilst asylum seeker dispersal is still quite new for Halton, there are some health related issues which have arisen from supporting the resettled Syrian population which are worth noting:-

- Use of interpreters; increased pressure on budgets (various dialects; poor access, not booked in advance or not available on phone; gender wrong for patient; and confusion about role of bi-lingual resettlement workers);
- Lack of knowledge with staff (primary and secondary) about different categories of clients and who is entitled to what;
- Difficulties in patients understanding written information (letters, medicine instructions);
- Dental hygiene;
- PTSD and other psychological problems;
- Maternity Care;
- Sexual and reproductive health; and
- Social care and lack of bi-lingual support.

5.8 Asylum Link Merseyside is a 3rd sector organisation based in Liverpool, who have received funding to support other LCR local authorities deal with more complex cases. They have also provided training for social workers in Halton.

5.9 Meetings have been diarised between HBC Officers and colleagues from Public Health, CCG and the Hospital Trust to highlight the above issues, to share case studies and discuss possible solutions. These are due to take place on 13-05-19 and 12-06-19. The outcome of these discussions will be shared at the meeting.

6.0 IMPACTS ON SOCIAL CARE

6.1 Currently out of the 112 resettled refugees in Halton, four are 60+, with two of them being assessed for care packages. Colleagues are working together to overcome identified additional barriers to accessing services, with the three main issues being:-

- Language barrier between client and care workers;
- Cultural needs and awareness; and
- Safeguarding concerns raised re: inability of client to act as employer for care assistant due to knowledge gap and lack of language skills.

6.2 Council colleagues have been working with the commissioned support provider and Halton Disability Partnership to work through the above issues and put solutions in place. These have included:-

- Support to individuals from A Better Tomorrow (a local community group) who speak Arabic, to help qualify as Personal Assistants, ensuring both male and female carers;
- By-passing of the normal matching process through Contact Centres – and ensuring those qualified personal assistants are matched directly with clients who only speak Arabic;
- Halton Disability Partnership to act as employer, as it was felt the client, due to the lack of language skills, wouldn't be in a position to deal with bureaucratic issues; and
- Commissioned provider are offering to provide the first independent assessment of the care package within the first four weeks, as they have bi-lingual resettlement workers who have established trusted relationships with the clients.

6.3 It is also suggested that at the next contract review – slight amendments be made to contracts to ensure that Equality and Diversity training be more robust and take into consideration issues related to cultural needs/awareness. This will have positive impacts for older people as well as any future service users who might have more complex learning or physical disabilities.

6.4 Another issue which has been identified is that of burial/funeral processes for those of non-Christian beliefs. There are other areas more versed in dealing with these issues and Council colleagues who are responsible for registering births, deaths and marriages, along with those responsible for burials – are making contact with other local authority areas and sharing best practice and resources.

6.5 It should be noted that as the process and information shared about asylum seekers moving into dispersed accommodation is very different (see 3.5 and 4.1 above) it isn't possible to identify specific issues that might arise from this client group until they start to present, but assumptions can be made that many of their issues will be similar to those experienced by the resettled refugees.

The main difference will be the No Recourse to Public Funds immigration status for asylum seekers which, in most cases, doesn't apply to refugees.

These are very complex legal issues and colleagues have been supported in this learning curve by organisations with a proven track record in supporting this client group, who have provided advice, guidance and training for social workers.

7.0 SAFE SURGERIES

7.1 Doctors of the World is an independent humanitarian movement working at home and abroad to empower excluded people to access healthcare.

7.2 One of the initiatives supported by Doctors of the World is "Safe Surgeries". This is for any GP practice which commits to taking steps to tackle the barriers faced by many migrants in accessing healthcare. At a minimum, this means declaring the practice a "Safe Surgery" for everyone and ensuring that lack of ID or proof of address, immigration status or language are not barriers to patient registration.

7.3 Safe Surgeries recognise the barriers to healthcare access that exist, particularly for migrants in vulnerable circumstances, and believe that small changes in practice can make a difference. They are willing to lead by example and work to ensure that nobody in their community is excluded.

7.4 With the support of the PPB, colleagues would like to start a piece of work, looking at whether this initiative would be appropriate to promote to GP Practices, ensuring it fits with the current Equality and Diversity work that is going on across Halton.

https://www.doctorsoftheworld.org.uk/what-we-stand-for/supporting-medics/safe-surgeries-initiative/safe-surgeries-network/#

8.0 POLICY IMPLICATIONS

There are no policy implications associated with the information in this report. Although the potential solutions for some of the issues highlighted may lead to changes in the future.

9.0 FINANCIAL IMPLICATIONS

9.1 The arrival of anyone into the Borough will impact on resources, be they from Glasgow or Syrian, however it should be noted that these client groups do bring with them additional costs around interpretation which is, in most cases, the biggest barrier to them accessing existing services.

10.1 IMPLICATIONS FOR THE COUNCIL'S PRIORITIES

10.1 **Children and Young People in Halton**

None specifically highlighted.

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

None specifically highlighted.

10.3 **A Healthy Halton**

None not already highlighted above.

10.4 **A Safer Halton**

Whilst there has been a small amount of concern shown by neighbours close to the new dispersal properties, which are being monitored, so far the overall feeling is one of welcoming, with positive partnership working to support these vulnerable client groups.

10.5 **Halton's Urban Renewal**

None specifically highlighted.

11.0 RISK ANALYSIS

None specifically highlighted.

12.0 EQUALITY AND DIVERSITY ISSUES

12.1 The arrival of people seeking asylum and those resettled in Halton through the refugee programmes is slowing increasing the Borough's ethnic profile, and whilst there might be some challenges, service providers already deal with other types of migrants in Halton – it's simply recognising where the knowledge gaps are, and understanding how colleagues can be supported.

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

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

REPORT TO:	Health Policy & Performance Board
DATE:	18th June 2019
REPORTING OFFICER:	Chief Commissioner, NHS Halton CCG
PORTFOLIO:	Health & Wellbeing
SUBJECT:	Criteria Based Clinical Treatments
WARD(S)	Borough-wide and in conjunction with South Sefton, Southport and Formby, Liverpool, St Helens and Warrington

1.0 **PURPOSE OF THE REPORT**

1.1 To inform the Board on the current state of the programme to review the existing clinical policies maintained by the Clinical Commissioning Group.

2.0 **RECOMMENDATION: That:**

i) The Board recognise the suite 3 policies that are currently being reviewed.

ii) The Board note that the public engagement process is straddling the period of purdah for the local elections and no decisions can be made during this period.

3.0 **SUPPORTING INFORMATION**

3.1 The accompanying briefing paper.

4.0 **POLICY IMPLICATIONS**

4.1 The CCG's Clinical Policies will be updated in accordance with the review process.

5.0 **FINANCIAL IMPLICATIONS**

5.1 None identified at present.

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 No risks have been identified at present but will be identified during the public consultation

8.0 **EQUALITY AND DIVERSITY ISSUES**

8.1 A formal equity impact assessment has been under taken on all of the policies and will be reviewed following any changes identified during the public engagement process

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

None.

NHS
Halton
Clinical Commissioning Group

Reviewing local health policies – Criteria Based Clinical Treatments

In June 2018, you were made aware of the outcomes of Phase 1 and 2 of the 'Reviewing local health policies' project where policies for Criteria Based Clinical Treatments (CBCTs) are being reviewed and updated according to the latest medical guidance and in line with activity and cost analysis.

NHS Halton Clinical Commissioning Group (CCG) has been working with five other local CCGs in Cheshire and Merseyside to review policies for more than 100 CBCT procedures.

CBCTs are routine procedures that are known to have medical benefit only in very specific situations, or for a small number of people.

The review, led by clinicians, intends to make better use of NHS resources by ensuring that available treatments provide the greatest health gains to patients, based on up-to-date clinical guidelines, methods and technology.

In cases where there is a clinical evidence base for changing the clinical eligibility for a particular procedure or treatment, the proposals might impact on access to those services. Under these proposals, if a patient doesn't meet the criteria but their doctor believes that their circumstances are exceptional, the doctor can submit an Individual Funding Request (IFR).

The policies included in the next phase (Phase 3) of work include:

- Botulinum toxin A and B
- Continuous glucose monitoring systems
- Cough assist devices
- Insulin pumps
- Surgery for prostatism or lower urinary tract infection
- Secondary care administered peripheral steroid joint injections
- Transanal irrigation

For those policies under review and particularly where a change or update is being proposed which may affect patient access, public engagement and, if required, consultation will take place.

Engagement will start week beginning the 25th February through to 7 July 2019.

A comprehensive Equality Impact Assessment (EIA) has been undertaken for each of the policies to identify people who are most likely to be impacted by proposed changes, and this information has been used to help develop consultation and engagement plans.

If you have any comments, feedback, or would like further information please contact Martin.Stanley@haltonccg.nhs.uk

CCGs involved in Phase 3 of the review

NHS Halton CCG
NHS Liverpool CCG
NHS Southport and Formby CCG
NHS South Sefton CCG
NHS St Helens CCG
NHS Warrington CCG

Policies included in Phase 3 review and are subject to public engagement between February and July 2019.

Policies now apply to all ages, including under 16s. The rational for this is the ensure that all patients, regardless of age, are treated equally.

Policy/Procedure name	Consultation and Engagement activity	Is access to the service changing?
Botulinum Toxin A&B	Inform	No change to access. National Institute of Health and Care Excellence (NICE) guidelines.
Continuous Glucose Monitoring systems for Continuous Glucose monitoring in Type 1 Diabetes Mellitus	Inform and Engage	The revised policy now takes account of both pregnant patients and children with diabetes. This will ensure pregnant women as well as children receive CGM where appropriate, where previously this would have required an IFR application. Additional clarity has also been provided around 'a clinically significant response' which is not captured in the current policy.
Cough Assist Devices	Inform and Engage	This should not limit or change access for those people whom currently use a cough assist device, particularly as the devices have all been prescribed via the IFR process so far. However, due to this being a brand-new policy, some consultation and engagement work is required in order to ensure that all user and clinical input is

		taken into consideration in the drafting and implementation of the policy
Insulin pumps	Inform and Engage	The policy has been aligned with NICE Guideline [NG] 17 'Type 1 diabetes in adults: diagnosis and management' 2015 (updated 2016) https://www.nice.org.uk/guidance/NG17 Insulin pump therapy is recommended by NICE TA151 as a treatment option for some patients with type 1 diabetes to improve control of blood sugar and reduce the rate of hypoglycaemia (low blood sugar levels). Haemoglobin A1c (HbA1c) is an unreliable measure of glycaemia in patients with cystic fibrosis-related diabetes owing to their increased red cell destruction. Guidelines recommend that decisions are not based on HbA1c but are based on glycaemic variability, especially hypoglycaemia. The Equality Impact Assessment identified that there could be a possible adverse impact and recommended further engagement before carrying out a stage 2 assessment.
Secondary Care Administered Peripheral Steroid Joint Injections - Pathway change not an access change	Inform and Engage	The revised policy makes it clear that these injections should be taking place in Primary Care settings wherever possible, and in secondary care only in very specific circumstances. The policy is also clearer that injections of this type should only be carried out as outpatient day cases.
Surgery for Prostatism or Lower Urinary Tract Infection	Inform and Engage	The revised policy is more reflective of the pathway for patients with prostatism in terms of treatment. It provides clinicians with better guidance around referral for specialist assessment and describes criteria that need to be met for patients with both voiding or storage problems. Revised policy provides a detailed pathway for patients with this condition.

Transanal Irrigation	Inform and Engage	Transanal irrigation is a highly specialist procedure. The individual must be given in depth training and ongoing support to make sure that the condition is managed safely and efficiently. The policy has been aligned with NICE Medical Technology Guidance issued in February 2018. The Equality Impact assessment identified that as this is a new policy and introducing criteria may potentially reduce the number of people currently receiving treatment that adverse impact was possible and therefore further engagement was recommended before carrying out a stage 2 assessment.

REPORT TO: Health Policy & Performance Board

DATE: 18 June 2019

REPORTING OFFICER: Strategic Director, People

PORTFOLIO: Health & Wellbeing

SUBJECT: Respite Provision

WARD(S) All

1.0 **PURPOSE OF REPORT**

1.1 To report on respite provision with a particular focus on Shared Care Vouchers.

2.0 **RECOMMENDATION: That the Board**

1) **Review the contents of this report; and**

2) **Note the possible improvements highlighted at 3.16 to 3.18 and advise on the preferred course of action.**

3.0 **SUPPORTING INFORMATION**

Background

3.1 This report has been developed to provide an overview of respite provision, in particular the use of Shared Care Vouchers, following a recent issue experienced by a carer.

3.2 The situation was as follows – a daughter cared for her mother (who had a diagnosis of dementia) but the family were going on a holiday abroad and the mother needed care whilst the family was away. Although the daughter had a Shared Care Voucher (following an earlier assessment that had identified a need for 28 days residential respite), the local care home sector would not agree to offer the respite until within a few days of the holiday departure date. The reason offered by the care home sector is that a bed could be offered to someone in need of a permanent placement and this is preferable from a business perspective.

3.3 The daughter got in touch with the Council on 4th October after experiencing difficulty in securing a respite placement in the chosen home(s) with the vouchers. The holiday departure date was 19th October. In this particular case a respite placement was arranged after involvement from Care Management; a Social Worker made contact with the daughter to provide support and a placement was arranged in St Luke's (which, although a nursing home, had opened a unit to accommodate the

residents of Cartref that had recently closed and therefore they had a vacancy). The daughter accepted this placement despite a home in Runcorn not being her preferred choice.

3.4 Given the issue outlined above, the purpose of this report is to generate an improved understanding of the Shared Care Voucher process and to establish whether issues such as this are a common occurrence. This will help to identify where improvements can be made going forward in order to help avoid carers experiencing issues such as the one described above.

Shared Care Voucher process

3.5 Shared Care Vouchers were introduced a number of years ago in order to give carers more choice and flexibility around arrangements for much needed respite. The idea behind them was that the carer would be able to choose where their loved one is placed rather than the Council making arrangements on their behalf. Also, by providing the vouchers for the year, the carer can make use of them as and when required.

3.6 The need for respite will be identified by Social Workers as part of the assessment process. Depending on the nature of the person's condition, Shared Care Vouchers may be identified as a way of meeting the assessed need and usually up to 4-6 weeks' worth of vouchers will be provided. If vouchers are requested, Care Arrangers will send a letter along with the relevant vouchers to the individual/their carer for use in that financial year.

3.7 There are six different vouchers that are issued by Care Arrangers depending on what type of care has been requested. There is a separate letter for Bredon and Adult Placement vouchers.

3.8 The voucher numbers will usually start from 1, unless it is a request for more vouchers in the same financial period. The voucher identifies the level of care required (e.g. residential, nursing EMI etc.), the dates the vouchers are valid to and from, the service user's name and CareFirst ID and the carer's name. If there is additional 1:1 support needed on top of the stay this will be written on the vouchers too. A copy of the support plan is also sent out along with the vouchers for the providers' records.

Voucher usage data

3.9 Information obtained from CareFirst reveals the following about voucher usage over the last three financial years:

- 2018/19: 23 service users accessed 340 nights of respite (12 service users from 2017/18 accessed respite care again in this year, along with 9 from 2016/17)
- 2017/18: 38 service users accessed 577 nights of respite (23 service users from 2016/17 accessed respite care again in this year)

- 2016/17: 50 service users accessed 736 nights of respite

This indicates a reduction in usage of the vouchers over the last three years and also demonstrates that a number of the same people are using the vouchers each year. This also reflects the fact that a small core group of carers continue to value the need for respite support organised in this way.

3.10 In addition, CareFirst data reveals that service users access an average of just 0.067 nights of respite via Shared Care Vouchers per year. Prices range from £417.14 per week to £600.00 per week dependent on the unit.

Complaints

3.11 Customer Care records have been reviewed for any previous complaints in relation to Shared Care Vouchers. Having reviewed all complaints related to assessment and care planning from 2018 to present, there does not appear to be any of a similar nature. However, it may be the case that those who have experienced issues have liaised directly with the Social Work Teams who will likely have resolved the problem without the individual making a formal complaint. Indeed, there is anecdotal evidence from teams to suggest that at least one other person has experienced problems in making use of Shared Care Vouchers to cover a period where the carer was going into hospital for an operation. In this case, an out-of-borough respite placement was arranged.

Alternative respite provision

3.12 This issue described at 3.1 was with specific emphasis on the care home sector. However, it is worth noting we do have other respite provision available, including:

- Adult Placement / Shared Lives, although predominantly a day service, do offer some respite provision;
- Domiciliary care may be able to support the person to stay at home;
- Direct Payments can be offered to employ a Personal Assistant to support the person at home;
- Bredon is also available but is mainly for use by adults with learning disabilities.

Practice in other areas

3.13 A number of neighbouring authorities were asked about their respite offer:

- Lancashire has a credit card system for respite care. Depending on assessment, payment is made onto the card for the service user to use for respite care. They have to apply each year.
- Warrington block purchase beds in the community and use for respite stays.
- Sefton use vouchers (14 a year).
- Knowsley assess each time for the respite but if on a Direct Payment

will transfer the allocated money to the account so it can be used as required.

Availability in the care home sector

3.14 Regarding potential available places for respite within Halton – older people's bed voids over the last six months (October 2018 to March 2019) show that there is an average of 23 beds (3.5%) available per month.

3.15 It should be noted that there is no expectation placed upon care homes that they should make a bed available for a future period of respite. It is understandable that, from a business perspective, permanent placements take priority. If they were to agree to a respite placement one month in advance, for example, they would then need to refuse permanent placements for that bed until after the respite period. It is for this reason that care homes will only confirm a respite placement a few days in advance.

Possible areas for improvement

3.16 The letter that is sent out with the vouchers (attached at appendix 1) provides some information to say that availability needs to be checked with care homes and that there is no guarantee that there will be vacancies. However, in order to manage people's expectations, there could be further clarity added so that people do not think they will be able to use the vouchers to book a respite stay in a care home weeks/months in advance. The letter could advise people to contact their Social Worker to discuss respite provision for a planned holiday. It could also provide information on other respite options (e.g. Shared Lives) that can be explored.

3.17 Shared Care Vouchers may be more useful in cases where an emergency or more immediate stay in a care home is required, given the issues faced by care homes around confirming placements in advance. Carers should be made aware that for future planned holidays, a care home placement may not be the best option; they should be given information on other options that can be booked in advance or if it is a care home placement that is required, there is support available from Care Management in arranging that. It is essential that carers are made aware that they can contact their Social Worker for support with the process rather than becoming distressed trying to make arrangements themselves.

3.18 Based on the example provided at the outset of this report, it would appear that Shared Care Vouchers are not fully achieving their intended aim of giving carers more choice and flexibility in making respite care arrangements. It may therefore be necessary to consider whether the Council's respite offer needs to be enhanced and there are a number of options in this respect:

- Alternative respite options such as Shared Lives/PAs/domiciliary care may be more suitable in some cases and may be better placed than care homes to confirm respite bookings in advance;
- Given the inability of care homes to offer respite places more than several days to a week in advance, it may be necessary to block purchase a number care home bed nights for respite provision but there will of course be costs associated with this. Another consideration in relation to block purchasing respite beds is that the type of beds purchased may not suit everyone's respite needs and in certain circumstances it is therefore preferable to arrange appropriate respite provision on a case-by-case basis;
- There may be the potential to explore how the Council's in-house care homes could support the provision of respite placements on a more planned basis.

4.0 POLICY IMPLICATIONS

4.1 In order to ensure consistency and clarity around respite provision in terms of the respite offer that is communicated to carers, it may be necessary to develop a respite policy and procedure for staff, as there isn't one in place currently. A couple of example policies from other areas are available via the links below:

- https://www.iow.gov.uk/documentlibrary/view/respite-care-for-adults-policy
- https://www.haringey.gov.uk/social-care-and-health/carers/respite-care-and-breaks-carers

5.0 SAFEGUARDING IMPLICATIONS

5.1 In order to ensure that service users are safeguarded it is essential that there is a clear and comprehensive respite offer to allow carers the opportunity to have a break from their caring responsibilities.

6.0 FINANCIAL/RESOURCE IMPLICATIONS

6.1 If it is thought to be necessary to block purchase beds for respite, there will be cost implications.

6.2 Enhanced support from Care Management to assist people to arranging respite for a planned holiday would be useful but this will have an impact on staff time and capacity.

7.0 OTHER IMPLICATIONS

7.1 None identified.

8.0 RISK ANALYSIS

8.1 If improvements are not made to the current process and information surrounding Shared Care Vouchers there is a risk that service users and

their carers will experience further issues, which may result in complaints being made.

9.0 EQUALITY AND DIVERSITY ISSUES

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

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

None.

REPORT TO: Health Policy and Performance Board

DATE: 18 June 2019

REPORTING OFFICER: Strategic Director, People

PORTFOLIO: Children, Education & Social Care

SUBJECT: Scrutiny Topic – 2019/20

WARD(S) Borough-wide

1.0 **PURPOSE OF THE REPORT**

1.1 To present the Board with a draft Topic Brief for the Scrutiny Review of Deprivation of Liberty Safeguards

2.0 **RECOMMENDATION: That the Board**

1) approve the draft Topic Brief as being reflective of the lines of enquiry the Board wish to pursue; and

2) Consider their availability for involvement in the Scrutiny Group.

3.0 **SUPPORTING INFORMATION**

3.1 A meeting was held on 5th December 2018 with Members of the Health Policy and Performance Board to discuss and agree priorities for Adult Social Care for 2019/20. Following the meeting, these priorities were agreed as:

- Reablement Pathway, including review of recruitment issues in community services;
- Safeguarding Unit;
- Deprivation of Liberty Safeguards (DoLS); and
- Finance.

3.2 At the Health PPB in February 2019 these priorities were discussed and Member chose Deprivation of Liberty Safeguards (DoLS) as the area for the scrutiny review during 2019-20.

3.3 The draft Topic Brief has been written, attached as an Appendix, for Board approval. The scrutiny will start in June 2019 with a final report and recommendations being presented at the Health PPB in February 2020.

3.4 Members are requested to consider their involvement in the Scrutiny Review and their commitment to the Topic Group meetings which are to be scheduled.

4.0 **POLICY IMPLICATIONS**

4.1 As a result the impending legislative changes a full policy review will need to be undertaken following issues of the Liberty Protection Safeguards Code of Practice.

5.0 **FINANCIAL IMPLICATIONS**

5.1 None identified

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**

The Topic Group will have an impact on the following objectives:

- Promote independence of older people and vulnerable groups.
- Improve Safety, Equality and Efficiency: Planned and Urgent Care.
- To safeguard adults who are more vulnerable to physical, financial, sexual and emotional abuse.

6.4 **A Safer Halton**

None identified.

6.5 **Halton's Urban Renewal**

None identified.

7.0 **RISK ANALYSIS**

7.1 The role of the scrutiny within Adult Social Care is a key function to ensure transparency, accountability and consistency within all areas and make sure that the residents of Halton have the best outcomes possible.

8.0 **EQUALITY AND DIVERSITY ISSUES**

8.1 None identified.

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

None identified.

TOPIC BRIEF

Topic Title:	Deprivation of Liberty Safeguards
Officer Lead:	Helen Moir – Divisional Manager – Independent Living
Planned Start Date:	June 2019
Target PPB Meeting:	February 2020

Topic Description and Scope:

This scrutiny review will examine the topic of Deprivation of Liberty Safeguards (DoLS). The study will look at the Council's duties under legislation, the processes for fulfilling these duties and the protection arrangements that safeguards adults who lack mental capacity from risk of harm. The Board intends to understand the impact of DoLS on the Council, the plans to embed legislative reform in light of the proposed Liberty Protection Safeguards and feedback on the propose service improvement recommendations.

Why this topic was chosen:

Following landmark case law in 2014 the threshold for authorisation of a DoL was broadened resulting in a significant increase in applications to Halton Borough Council. This has created an ongoing pressure in relation to volume and capacity for case work, which has been highlighted as an area of risk by the HPPB. As such DoLS consistently remains a factors highlighted on the Council's Corporate Risk Register.

This Board aims to examine the risk factors associated with DoLS both in terms of impact on individuals and on the Council.

The Deprivation of Liberty Safeguards are embedded into the Mental Capacity Act 2005, being introduced as amendments in 2007 and brought into practice in 2009. The safeguards are aimed at protecting people's human rights and personal liberty in situations where mental capacity has been lost. The legal framework underpinning DoLs ensures that any decisions made on behalf of a person or actions being taken are in their 'best interests' and that they are not subjected to any unnecessary supervision, control or restrictions.

As part of its Adult Social Care functions the Local Authority authorises DoLS as the 'Supervisory Body' in the legally binding process. This involves a range of responsibilities within the assessment process and the development of Adults' Social Workers as 'Best Interests Assessors', a designated role within the process which requires ongoing maintenance of knowledge and experience.

The Board will examine Halton Borough Council's role within DoLS, looking at resource requirements and efficiency of process, with the view of ensuring those most vulnerable in our community have their rights protected and their liberty safeguarded.

Key outputs and outcomes sought:

- To understand the DoLS, when and why they are enacted and what protections they offer individuals who lack mental capacity.
- To appreciate the Council's role in authorising DoLS and examine the resource implications of this.
- To consider the risks associated with non-fulfilment of DoLS authorisation duties and the control measures in place to mitigate risk.
- To recognise the performance monitoring processes for maintaining an overview of fulfilment of DoLS and the mechanisms for reporting back to Senior Management Team.
- To ensure the process and procedures for achievement of the Council's duties are effective and efficient.
- To reflect on those at risk of unlawful deprivation and the need to offer protection through interim processes (emergency authorisation).
- To evaluate the Council's work in partnership with care setting across the borough in communicating the legal requirements associated with DoLS.
- To benchmark Halton Borough Council's performance in the authorisation of DoLS in comparison to neighbouring authorities.
- To identify the change management process required to implement impending legislative changes.

Which of Halton's 5 strategic priorities this topic addresses and the key objectives and improvement targets it will be help to achieve:

A Healthy Halton – To create a healthier community and work to promote wellbeing and a positive experience of life with good health, not simply an absence of disease, and offer opportunities for people to take responsibility for their health with the necessary support available.

- Promote independence of older people and vulnerable groups
- Improve Safety, Equality and Efficiency: Planned and Urgent Care
- To safeguard adults who are more vulnerable to physical, financial, sexual and emotional abuse

Nature of expected/ desired PPB input:

Member-led scrutiny review of the Health Improvement Team service and the difference it makes to the health and wellbeing of local residents.

Preferred mode of operation:

- Meetings with/presentations from relevant officers from within the Council and partner agencies to examine current services.
- Visit to community-based intervention sessions.
- Interviews with those who have accessed services.
- Desk top research in relation to outcome measures and best practice delivery methods.

Agreed and signed by:

PPB chair ……. **Officer …….**

Date …… **Date …….**

REPORT TO: Health Policy & Performance Board

DATE: 18 June 2019

REPORTING OFFICER: Strategic Director, People

PORTFOLIO: Children, Education and Social Care

SUBJECT: Adult Social Care Performance in the North West

WARD(S): Borough-wide

1.0 **PURPOSE OF REPORT**

1.1 To present the Health Policy and Performance Board (HPPB) with an overview of the North West Annual Performance Report ***(Appendix 1)*** and highlight any comparisons and key areas of focus for Halton.

2.0 **RECOMMENDATION That the Board note the contents of the report and associated Appendix.**

3.0 **SUPPORTING INFORMATION**

3.1 The attached report provides an overview of key performance areas for adult social care, pulled together into a single dashboard. The dashboard data is also reported on a quarterly basis to the NWADASS sector led improvement board.

3.2 The use of the dashboard has been developed over the last two years, and provides the sector led improvement board with data and intelligence to challenge performance of individual authorities and enables us to target resources to support improvement according to what the data is telling us.

3.3 The attached report is the year end benchmarking dashboard and uses only publically available data, but does include some locally developed indicators.

3.4 It is important that Halton not only monitors its own performance, but benchmarks against other North West local authorities to ensure continued improvement in all our service areas.

NORTH WEST KEY PERFORMANCE AREAS

3.5 Care home quality: challenges continue across the North West in relation to care home quality; however we have seen a number of improvements over the last 12 months; the main area of concerns in relation to quality of care continue to be within the nursing home sector and across the larger providers.

3.6 ASCOF data: a mixed picture across the North West, with some excellent performance in learning disabilities supporting adults in settled accommodation; however across the northwest we continue to see fairly high numbers of older adults

admitted to care homes.

3.7 Adult Social Care across the region continue to support into the hospital sector, and we are seeing an overall decrease in the numbers of delayed transfers of care (although variable), however to put this in context a higher number of people access adult social care for the first time from the community not the acute sector.

3.8 Overall across the region we have seen an increase in expenditure compared to 2016/17. The majority of spend for adults is in supported accommodation (40%), whilst for older people this is on care homes (65%). For older people the average spend on residential care is recommended to be below 50% of the total ASC budget spend on Older People.

3.9 Across the North West we have a higher than the national average of DOLs applications, with the majority of applications being for the 85+ age group- which indicates the increase in demand is from older people care homes.

HALTON PERFORMANCE

3.10 New service users age 18-64, mainly access social care from the community, 83.5% as oppose to only 16.5% from a hospital setting. For Older people 64.7% access social care from the community as oppose to 35.3% from a hospital setting this indicates that a large number Older People in Halton access social care for the first time due to a crisis situation.

3.11 The percentage split between community and residential provision indicates a good balance of provision, 55.6% of older people and 93.3% of adults are supported in the community these are in line with the rest of the North West.

3.12 CQC quality data; does indicate that Halton has more care homes rated as inadequate, however it should be noted that this only equates to 1 or 2 homes.

3.13 The residential provision in Halton is nationally rated as one of the best in the country (November 18 was due to Cartref which is now closed), however, our nursing provision is identified as one of the worst- this equates to our 2 big national providers- HC1 and CIC.

3.14 ASCOF indicators: 13 of the 17 indicators are better than the National average. Of the 4 indicators that are worse than the National Average, 2 we believe are data issues and currently being investigated (Self-directed support and % older people who receive reablement). We do need to improve on the percentage of adults with a Learning Disability in paid employment, work is ongoing to improve the opportunities for employment within the client group. The percentage of older people still at home 91 days after discharge is improving at 78.2% from 65% last year.

3.15 Excellent performance is identified in: the proportion of carers who receive a direct payment and those in receipt of self-directed support at 99.6%.

3.16 Social care related quality of life is one of the highest performers in the North West at 19.6%, also those service users who report they have as much social contact as they

would like at 54.4%.

3.17 People aged 65+ admitted to a care home remains lower than the North West and National average at 562 per 10k population.

3.18 Delayed Transfers of Care: in this end of year data does demonstrate Halton as poorly performing overall, however, recent improvements have been made and should be reflected in Q1 data. Performance for ASC attributable continues to show positive performance.

3.19 Finance: Halton's figures demonstrate a reduced spend of £0.4m, whereas the majority of Authorities are demonstrating an increase in spend. We do have a higher spend on direct payments, however this may be offset with a lower than average spend on supported accommodation, which will need to be investigated .Halton does demonstrate a lower than average spend for most adult services, but a much higher rate of spend on direct payments a task and finish group has been established to review this. Rate of spend for Older People's services is in line with other authorities. The majority of spend is as expected in the main across physical (OP) and Learning Disabilities.

3.20 The number of DOLs request in Halton is lower than the Northwest average, with the majority of requests for Older People. Safeguarding adults; the number of enquiries we receive are much higher than the national average, the percentage of concerns that then went on to become enquiries is also much higher than the North West average. St Helens are the only other authority whose rates are higher than Halton. This is an area we need to investigate- it could demonstrate excellent performance in that we are identifying and dealing with enquiries.

3.21 Continuing Health Care Data: NHS Halton CCG assess the lowest numbers of people, per 50,000, for fully funded Continuing Health care in the Cheshire and Mersey region.

4.0 FINANCIAL/RESOURCE IMPLICATIONS

4.1 None associated with this report.

5.0 OTHER IMPLICATIONS

5.1 None identified.

6.0 RISK ANALYSIS

6.1 None identified.

7.0 EQUALITY AND DIVERSITY ISSUES

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

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

None.

directors of adass adult social services
North West

North West Adult Social Care Balanced Scorecard

January 2019

This dashboard contains benchmarking data for the 23 North West Local Authorities. Contained within it are SALT data, CQC, DToC, ASCOF, Finance, DoLS, Safeguarding and Adult Social Care Survey feedback

North West ADASS Programme Office

directors of adass adult social services North West

Dear colleagues,

Welcome to the 2017/18 North West Region Adult Social Care data dashboard, which is a further development of the Balanced Scorecard that we have produced over the past two years.

This document pulls together a variety of publicly available Adult Social Care related data from various sources into one cohesive document. Sources include: SALT data, CQC quality data, DToC trends, ASCOF benchmarking, high level finance comparisons, DoLS data as well as some elements of the annual Adult Social Care Survey.

We hope you find it useful in understanding your performance and aiding our regional Sector Led Improvement Programme, as this document is designed to sit alongside our Quarterly Performance Reports and monthly CQC and DToC dashboards.

We use our Quarterly Reports as the mechanism to challenge Local Authorities on performance (using a range of publically available data and locally developed indicators) and to share regional intelligence, therefore this dashboard is for year end benchmarking only, using publically available data.

If you have any questions about the dashboard or the wider Sector Led Improvement Programme please contact the NW ADASS Programme Office.

Many thanks

NWADASS Programme Office

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Key Points

Below are some of the key points from this dashboard

However, we encourage you to benchmark your own Local Authority's data with others within the region, at a regional/sub regional or cluster level.

directors of adass adult social services North West

As a region, our care home quality continues to improve. When comparing our Residential Homes and our Nursing Homes, most Local Authorities have better Residential Home quality (18 have better Residential whereas only 5 have better Nursing)

Our ASCOF indicators showed mixed performance. For example, 22 of our 23 Local Authorities are performing better than the national average for LD Service Users in settled accommodation. The collective Local Authorities in the Lancashire and Cumbria sub region faired excellently in the quality of life and satisfaction ASCOF indicators. However, it appears that new admissions to Residential and Nursing homes still appears to be an issue in the region.

Most Local Authorities have a downward trend for their delayed transfers of care rates, although as a region we are still one of the highest. 20 of our 23 Local Authorities have a higher number of acute delays than non acute, but this split does vary significantly from Local Authority to Local Authority.

In terms of the volume of new Service Users entering Adult Social Care for the first time, again, there was a large degree of variation across the region. About half saw an increase in the number of 18-64 years olds entering care and half saw an increase in 65+ year olds entering care.

When analysing brand new Service Users, there were far more who entered Adult Social Care via the community when compared to hospitals – this was especially noticeable in the 18-64 year old category. Nearly 90% of 18-64 year olds came via a hospital as opposed to 65% for 65+.

Focussing on the split between Residential/Nursing Care and community based care, at year end, regionally just 10% of Service Users were in a permanent care home placement compared to almost 40% for 65+. Despite small variances from Local Authority to Local Authority, this trend was generally replicated across the region – only one LA had more 65+ Service Users in Residential Care than the community.

18 of our 23 Local Authorities saw an increase in Gross Current Expenditure when compared to 2016/17. Collectively, North West Local Authorities had an increase in Gross Current Expenditure on Adult Social Care of £83.6m (up to £2.472bn from £2.389bn).

When breaking down the spend for 18-64 year olds and those over 65, then there were noticeable differences. The most common expenditure for younger adults in the region was in Supported Living and Supported Accommodation, accounting for nearly 40% of all 18-64 spend, with Residential and Nursing Care accounting for just 21%.

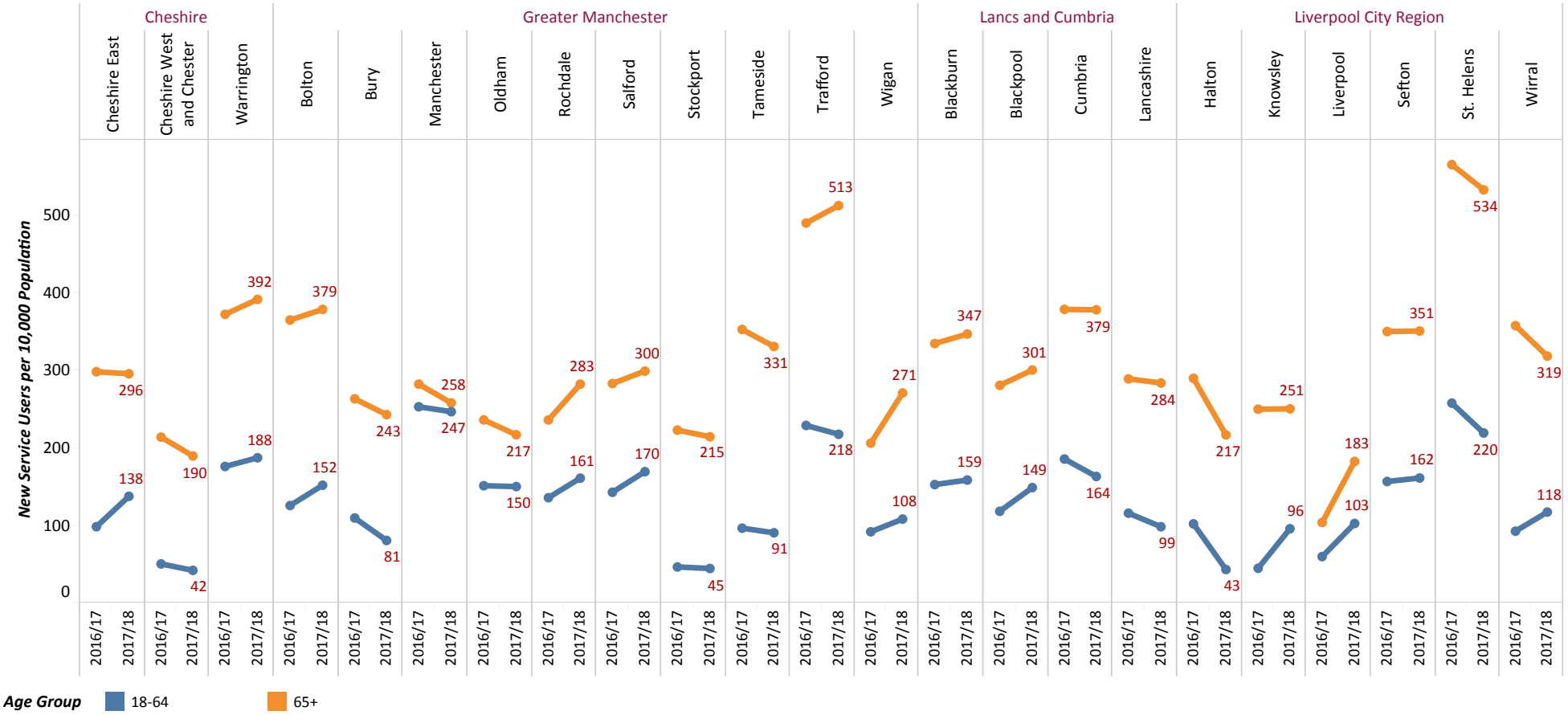
However, in terms of the 65+ age group, over 65% of spend was on Residential and Nursing Care. Home Care was more common with the 65+ age group (18.9% vs 10.9% for 18-64), although Direct Payment expenditure on older people was much less.

The North West has a high rate of DoLS applications, with 16 of the 23 Local Authorities (70%) having a higher rate than the national average. 12 of our Local Authorities have seen continuous year on year increases for four years now, and 17 saw an increase compared to their 2016/17 figure. The overwhelming majority of DoLS applications were found in the 85+ age group.

The Adult Social Care Survey suggests that just over one third of North West Service Users are paying a top up on their care package costs. At a sub regional level, there were small differences, but all largely followed the same trend. Liverpool was the lowest in the region, where just 25% of those who responded said that they pay a top up.

2017/18 SALT Data - New Service Users into Social Care

Rate of New Service Users into Adult Social Care, by Age Group and Year (Comparing 2016/17 to 2017/18)



Rate (per 10,000 Population) of New Service Users into Adult Social Care, by Age Group in 2017/18

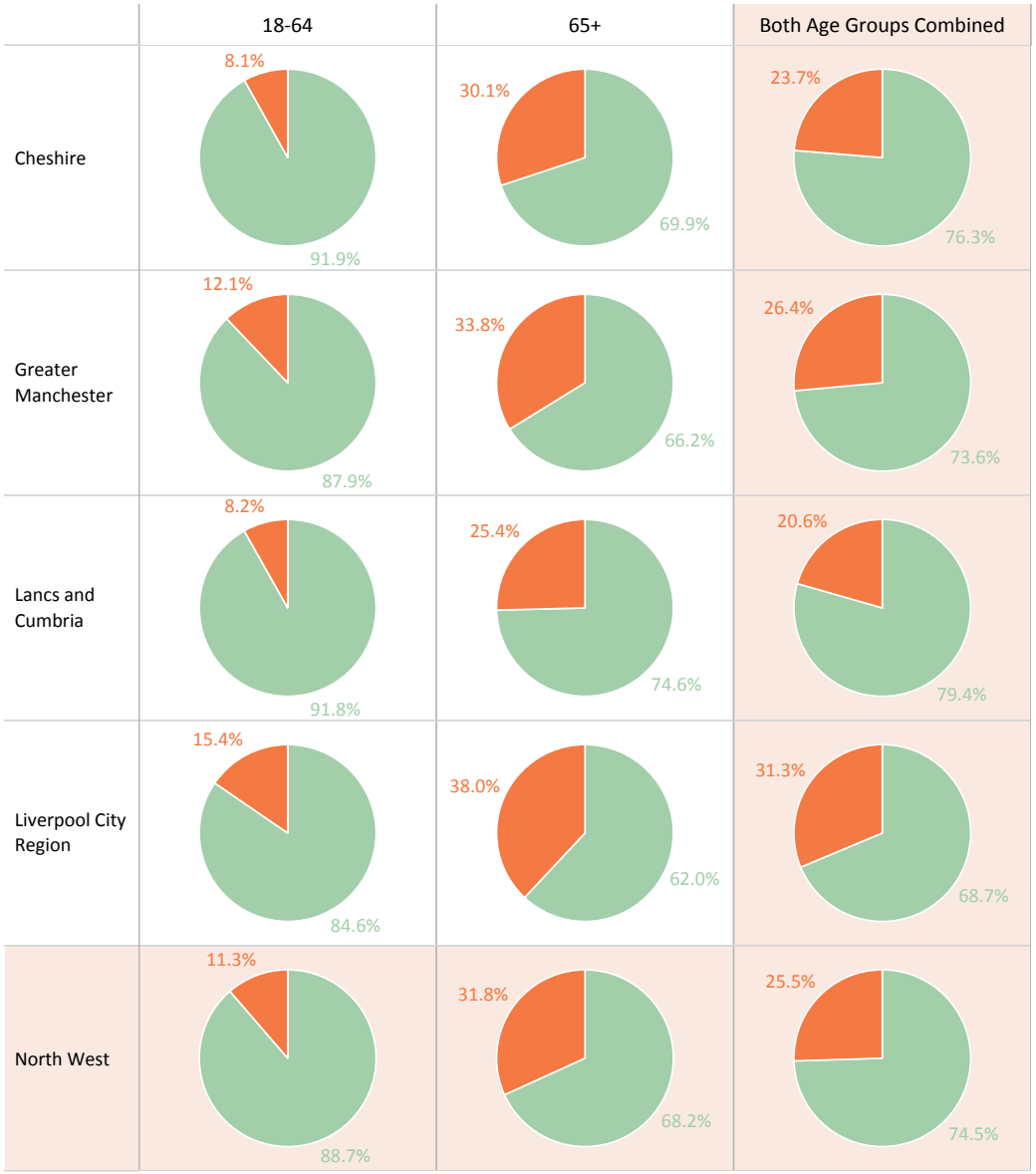
Age Group	Cheshire East	Cheshire West and Chester	Warrington	Bolton	Bury	Manchester	Oldham	Rochdale	Salford	Stockport	Tameside	Trafford	Wigan	Blackburn	Blackpool	Cumbria	Lancashire	Halton	Knowsley	Liverpool	Sefton	St. Helens	Wirral
	Cheshire			Greater Manchester										Lancs and Cumbria				Liverpool City Region					
18-64	138	42	188	152	81	247	150	161	170	45	91	218	108	159	149	164	99	43	96	103	162	220	118
65+	296	190	392	379	243	258	217	283	300	215	331	513	271	347	301	379	284	217	251	183	351	534	319

2017/18 SALT Data - Route into Social Care for New Service Users

Route into Adult Social Care for New Users in 2017/18

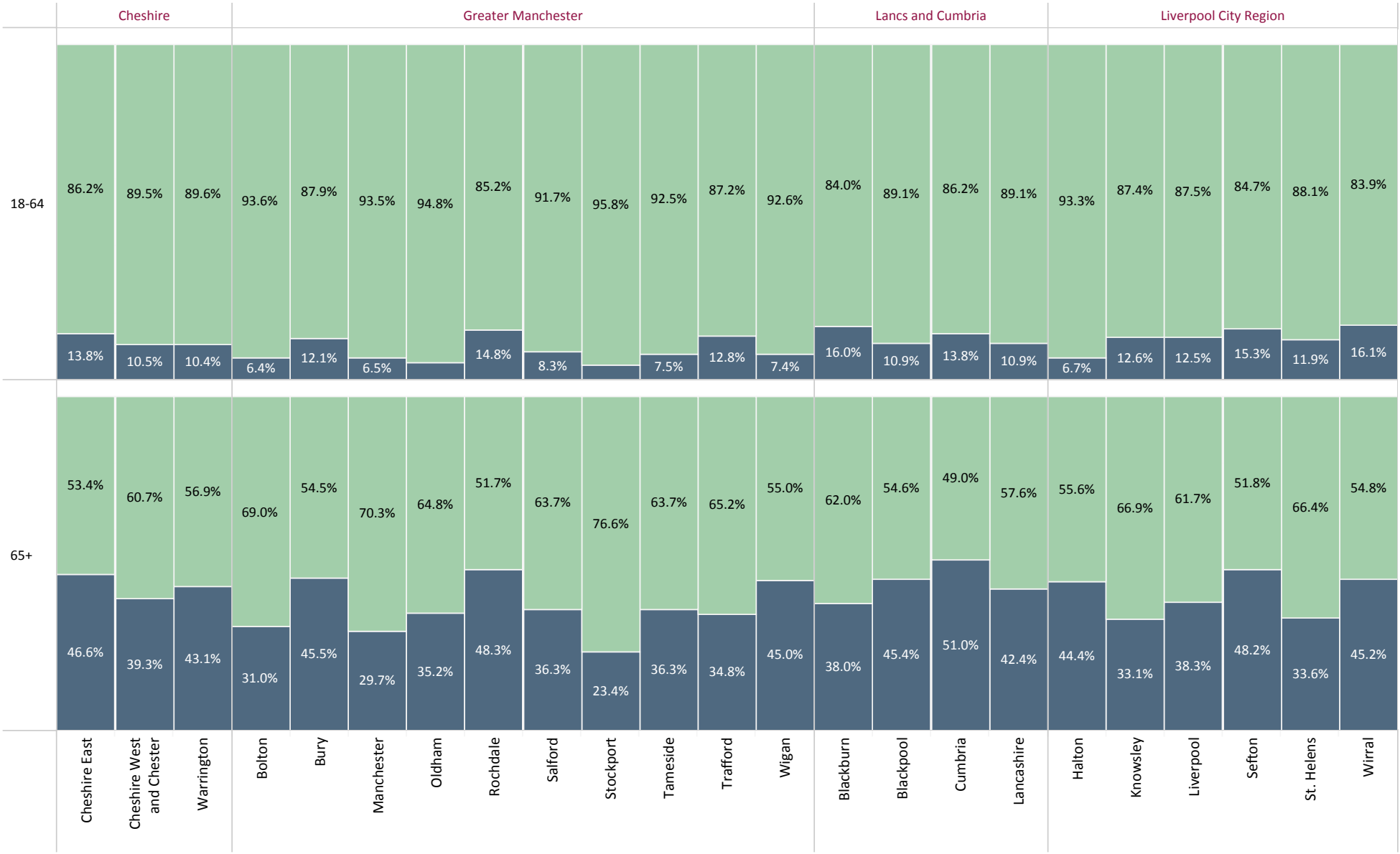
		18-64		65+	
		Community	Hospital	Community	Hospital
Cheshire	Cheshire East	92.6%	7.4%	78.1%	21.9%
	Cheshire West ..	86.8%	13.2%	64.3%	35.7%
	Warrington	92.7%	7.3%	63.3%	36.7%
Greater Manchester	Bolton	84.9%	15.1%	68.9%	31.1%
	Bury	87.7%	12.3%	68.4%	31.6%
	Manchester	95.6%	4.4%	80.3%	19.7%
	Oldham	87.5%	12.5%	60.5%	39.5%
	Rochdale	93.0%	7.0%	68.0%	32.0%
	Salford	81.4%	18.6%	66.3%	33.7%
	Stockport	71.4%	28.6%	45.3%	54.7%
	Tameside	82.2%	17.8%	67.1%	32.9%
	Trafford	87.6%	12.4%	70.1%	29.9%
	Wigan	75.2%	24.8%	50.4%	49.6%
Lancs and Cumbria	Blackburn	90.3%	9.7%	77.2%	22.8%
	Blackpool	91.2%	8.8%	71.7%	28.3%
	Cumbria	95.7%	4.3%	81.6%	18.4%
	Lancashire	89.5%	10.5%	70.6%	29.4%
Liverpool City Region	Halton	83.5%	16.5%	64.7%	35.3%
	Knowsley	70.3%	29.7%	56.8%	43.2%
	Liverpool	77.1%	22.9%	47.7%	52.3%
	Sefton	86.6%	13.4%	55.6%	44.4%
	St. Helens	95.4%	4.6%	80.7%	19.3%
	Wirral	86.4%	13.6%	64.5%	35.5%

Route into ASC for New Users in 2017/18, by Sub Region



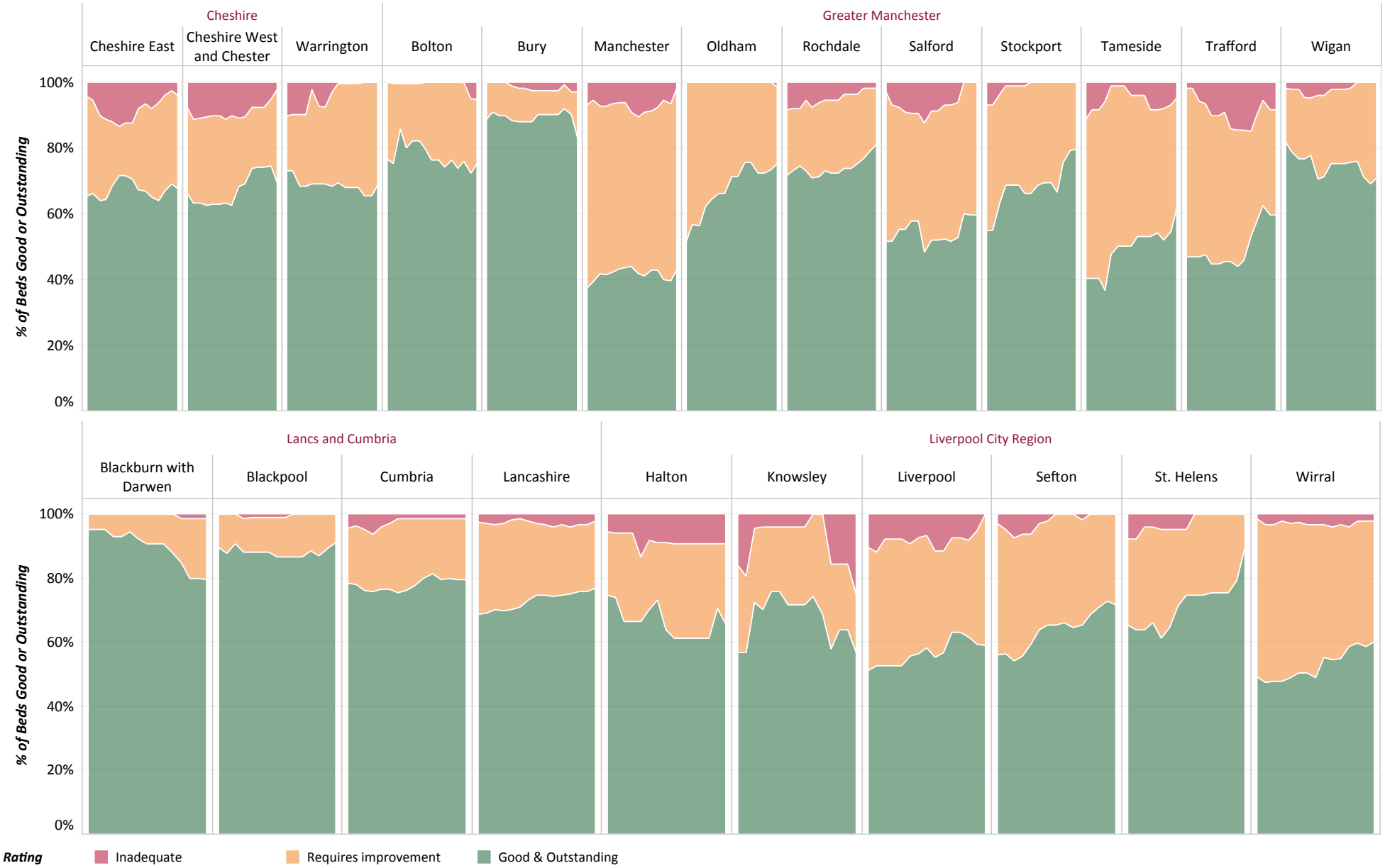
2017/18 SALT Data - Split between Res/Nursing and Community

Ratio of Res/Nursing Service Users vs Community Based Service Users at Year End 2017/18, by Age Group



CQC Data - Care Home Quality Since November 18

Care Home Quality between November 17 and November 18, per Rating Category



CQC Data - Care Home Quality Since November 18

Comparing Quality between Residential and Nursing Homes

CQC Data - Residential Home Quality in the National Context

Care Home without Nursing National Rankings

1 = Best in the Country, 151 = Lowest in the Country

		Nov 17	Dec 17	Jan 18	Feb 18	Mar 18	Apr 18	May 18	Jun 18	Jul 18	Aug 18	Sep 18	Oct 18	Nov 18
Cheshire	Cheshire East	108	75	75	63	59	57	58	57	74	93	119	124	136
	Cheshire West and Chester	105	122	124	123	121	124	121	109	106	111	94	94	107
	Warrington	27	23	21	21	19	17	17	28	31	50	57	60	60
Greater Manchester	Bolton	24	32	20	20	21	18	25	27	30	46	50	69	44
	Bury	43	29	31	28	33	38	37	38	27	30	32	35	20
	Manchester	144	145	148	149	148	146	146	146	143	144	144	146	148
	Oldham	146	141	143	129	123	117	114	116	114	74	81	101	99
	Rochdale	128	128	127	131	133	123	122	131	133	124	124	123	114
	Salford	109	110	110	110	112	108	107	101	101	103	103	100	39
	Stockport	148	148	149	147	146	144	144	144	144	138	137	147	111
	Tameside	150	151	151	151	150	150	150	150	147	147	148	145	147
	Trafford	143	144	147	144	149	148	147	148	149	149	136	135	123
	Wigan	31	39	40	38	28	23	16	1	1	1	1	1	1
Lancs and Cumbria	Blackburn with Darwen	32	28	27	39	37	24	40	48	47	53	48	74	92
	Blackpool	52	63	48	58	47	48	48	62	59	64	70	71	85
	Cumbria	57	54	61	60	58	59	57	53	53	45	45	54	42
	Lancashire	96	106	106	107	105	96	96	88	91	95	93	87	75
Liverpool City Region	Halton	25	24	24	22	22	19	1	1	1	1	1	1	68
	Knowsley	137	136	114	124	90	88	91	90	89	18	63	66	66
	Liverpool	121	121	109	109	110	114	109	100	98	85	76	75	98
	Sefton	133	139	140	134	122	94	89	99	95	99	98	91	93
	St. Helens	50	70	66	68	86	46	29	12	11	13	14	14	13
	Wirral	130	130	137	139	134	135	138	138	128	136	133	133	130

CQC Data - Nursing Home Quality in the National Context

Care Home with Nursing National Rankings

1 = Best in the Country, 151 = Lowest in the Country

		Nov 17	Dec 17	Jan 18	Feb 18	Mar 18	Apr 18	May 18	Jun 18	Jul 18	Aug 18	Sep 18	Oct 18	Nov 18
Cheshire	Cheshire East	94	99	105	108	90	81	80	86	95	96	101	105	87
	Cheshire West and Chester	95	94	95	102	102	100	100	108	88	88	73	75	67
	Warrington	87	89	106	109	108	107	106	105	105	104	112	109	116
Greater Manchester	Bolton	102	104	48	95	80	79	90	119	120	121	111	108	117
	Bury	15	14	19	20	17	19	19	24	26	24	25	23	22
	Manchester	149	148	146	145	143	142	142	141	147	147	146	145	149
	Oldham	112	113	114	101	99	95	96	71	77	81	79	93	90
	Rochdale	18	16	18	18	30	47	38	37	36	36	39	38	35
	Salford	145	144	140	137	129	133	149	147	148	148	150	150	148
	Stockport	85	87	32	30	27	28	36	40	35	51	52	56	56
	Tameside	123	122	122	141	120	120	122	123	123	125	125	135	135
	Trafford	141	140	142	139	141	139	139	138	142	139	140	126	122
	Wigan	51	47	74	69	70	93	94	89	91	94	100	100	114
Lancs and Cumbria	Blackburn with Darwen	1	1	1	1	1	1	1	1	1	1	24	22	34
	Blackpool	1	1	1	1	10	12	13	13	14	12	10	1	1
	Cumbria	67	76	87	80	83	78	88	88	80	83	76	82	94
	Lancashire	98	92	88	85	86	83	75	68	69	74	77	85	85
Liverpool City Region	Halton	110	109	139	136	137	131	133	148	149	149	149	149	146
	Knowsley	111	111	52	55	53	59	83	85	86	124	124	142	131
	Liverpool	135	129	141	138	139	132	132	132	137	136	130	127	129
	Sefton	124	118	127	126	122	122	121	117	114	126	126	116	103
	St. Helens	129	127	128	121	127	129	118	118	119	120	122	120	128
	Wirral	138	141	143	140	138	135	136	137	132	132	133	123	121

Summary of North West 2017/18 ASCOF Indicators

Key
- Better than National Average
- Worse than National Average

		Cheshire			Greater Manchester										Lancs and Cumbria				Liverpool City Region					
		Cheshire East	CWAC	Warrington	Bolton	Bury	Manchester	Oldham	Rochdale	Salford	Stockport	Tameside	Trafford	Wigan	Blackburn	Blackpool	Cumbria	Lancashire	Halton	Knowsley	Liverpool	Sefton	St. Helens	Wirral
Personalisation Related Indicators	The proportion of carers who receive direct payments	70.4	65.0	12.4	91.6	100.0	97.1	100.0	98.9	81.4	98.4	97.3	70.3	99.5	0.0	79.3	51.1	98.6	99.6	1.8	45.1	57.3	84.0	100.0
	The proportion of carers who receive self-directed support	70.5	68.0	12.4	100.0	100.0	97.1	100.0	98.9	81.4	99.8	100.0	70.3	99.5	0.0	100.0	99.5	99.5	99.6	95.8	84.3	68.1	89.5	100.0
	The proportion of people who use services who receive direct payments	21.2	23.3	17.7	29.7	31.1	8.9	35.7	35.4	11.1	36.4	13.2	29.7	25.1	26.6	21.2	28.0	25.1	32.8	32.2	21.2	29.6	22.2	21.9
	The proportion of people who use services who receive self-directed support	96.7	99.7	87.6	89.6	99.9	66.1	100.0	97.3	71.7	96.7	93.0	84.2	99.5	85.1	100.0	98.7	77.4	65.8	99.3	86.9	97.1	87.9	99.6
LD Related Indicators	The proportion of adults with a learning disability in paid employment	11.6	5.7	0.9	2.3	4.9	1.9	2.1	6.5	4.7	10.6	4.2	13.1	3.1	2.6	4.4	3.5	1.8	5.3	3.1	5.5	1.9	6.6	2.4
	The proportion of adults with a learning disability who live in settled accommodation	88.2	88.2	58.7	91.3	90.0	86.7	96.5	85.7	92.8	93.1	94.3	91.0	94.1	92.3	92.9	78.5	85.3	86.6	92.3	92.8	88.0	96.5	84.3
Quality of Life and Satisfaction Related Indicators	Social care-related quality of life score	19.7	19.4	19.0	18.7	18.9	18.3	18.6	19.6	18.9	18.7	19.1	18.8	19.4	19.5	19.4	19.8	19.6	19.6	19.1	19.4	19.9	19.0	19.5
	The % of SUs who reported that they had as much social contact as they would like	51.0	50.1	47.0	44.2	46.0	41.8	46.0	50.1	41.1	40.9	47.7	45.4	50.0	48.0	48.2	51.4	49.0	54.4	46.8	54.3	52.4	44.6	51.6
	Overall satisfaction of people who use services with their care and support	72.2	64.2	64.8	65.3	59.9	60.1	64.8	76.1	67.3	65.8	63.6	62.9	65.9	65.2	69.4	72.1	67.9	69.6	66.4	83.3	68.8	65.6	67.2
	The % of people who use services who find it easy to find information about support	72.0	74.6	76.0	73.0	69.2	69.6	63.6	77.1	74.8	72.4	74.8	66.3	74.1	79.6	78.8	76.9	74.1	79.1	75.2	85.0	72.1	80.2	75.3
	The % of people who use services who have control over their daily life	82.2	81.1	77.0	74.7	77.5	72.9	74.2	80.8	77.8	73.6	79.6	78.2	76.3	82.0	79.2	81.6	78.1	80.4	77.0	70.8	83.8	76.3	82.1
	The % of SUs who say that those services have made them feel safe and secure	91.4	79.3	86.2	78.9	84.6	89.7	73.7	89.6	87.6	75.0	83.1	82.7	91.1	93.6	89.0	87.6	87.9	88.6	82.2	79.4	91.9	85.4	92.7
	The proportion of people who use services who feel safe	72.8	75.4	74.9	62.2	73.8	64.5	64.1	74.7	68.1	66.9	75.0	67.5	71.5	76.5	74.3	76.0	76.1	76.3	67.9	69.3	77.3	70.1	70.9
Reablement Related Indicators	91 Day Reablement Indicator	82.4	82.2	86.0	77.6	81.0	73.8	89.8	80.3	79.0	96.1	77.4	86.5	90.8	83.2	90.4	83.0	88.1	78.2	81.0	87.2	86.8	87.0	87.7
	The % of older people who received reablement/rehabilitation services	2.2	0.9	2.6	3.6	2.9	3.9	2.1	3.6	5.4	2.0	6.0	1.6	4.3	2.9	2.6	1.5	3.5	2.7	3.3	3.8	2.5	1.5	3.2
Res / Nursing Admissions Indicators	18-64 Residential and Nursing Home Admissions per 10k pop	20	7	10	19	10	19	13	8	21	38	16	15	15	24	15	13	19	7	10	19	23	12	22
	65+ Residential and Nursing Home Admissions per 10k pop	668	593	650	971	972	826	910	697	899	1,513	667	677	693	489	886	607	729	562	774	780	774	631	285

ASCOF Personalisation and Learning Disability Indicator Summary

Graphic Showing how Far Away from the National Average each Local Authority Is

The Taller the Green Box Indicates Outperforming the National Average by a Greater Margin

The Lower Down the Red Box Indicates Underperforming against the National Average by a Greater Margin

ASCOF Quality of Life and Satisfaction Indicator Summary

Graphic Showing how Far Away from the National Average each Local Authority Is

The Taller the Green Box Indicates Outperforming the National Average by a Greater Margin

The Lower Down the Red Box Indicates Underperforming against the National Average by a Greater Margin

ASCOF Reablement and Res/Nursing Indicator Summary

Graphic Showing how Far Away from the National Average each Local Authority Is

The Taller the Green Box Indicates Outperforming the National Average by a Greater Margin

The Lower Down the Red Box Indicates Underperforming against the National Average by a Greater Margin

Delayed Transfers of Care - Overall Rate

Comparing Each LA's Overall Rate per 10,000 Population

Data is 2 Month Rolling Average

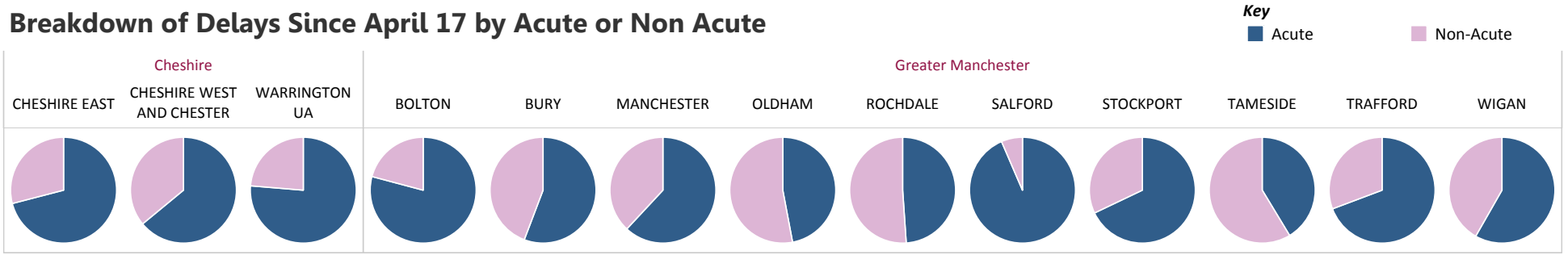
Delayed Transfers of Care - Attributable Organisation

Breakdown by Attributable Organisation over Time (April 17 to September 18)

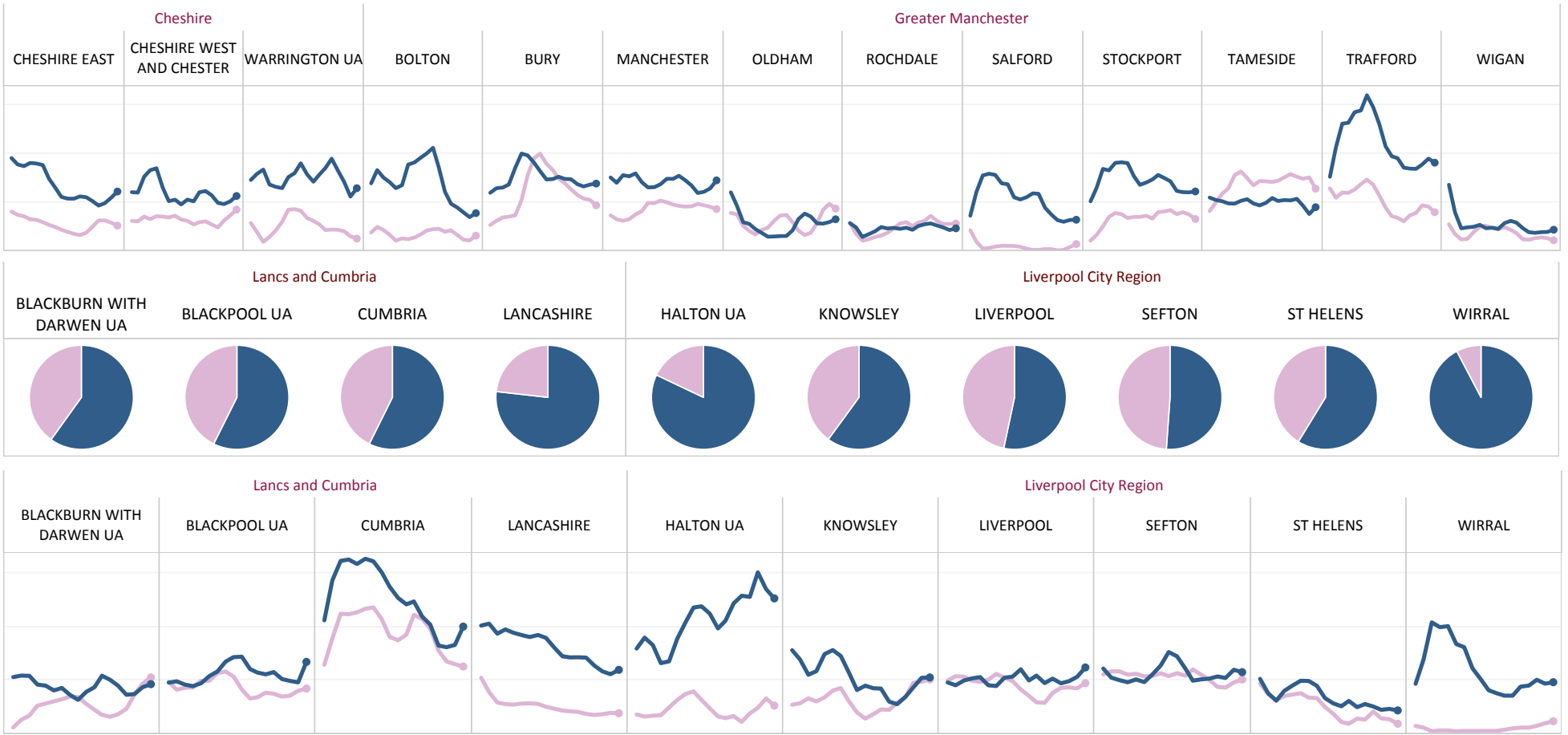
Data is 2 Month Rolling Average

Delayed Transfers of Care - Acute and Non Acute Breakdown

Breakdown of Delays Since April 17 by Acute or Non Acute



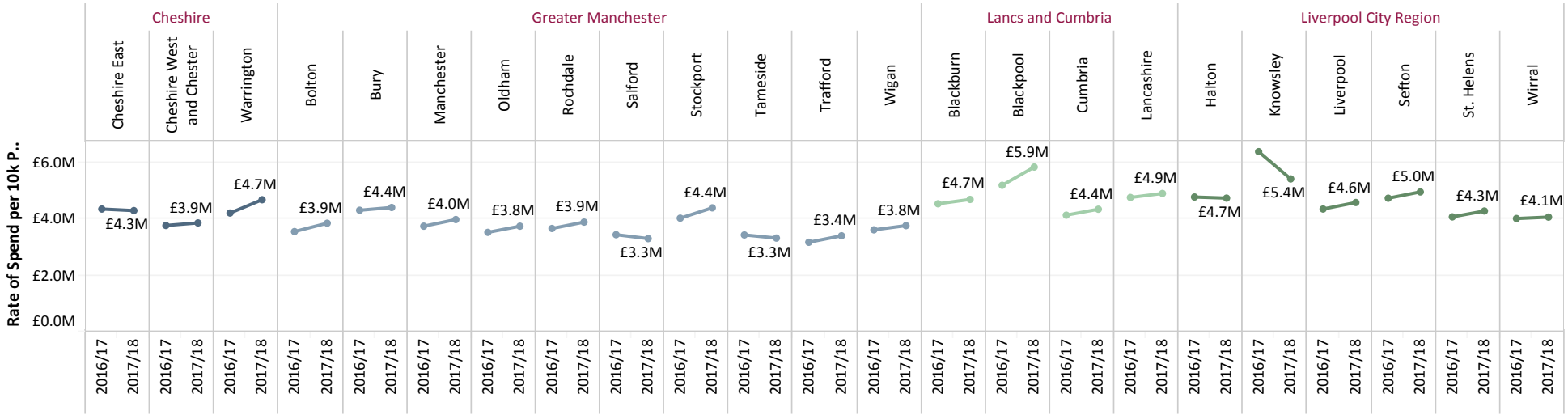
Monthly Trend (April 17 to September 18), by Acute and Non Acute (2 Month Rolling Average)



Adult Social Care Finance Return - Expenditure in 2017/18

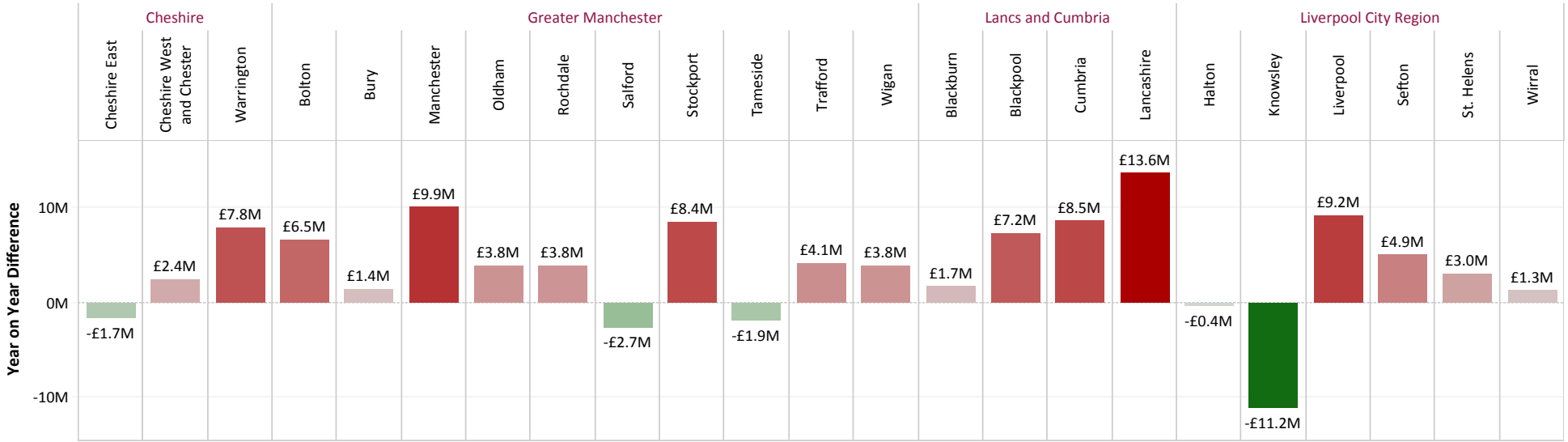
Please note that the figures in the finance section are based on **Gross Current Expenditure**. This is defined as *'Total Expenditure excluding capital charges, minus all income except client contributions'*

Rate of Gross Current Expenditure per 10,000 Population in 2016/17 and 2017/18



Year on Year Change (from 2016/17 to 2017/18) in Gross Current Expenditure on Adult Social Care, per Local Authority

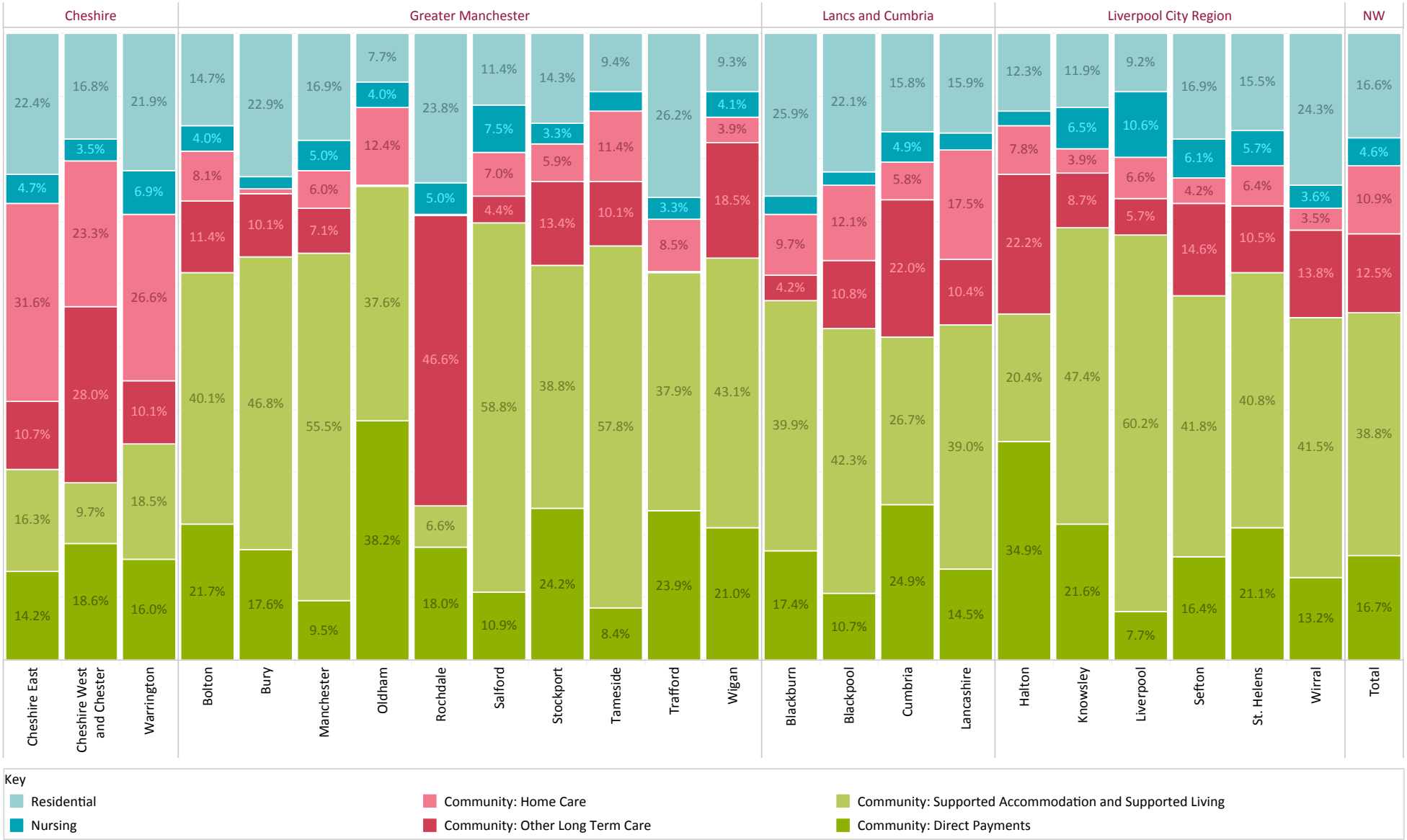
Below is **Actual Change in £m**, not a Rate per 10,000 Population



ASC Finance Return - Spend Breakdown for the 18-64 Age Group

Data below is sourced from T41 and T42 from the Reference Data Tables in the Finance and Activity Report [2017-18] - https://digital.nhs.uk/data-and-information/publications/statistical/adult-social-care-activity-and-finance-report/2017-18

Breakdown of Long Term 18-64 Spend in 2017/18, per Local Authority



ASC Finance Return - Spend Breakdown for the 18-64 Age Group

Data below is sourced from T41 and T42 from the Reference Data Tables in the Finance and Activity Report [2017-18] - https://digital.nhs.uk/data-and-information/publications/statistical/adult-social-care-activity-and-finance-report/2017-18

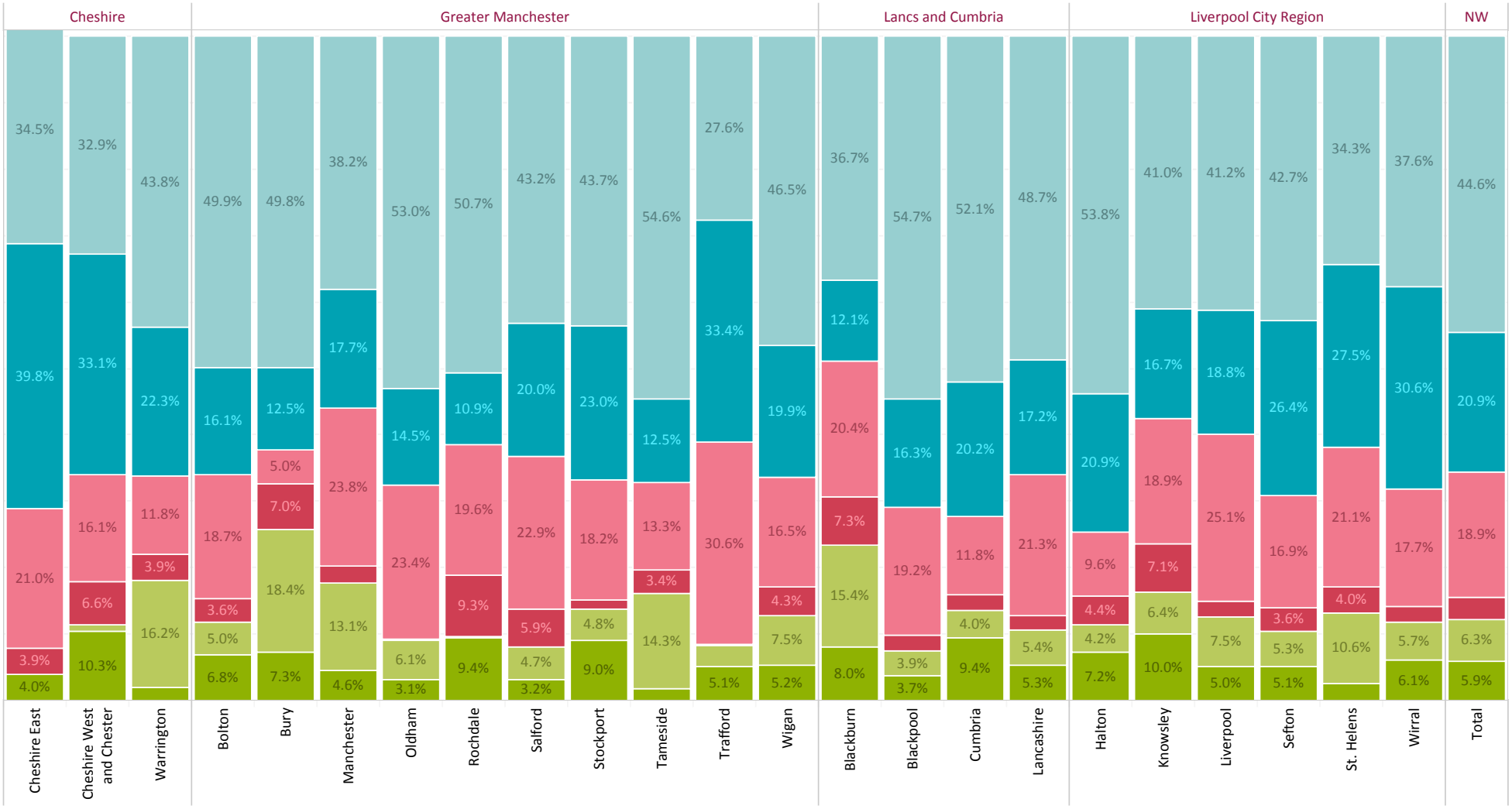
Rate of Spend per 10,000 Population

		Residential	Nursing	Community: Home Care	Community: Direct Payments	Community: Supported Accommodation and Supported Living	Community: Other Long Term Care
Cheshire	Cheshire East	£411,877	£86,110	£581,326	£261,465	£298,746	£197,361
	Cheshire West and Chester	£280,133	£58,863	£389,365	£310,857	£162,666	£468,131
	Warrington	£365,678	£115,254	£444,370	£267,373	£309,988	£169,068
Greater Manchester	Bolton	£203,770	£55,724	£111,770	£300,920	£556,368	£157,609
	Bury	£442,389	£38,362	£12,287	£340,819	£904,027	£194,812
	Manchester	£328,619	£96,841	£115,488	£185,031	£1,076,686	£137,482
	Oldham	£99,027	£52,174	£160,641	£493,650	£485,297	£0
	Rochdale	£393,690	£81,911	£0	£297,476	£109,255	£768,870
	Salford	£135,838	£88,650	£83,384	£128,885	£698,262	£51,789
	Stockport	£236,168	£54,757	£96,887	£399,693	£640,246	£220,868
	Tameside	£142,784	£45,074	£173,769	£127,950	£880,871	£154,811
	Trafford	£383,092	£48,610	£123,749	£349,611	£553,337	£2,836
	Wigan	£160,849	£71,095	£67,667	£363,888	£746,085	£320,218
Lancs and Cumbria	Blackburn	£417,257	£48,774	£155,949	£280,926	£643,869	£67,030
	Blackpool	£438,455	£40,252	£240,252	£213,028	£838,634	£214,016
	Cumbria	£207,762	£63,972	£76,737	£328,043	£351,873	£289,798
	Lancashire	£279,872	£46,965	£308,303	£254,995	£685,910	£182,577
Liverpool City Region	Halton	£218,851	£42,641	£139,415	£621,169	£363,105	£394,657
	Knowsley	£256,055	£139,187	£83,737	£466,003	£1,021,280	£187,197
	Liverpool	£168,132	£194,350	£120,969	£140,181	£1,101,808	£103,893
	Sefton	£318,824	£116,018	£79,231	£309,910	£790,498	£276,244
	St. Helens	£240,645	£88,017	£99,860	£327,260	£634,128	£163,420
	Wirral	£546,983	£82,014	£78,135	£298,393	£935,227	£311,991

ASC Finance Return - Spend Breakdown for the 65+ Age Group

Data below is sourced from T41 and T42 from the Reference Data Tables in the Finance and Activity Report [2017-18] - https://digital.nhs.uk/data-and-information/publications/statistical/adult-social-care-activity-and-finance-report/2017-18

Breakdown of Long Term 65+ Spend in 2017/18, per Local Authority



ASC Finance Return - Spend Breakdown for the 65+ Age Group

Data below is sourced from T41 and T42 from the Reference Data Tables in the Finance and Activity Report [2017-18] - https://digital.nhs.uk/data-and-information/publications/statistical/adult-social-care-activity-and-finance-report/2017-18

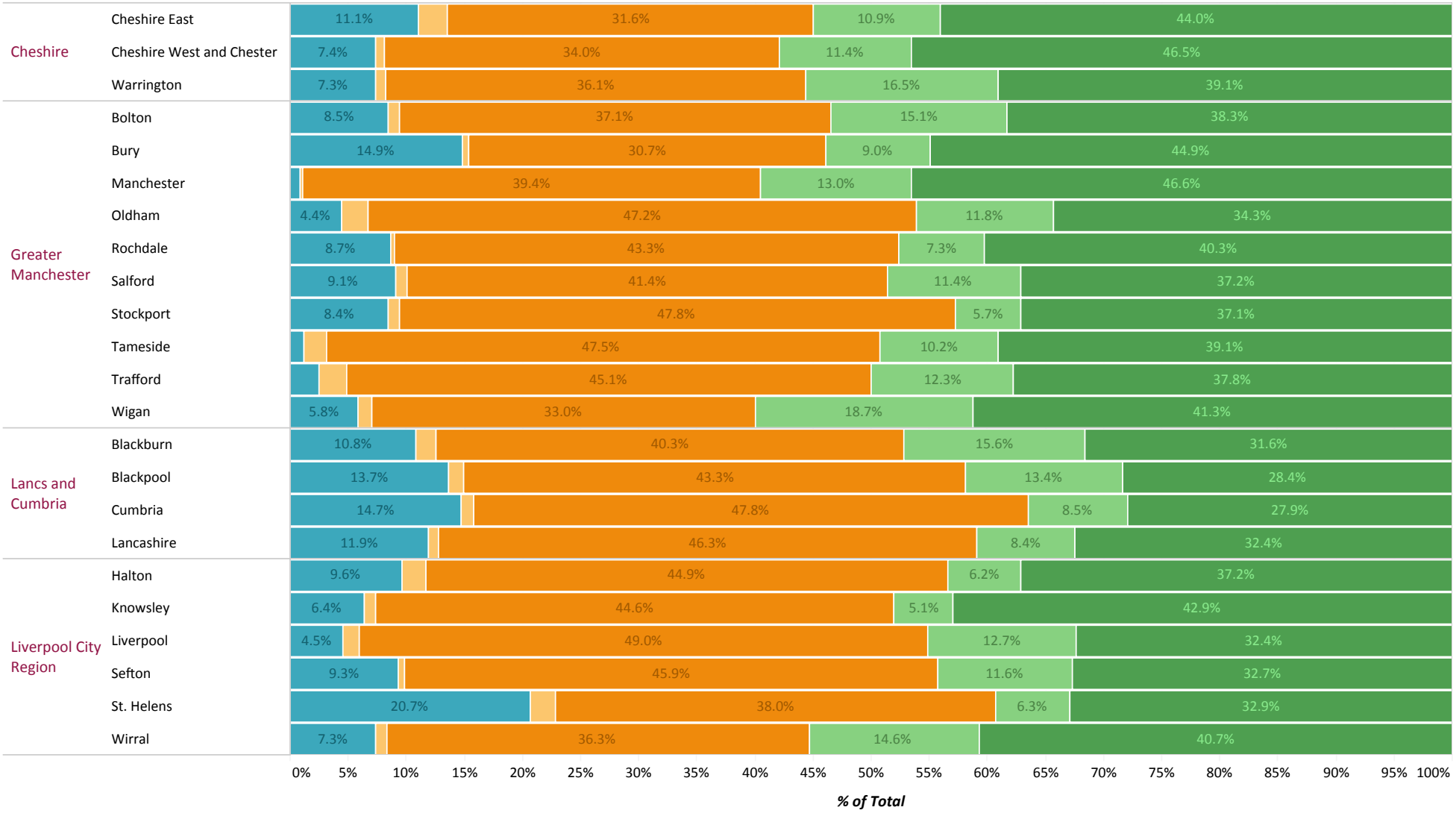
Rate of Spend per 10,000 Population

		Residential	Nursing	Community: Home Care	Community: Direct Payments	Community: Supported Accommodation and Supported Living	Community: Other Long Term Care
Cheshire	Cheshire East	£530,353	£611,217	£322,666	£60,739	-£49,654	£59,914
	Cheshire West and Chester	£418,981	£421,640	£205,022	£131,499	£13,516	£83,493
	Warrington	£842,252	£428,814	£226,513	£37,772	£311,380	£74,334
Greater Manchester	Bolton	£730,989	£235,264	£273,885	£99,678	£72,828	£52,184
	Bury	£853,242	£213,447	£85,666	£124,983	£314,608	£120,137
	Manchester	£466,997	£217,091	£291,443	£56,200	£160,938	£31,330
	Oldham	£875,114	£238,730	£385,870	£50,400	£100,515	£0
	Rochdale	£871,154	£187,500	£336,899	£160,998	£3,065	£160,276
	Salford	£523,722	£242,382	£277,863	£39,059	£57,362	£71,166
	Stockport	£744,586	£392,372	£309,382	£153,178	£81,236	£23,060
	Tameside	£861,283	£197,079	£208,992	£29,152	£225,544	£54,124
	Trafford	£410,400	£495,717	£454,060	£75,918	£48,999	£167
	Wigan	£693,183	£297,156	£246,397	£78,263	£112,544	£64,238
Lancs and Cumbria	Blackburn	£776,567	£256,494	£431,335	£169,755	£324,977	£154,223
	Blackpool	£1,504,762	£447,350	£528,212	£101,707	£106,199	£64,331
	Cumbria	£1,162,198	£451,010	£262,962	£210,769	£90,143	£54,411
	Lancashire	£1,028,494	£363,088	£448,925	£111,951	£113,020	£45,424
Liverpool City Region	Halton	£881,653	£342,540	£157,056	£118,448	£68,952	£71,371
	Knowsley	£782,093	£317,907	£359,862	£191,263	£121,367	£136,332
	Liverpool	£736,765	£335,811	£449,623	£90,256	£133,903	£42,667
	Sefton	£948,552	£584,887	£375,611	£112,624	£117,873	£79,955
	St. Helens	£646,251	£518,360	£396,987	£47,722	£200,561	£75,053
	Wirral	£755,094	£614,028	£355,055	£122,766	£114,498	£46,082

ASC Finance Return - Breakdown of Spend by Client Type

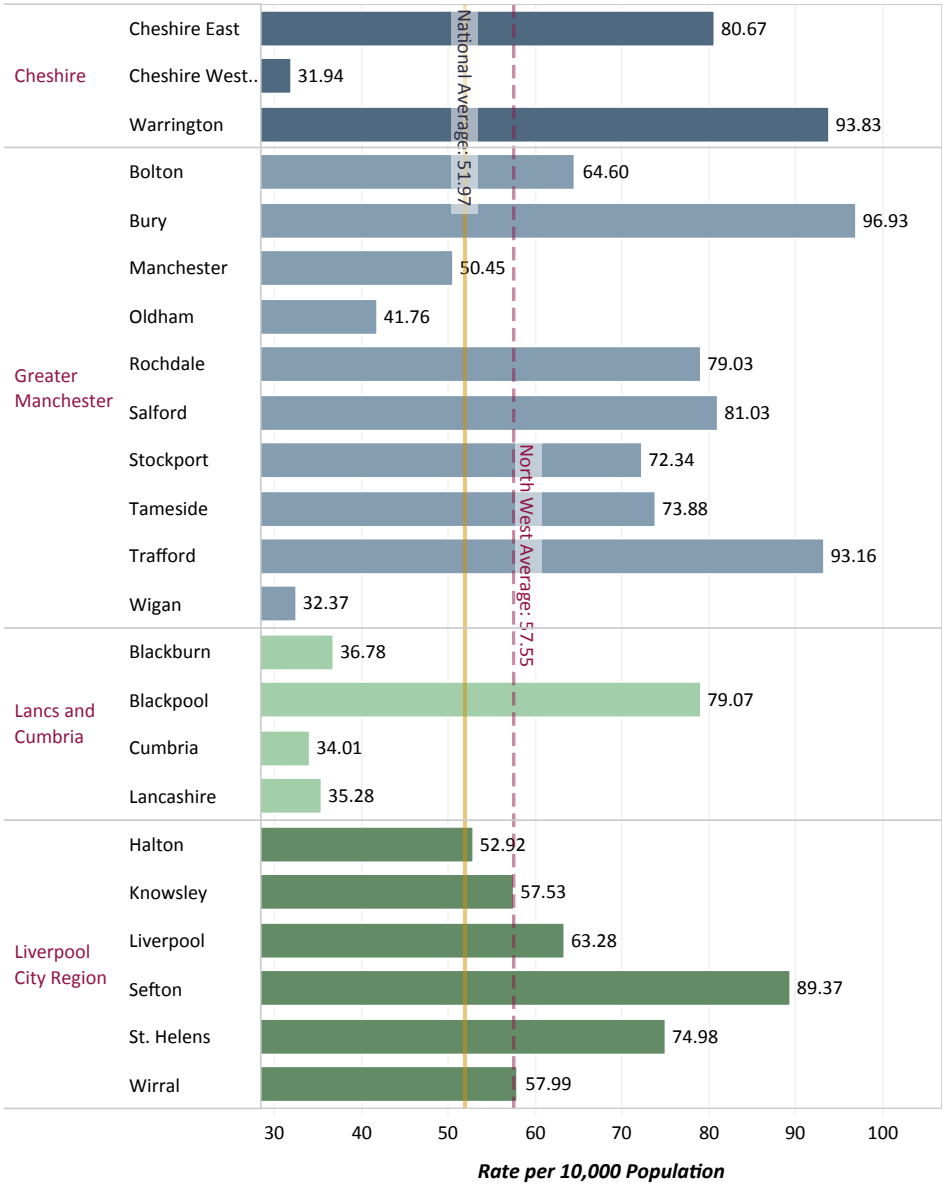
Data below is sourced from T18 from the Reference Data Tables in the Finance and Activity Report [2017-18] - https://digital.nhs.uk/data-and-information/publications/statistical/adult-social-care-activity-and-finance-report/2017-18

Percentage of Overall Spend



Deprivation of Liberty Safeguards

Number of Total DoLS Applications Received in 2017/18 per 10,000 Population

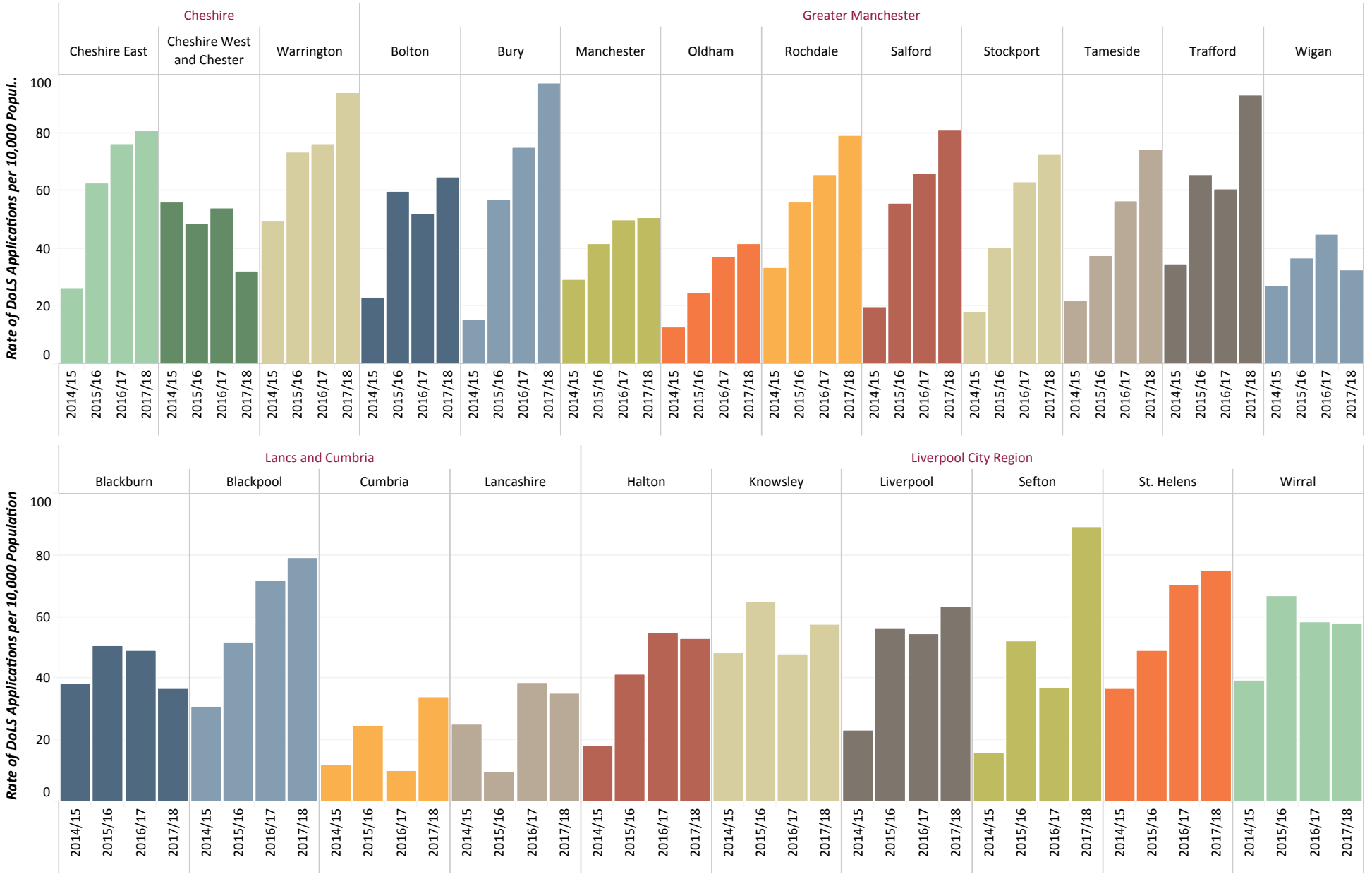


Number of Total DoLS Applications Received in 2017/18, broken down by Age Group

		18-64	65-74	75-84	85+
Cheshire	Cheshire East	10.1%	10.1%	31.9%	48.0%
	Cheshire West..	14.6%	10.8%	29.2%	45.4%
	Warrington	11.3%	10.8%	32.4%	45.5%
Greater Manchester	Bolton	13.9%	12.7%	30.2%	43.3%
	Bury	15.1%	12.3%	32.5%	40.1%
	Manchester	24.5%	14.4%	28.0%	33.1%
	Oldham	9.8%	10.5%	35.3%	44.4%
	Rochdale	17.5%	10.6%	32.7%	39.2%
	Salford	14.8%	13.2%	30.0%	42.0%
	Stockport	11.4%	9.5%	33.1%	46.0%
	Tameside	11.8%	13.3%	33.5%	41.4%
	Trafford	11.4%	10.2%	27.3%	51.1%
	Wigan	14.3%	15.6%	36.4%	33.8%
Lancs and Cumbria	Blackburn	14.1%	11.3%	29.6%	45.1%
	Blackpool	8.1%	16.3%	34.4%	41.3%
	Cumbria	15.0%	10.9%	28.3%	45.7%
	Lancashire	12.4%	12.5%	31.6%	43.5%
Liverpool City Region	Halton	11.9%	10.7%	41.7%	35.7%
	Knowsley	13.6%	10.4%	35.2%	40.8%
	Liverpool	18.1%	13.1%	31.6%	37.2%
	Sefton	13.2%	11.6%	30.3%	44.8%
	St. Helens	9.2%	11.4%	30.8%	48.6%
	Wirral	15.3%	14.9%	36.5%	33.3%

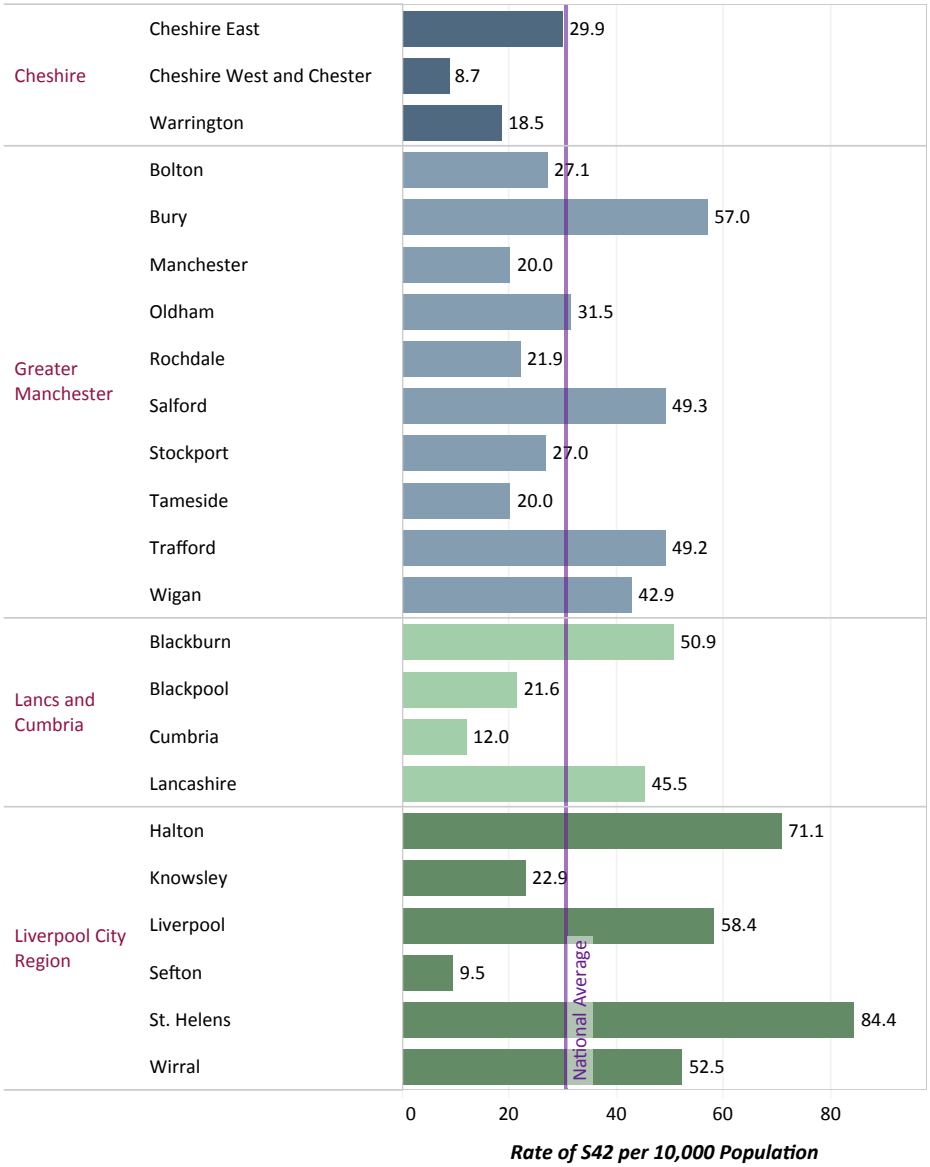
Deprivation of Liberty Safeguards

Analysing the Volume of DoLS Applications Received Since 2014/15, per 10,000 Population

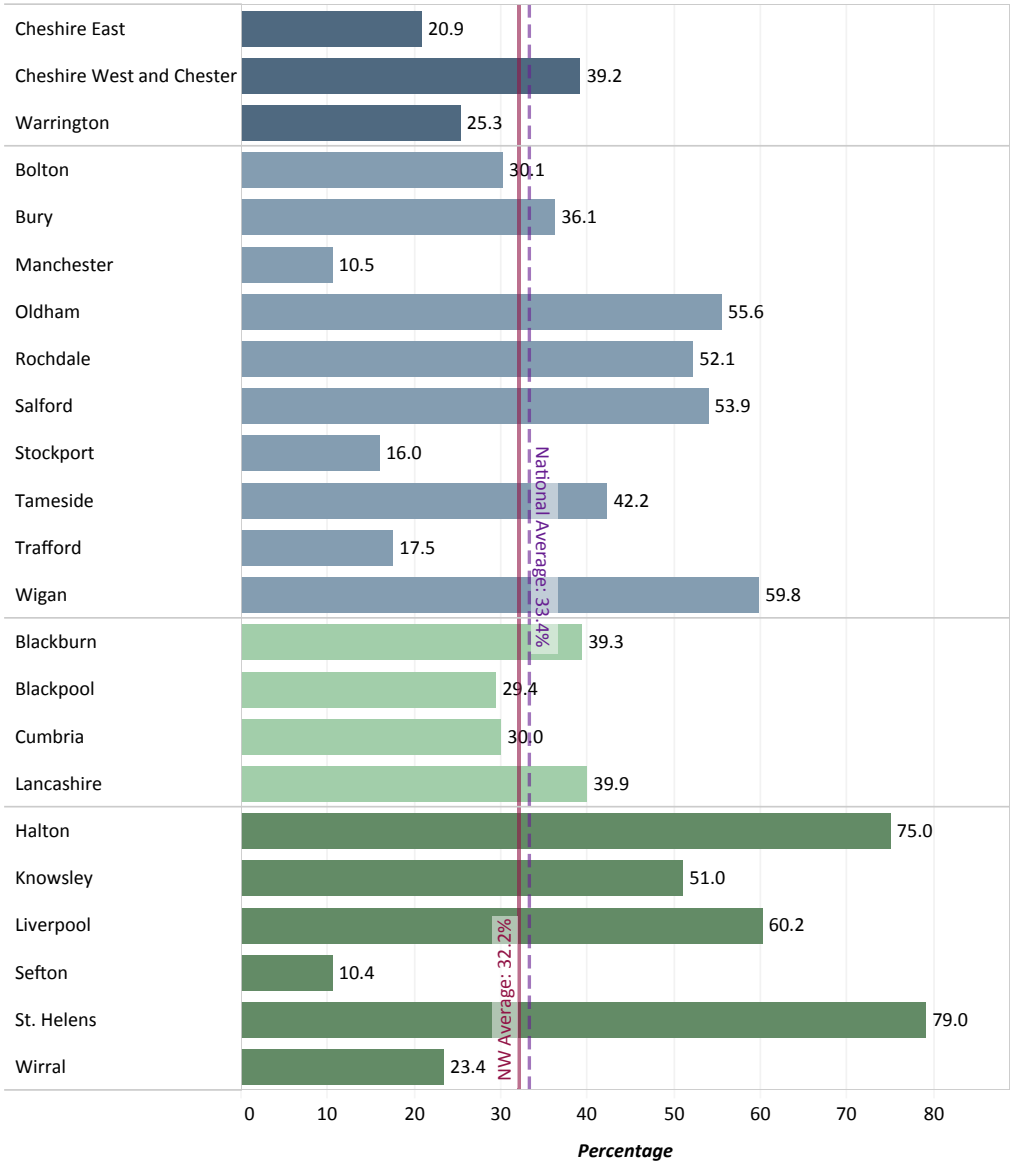


Safeguarding Adults Data

Rate of Section 42 Safeguarding Enquiries per 10,000 Population (2017/18)



Percentage of Safeguarding Concerns that went on to become Section 42 Enquiries



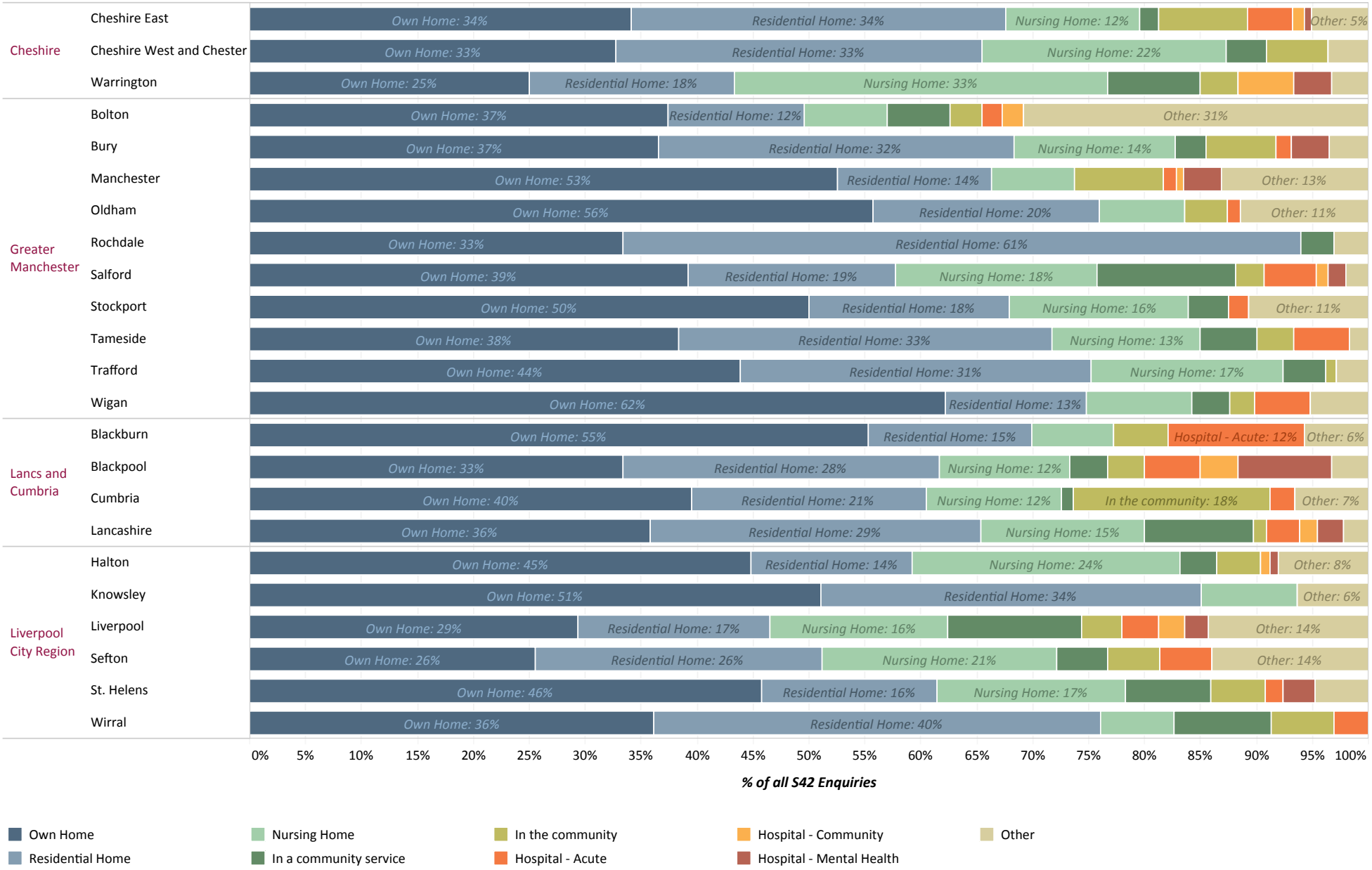
Safeguarding Adults Data

Crosstab Showing the Rate of S42 Enquiries Received vs the Percentage of Safeguarding Concerns that Progress to S42

Sub Region Cheshire | Greater Manchester | Lancs and Cumbria | Liverpool City Region

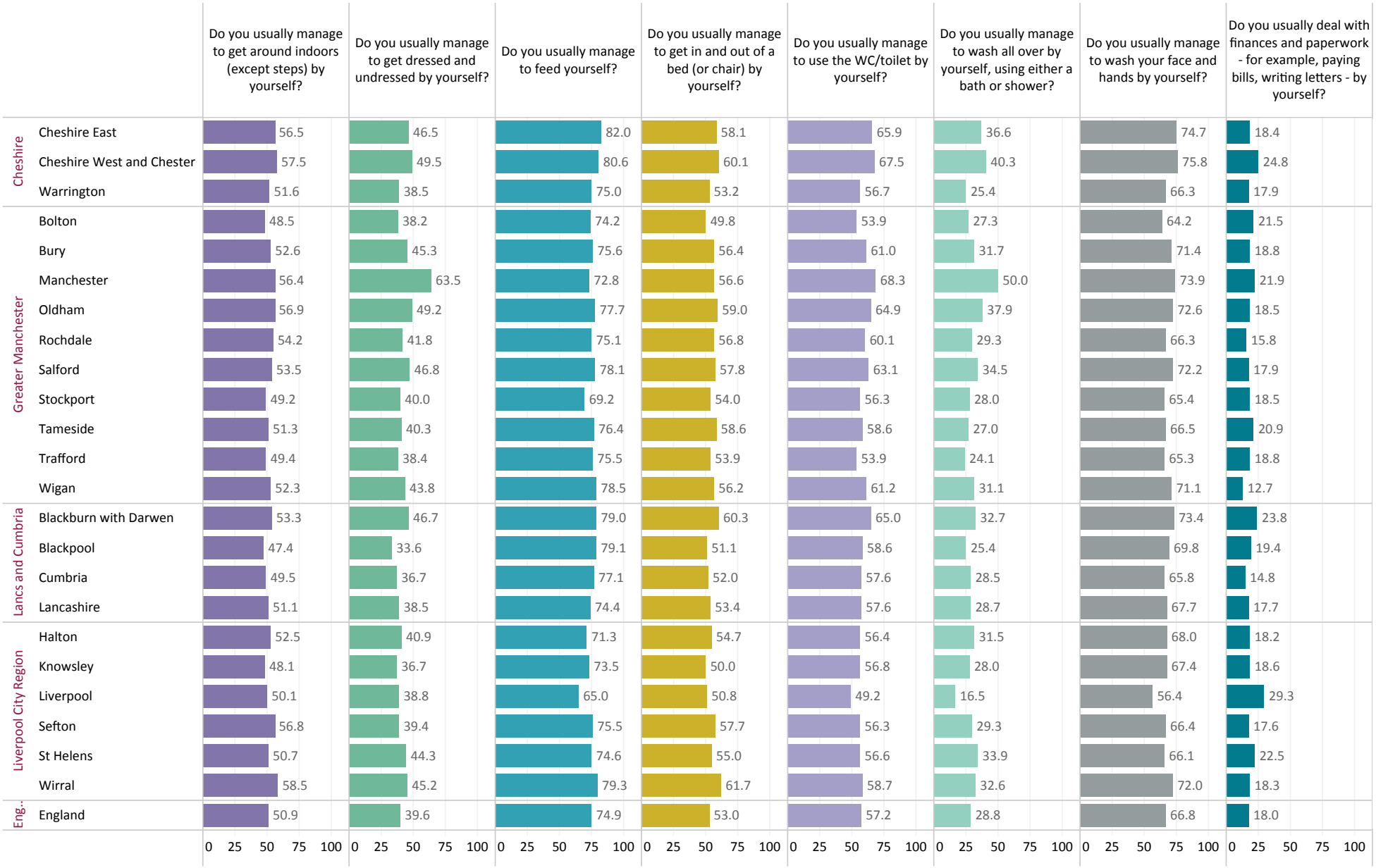
Safeguarding Adults Data

S42 Safeguarding Adult Enquires (2017/18), by Location of Risk



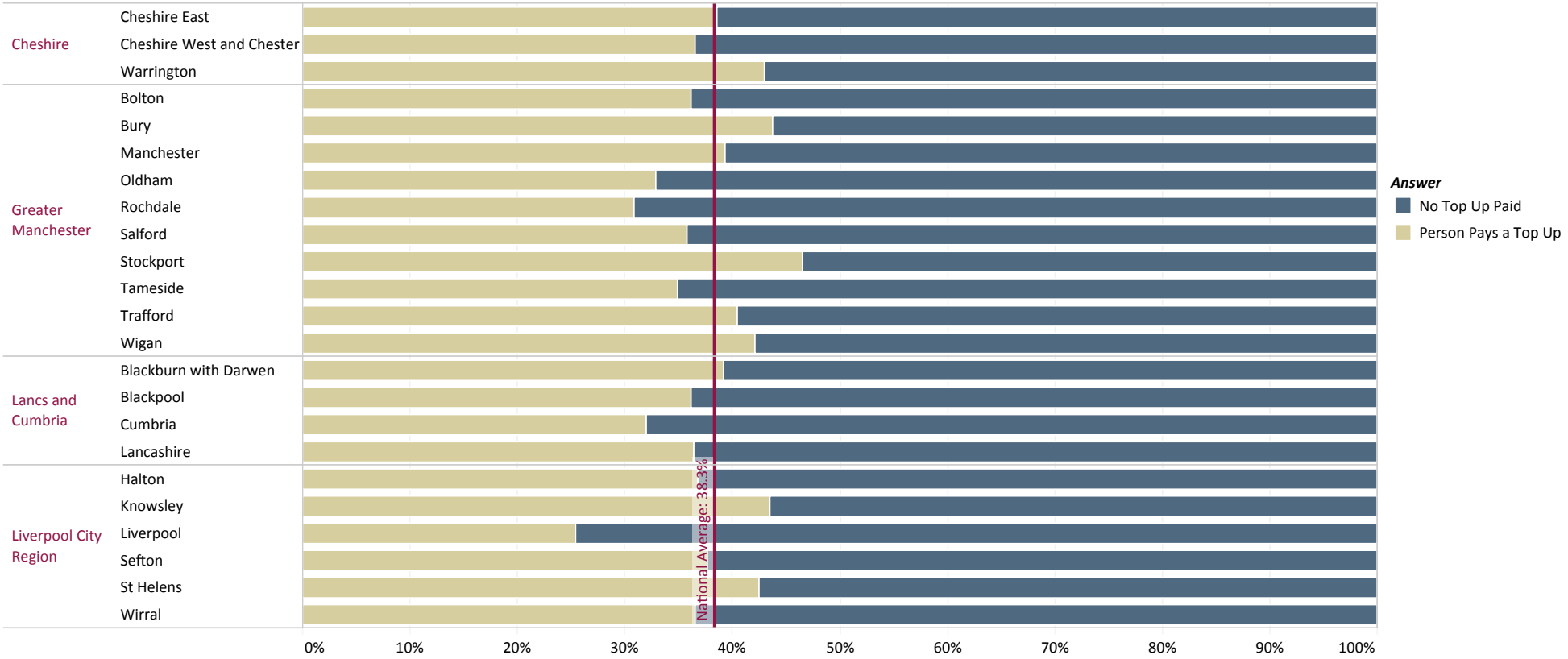
Adult Social Care Survey - Quality of Life Questions

Summary of those who Responded 'I can do this easily myself ' to the Various Questions below

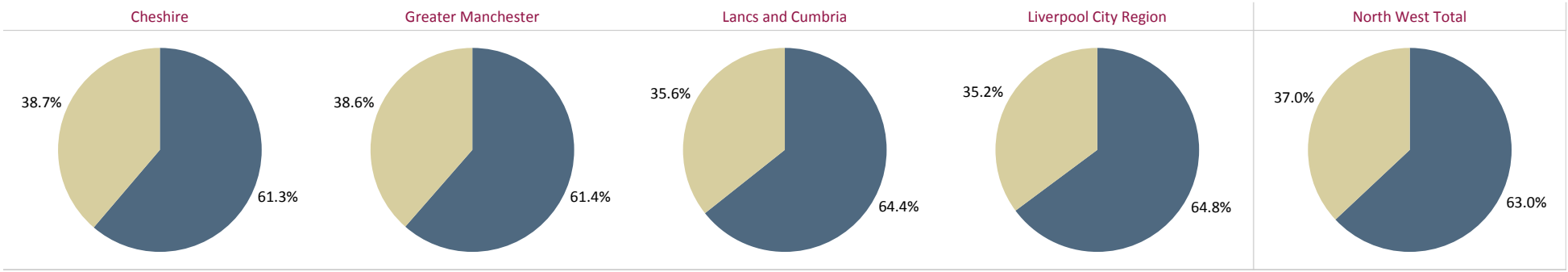


Adult Social Care Survey - Top Ups

Do you buy any additional care or support privately or pay more to 'top up' your care and support?

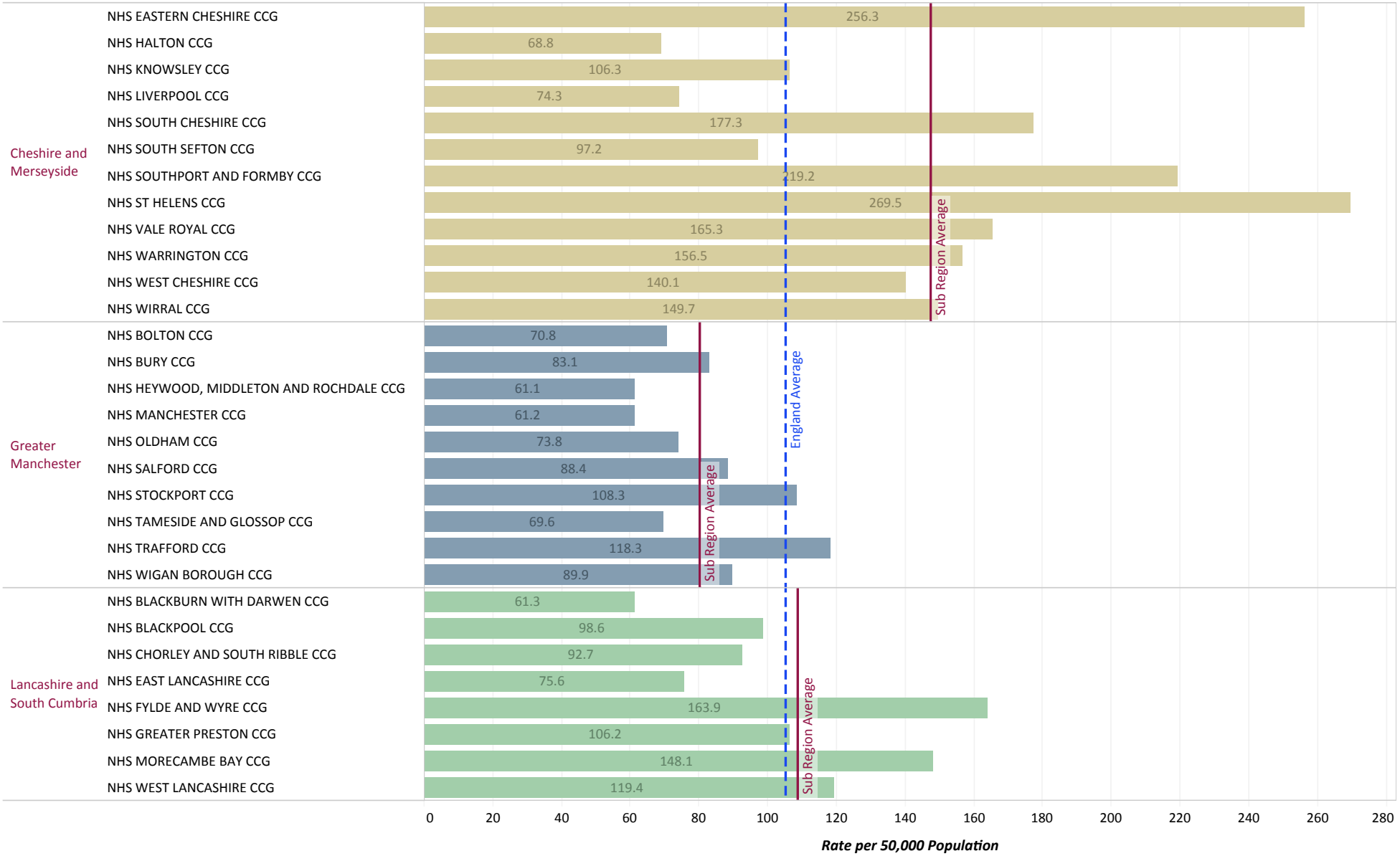


Data Summarised by Sub Region



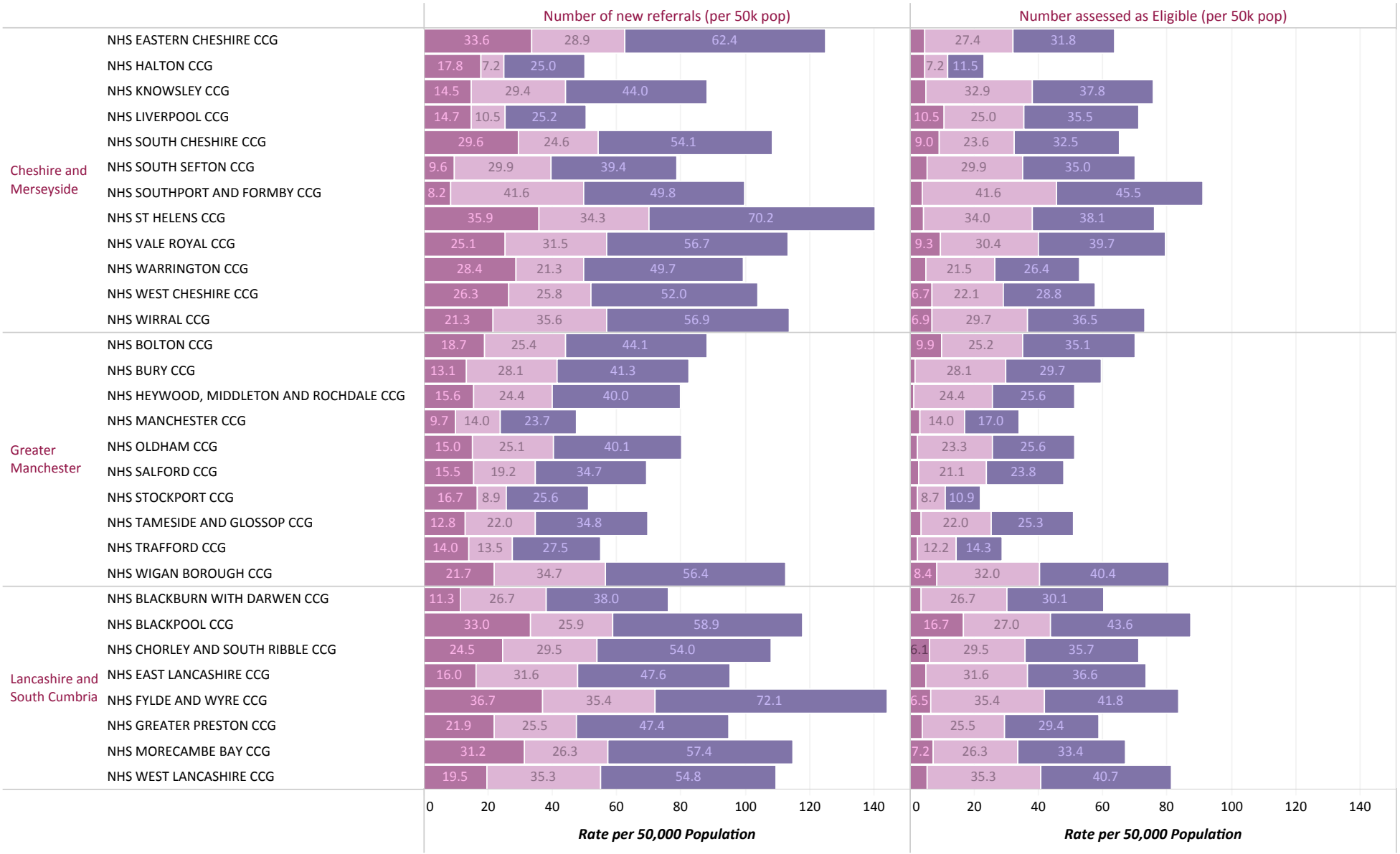
Continuing Health Care Data

Number Assessed as Eligible for NHS Funded Nursing Care in 2018/19 to date, per 50,000 Population



Continuing Health Care Data

Number of New Referrals Received and Number Assessed as Eligible in Q2 2018/19, per CCG and 50,000 Population

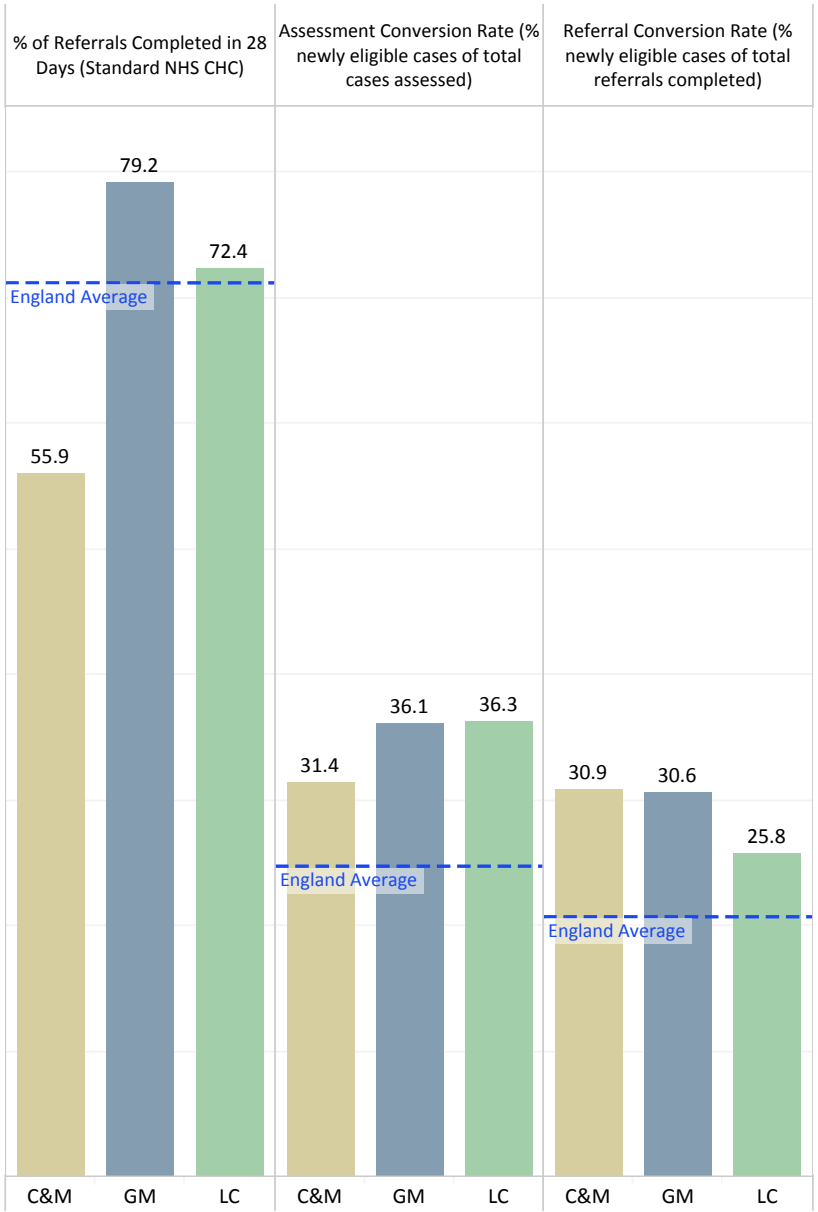


Continuing Health Care Data

CHC Timescales and Conversion Rates in Q2 2018/19

		% of Referrals Completed in 28 Days (Standard NHS CHC)	Assessment Conversion Rate (% newly eligible cases of total cases assessed)	Referral Conversion Rate (% newly eligible cases of total referrals completed)
Cheshire and Merseyside	NHS EASTERN CHESHIRE CCG	85.2	20.0	17.0
	NHS HALTON CCG	93.2	25.0	20.5
	NHS KNOWSLEY CCG	86.1	41.9	36.1
	NHS LIVERPOOL CCG	71.1	68.1	68.1
	NHS SOUTH CHESHIRE CCG	86.3	29.3	26.5
	NHS SOUTH SEFTON CCG	82.8	48.1	44.8
	NHS SOUTHPORT AND FORMBY CCG	19.0	38.1	38.1
	NHS ST HELENS CCG	85.7	24.1	15.5
	NHS VALE ROYAL CCG	90.3	27.6	25.8
	NHS WARRINGTON CCG	81.5	22.7	15.7
	NHS WEST CHESHIRE CCG	76.1	29.9	24.8
	NHS WIRRAL CCG	70.6	37.0	31.1
Greater Manchester	NHS BOLTON CCG	81.2	52.2	46.5
	NHS BURY CCG	85.7	14.7	8.9
	NHS HEYWOOD, MIDDLETON AND ROCHDALE CCG	90.3	15.4	6.5
	NHS MANCHESTER CCG	78.4	50.0	40.5
	NHS OLDHAM CCG	78.4	33.3	24.3
	NHS SALFORD CCG	93.2	35.3	20.3
	NHS STOCKPORT CCG	39.5	17.5	12.8
	NHS TAMESIDE AND GLOSSOP CCG	75.0	32.5	27.1
	NHS TRAFFORD CCG	92.7	22.2	19.5
	NHS WIGAN BOROUGH CCG	53.4	46.8	30.1
Lancashire and South Cumbria	NHS BLACKBURN WITH DARWEN CCG	86.4	40.9	40.9
	NHS BLACKPOOL CCG	91.6	56.6	56.6
	NHS CHORLEY AND SOUTH RIBBLE CCG	33.3	28.1	27.3
	NHS EAST LANCASHIRE CCG	73.3	40.0	40.0
	NHS FYLDE AND WYRE CCG	50.5	19.6	18.8
	NHS GREATER PRESTON CCG	30.0	18.8	18.6
	NHS MORECAMBE BAY CCG	49.3	27.5	27.0
	NHS WEST LANCASHIRE CCG	54.1	27.8	27.0

CHC Timescales and Conversion Rates in Q2 2018/19, per Sub Region



Data Sources

All data used within this Balanced Scorecard is from publically available sources, available online. Below are the links to the raw data for reference:

SALT and ASC-FR data: *Adult Social Care Activity and Finance Report, England - 2017-18* (NHS Digital) *https://digital.nhs.uk/data-and-information/publications/statistical/adult-social-care-activity-and-finance-report/2017-18*

ASCOF data: *Measures from the Adult Social Care Outcomes Framework, England - 2017-18* (NHS Digital) https://digital.nhs.uk/data-and-information/publications/clinical-indicators/adult-social-care-outcomes-framework-ascof/current

CQC data: *Using CQC data* (CQC) https://www.cqc.org.uk/about-us/transparency/using-cqc-data

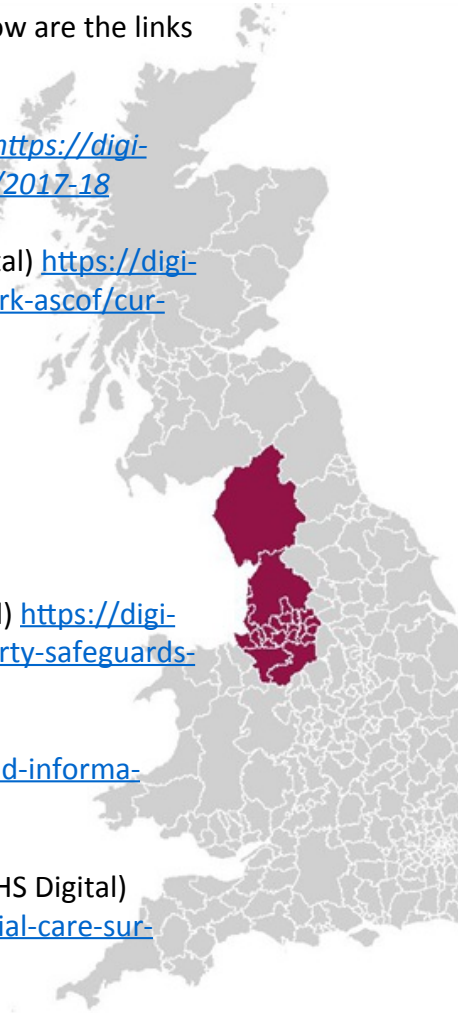
DToC data: *Delayed Transfers of Care* (NHS England)
https://www.england.nhs.uk/statistics/statistical-work-areas/delayed-transfers-of-care/

DoLS data: *Mental Capacity Act 2005, Deprivation of Liberty Safeguards England, 2017-18* (NHS Digital) https://digital.nhs.uk/data-and-information/publications/statistical/mental-capacity-act-2005-deprivation-of-liberty-safeguards-assessments/annual-report-2017-18-england

Safeguarding data: *Safeguarding Adults, England, 2017-18* (NHS Digital) https://digital.nhs.uk/data-and-information/publications/statistical/safeguarding-adults/annual-report-2017-18-england

Adult Social Care Survey data: *Personal Social Services Adult Social Care Survey, England - 2017-18* (NHS Digital)
https://digital.nhs.uk/data-and-information/publications/statistical/personal-social-services-adult-social-care-survey/2017-18

CHC data: *NHS Continuing Healthcare and NHS-funded Nursing Care* (NHS England)
https://www.england.nhs.uk/statistics/statistical-work-areas/nhs-chc-fnc/



REPORT TO: Health Policy & Performance Board

DATE: 18 June 2019

REPORTING OFFICER: Strategic Director, People

PORTFOLIO: Health & Wellbeing

SUBJECT: Performance Management Reports Quarter 4 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 4 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 4 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 4, 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 4 – Period 1st January – 31st March 2019

1.0 Introduction

This report provides an overview of issues and progress against key service area objectives and milestones and performance targets, during the second quarter of 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 second quarter which include:

Adult Social Care:

Developing the use of the Mental Health Resource Centre in Vine Street, Widnes: following an eighteen month programme of redevelopment, and using capital investment from the Borough Council, NHS Halton Clinical Commissioning Group and the North West Boroughs NHS Trust, the Mental Health Resource Centre has become a more integrated service which is more responsive to the needs of the local population. The existing Mental Health Outreach Team and Community Bridge Building teams have been joined by social workers from the borough council, and nurses and doctors from the North West Boroughs, as part of the Assessment and Home Treatment service. Plans are being developed for the latter to become a 24-hour service which can also provide a response to people in mental health crisis. This more connected and joined up service means that people in mental health need should increasingly receive the help they need in more efficient and effective ways.

Community Connectors: The Community connector pilot was completed in April 2019. The learning from the pilot is now being further developed to become part of the mainstream working practice. They have focused on connecting local people to their neighbourhood and communities. They are 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 have identified a number of community based services and have been working closely with social workers and social care staff to aid awareness of aware of alternative services and opportunities available to people.

Autism Action Alliance: The Autism Action Alliance continues to search for an independent chair, following difficulty recruiting. In the mean-time the group continues to meet regularly and to ensure that the delivery plan is being actioned.

Social Work Matters Forum: The 'Social Work Matters Forum' is a quarterly event involving Social Work professional across services within Halton Borough Council. It is led

by the Principal Social Worker for Adult Services, Marie Lynch and agendas are set in collaboration with staff to focus on best practice, sharing information and outcomes, link local activity to national agendas and create a culture of communication and engagement.

During this quarter the event held showcased the Later Life and Memory Service, who work with older people experiencing mental health problems as a result of dementia. The presentation looked at the multi-disciplinary approach taken, from the perspective of a Social Worker and a Senior Nurse Practitioner. Attendees received a comprehensive of the services, its pathways, team processes and partnership working. Case studies highlighted the range of interventions and the impact these have made.

At the February Forum an introduction was made to the new Halton Borough Council Social Work Practice Guidance – an in-house policy document devised to clarify working practices and set standards across social work teams.

Attendees were also given the opportunity to consider and plan activities to mark World Social Work Day (held on 20 March 2019). Ideas taken forward from these collective discussions led to success community-based events on the Day.

Transition Team: In 2017 a dedicated Transition Team was established, supported by a new Multi-Agency Transition Protocol, to ensure that in future young people would experience transition that is planned from an earlier stage with effective joint working between professionals and taking into account the wishes and needs of young people and their families. The aim of the team is to have a joined up approach to transition from education, health and social care with increased and targeted co-ordination and communication from all agencies from a younger age. The team works with young people aged from 14 to 25 years, depending on complexity and how much support they will require to go through the transition process.

Transition Team was awarded £92,827 from DHSC as part of 'Named Social Worker' pilot. The additional funding allowed the creation an additional Social Worker post and an Advanced Practitioner post. This additional capacity allowed the team to work intensively with 17 young people with complex needs as part of the pilot. Social Workers worked with the young people and their families to prevent crisis intervention and develop a new approach to working with those who are often seen as the most challenging and therefore often end up in out-of-area residential placements.

Halton took part in the overall evaluation of the pilot on a national level and a cost-benefit analysis was completed by York Consultancy. The cost-benefit analysis revealed a Financial Return on Investment of 5.14 which means a £5.14 saving for every £1 spent on NSW support. One of the cases from Halton's pilot became a case study shared nationally as part of the positive outcomes of the NSW approach (Peter's story).

Following on from the Evaluation, A work stream across all statutory agencies has been established, 'The One Halton Board', Looking at how joint agencies can work in partnership to achieve better outcomes for the Community. The board has agreed to fund the additional social work posts permanently, allowing the continuation of the Named Social Worker model.

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

'Transition Video', that was produced by a group of young people from Halton, has been added to the guidance and tools for good practice for Social Workers to access when working with young people and their families.

Halton's 'The preparing for Adulthood' service in conjunction, with the National Development Team, has developed an action plan, looking at the holistic needs of young disabled people, their carers, future accommodation, their health, Education and employment. This will be driven by the newly formed Halton SEND carers forum and young disabled people. This is reviewed monthly.

Public Health

Due to the high level of lung cancer in Halton it will become a Lung Check site. This means all over 55s who smoke and are registered with a GP will invited for an assessment. This figure totals 7,600 in Halton. It is very important that there is adequate publicity and encouragement so people take up this opportunity to spot cancer at an early stage.

3.0 Emerging Issues

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

Adult Social Care

Review of the Mental Health Act 1983: at the last quarterly monitoring report, it was noted that there had been a detailed national review of the Mental Health Act 1983, arising from concerns that the Act was now outdated and that inappropriate numbers of people were being detained. It had been anticipated that, following the closure of the consultation, this would lead shortly to a green paper with the proposals for the new legislation, followed by a White Paper and then the final legislative process.

This has been delayed by the detailed attention that Parliament has had to give to other matters. However the developments continue: there is a team of civil servants who are:

- Grouping and prioritising the recommendations so that they can be presented to Ministers for consideration
- Bringing together an advisory group to work with Ministers and the Department of Health and Social care on developing the Act
- Briefing the Cabinet Office on progress

It is essential that the role of social work, and particularly that of the Approved Mental Health Professional (AMHP), is fully represented in this process, and this is in fact happening, with nationally-recognised lead AMHPs working directly with the civil servants to advise on developments. There is no fixed date for publication of a Green Paper at present.

National Workforce Plan for AMHPs: Social Work England are taking over the regulation of AMHP training. The Green Paper on Adult Social Care, and the development of the long term plan will each have sections on workforce planning, and these will include the recently-

published AMHP workforce planning requirements, as well as the new national standards for the delivery of the AMHP service.

Debt Management: The debt recovery project has been running for some time now. In this time there is been an increase of debt related to the non-payment of charges relating to social care services. A community care worker was recruited from invest to save monies on a 2 year temporary basis and was appointed a year ago. Once embedded in the role of community care worker the post holder has been able establish robust processes linking in with the client finance team to ensure that when there is evidence of non-payment of social care charges there is a timely response and social care issues that have led to this situation are addressed and the individuals or their families are supported to establish payment plans with the client finance team. In February 2019 the client finance team highlighted the first reduction of overall debt that had been identified for some years, this has been followed on a monthly basis by further reductions. A review of this project is currently underway which is being supported by a recent audit of the processes. Further themes and solutions are expected to be identified as part of the review process and recommendations for further changes to practice likely to be made as a result.

Public Health

Halton is not meeting its targets for cancer screening so there is a renewed emphasis on encouraging people to get screened.

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.

As a result, monitoring of all relevant 'high' risks will be undertaken and progress reported against the application of the risk treatment measures in Quarters 2 and 4.

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	Q4 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 - Small overspend.

1B - Multi-disciplinary Team work is ongoing across primary care, community health care and social care work has begun to look at developing models of hub based working across localities.

1C - Information currently unavailable.

1D - The Mental Health and Dementia Delivery Group continue to oversee actions relating to the delivery of the Halton Dementia Strategy. This will continue into 2019/20. The group have focused on the refresh of the dementia dashboard, dementia awareness within the community, dementia diagnosis rates and primary care plan reviews. The dementia community pathway contract was extended during Q4, to run until end of Sept 2019. During Q4 work has been undertaken to determine commissioning intentions beyond September, working with the Operational Commissioning Committee to define what level of investment will be allocated to this service. This work is ongoing.

Halton continued to work with the NHS Cheshire and Merseyside Strategic Clinical Network sharing learning from the 'Dementia Awareness Standards in Halton' care home education pilot, supported by North West Boroughs Care Home Liaison Team. Halton has been invited to present the pilot and learning to date at the NHS Strategic Clinical Network for the North group meeting in May.

Work continued with Signature Living re the proposed Dementia housing scheme and community dementia hub. A paper was presented to the working group with a number of outline proposals for community dementia hub models, to be further worked up into 2019/20, as the scheme progresses.

Dementia Friendly Communities Activity:
Halton's contribution to the LCR Dementia Pledge has been updated and reported to the LCR working group.
During Q4 planning has been underway for national Dementia Action Week (may 2019), with Halton Library Service, HIT and voluntary sectors taking action by putting on/supporting events during the week.
Following on from a dementia awareness briefing to PPB in Q3, during Q4 13 Members attended a session arranged by Halton DAA and hosted by Halton Libraries whereby they undertook the nationally recognised Dementia Friends Awareness session.
Halton Stadium's refurbishment of the Karalius Suit considered dementia friendly design and décor principles, and were supported by Halton DAA to use a recognised dementia friendly environments checklist, to ensure that the key refurbishment decisions were 'dementia friendly' i.e. lighting, flooring, furniture and signage.
Halton Leisure Services met with Halton DAA to discuss the benefits of supporting staff to become more dementia aware. As a result, one of the leisure mangers has committed to undertaking the dementia friends dementia champions training, which will enable him to roll out the dementia friends awareness sessions to HBC leisure staff.
HIT have reported that over 100 'dementia buddies' have been made through the Healthy Schools dementia programme.
1E - Considerable work has taken place across the Clinical Commissioning Group, the borough council and the NW Boroughs to develop and clarify the pathways for people with a full range of mental health needs within the Borough. Local services within social care have been redesigned to increasingly provide support at an earlier stage in people's conditions, and thereby to reduce the likelihood of them needing more complex interventions. The works at the Mental Health Resource Centre in Vine Street have been completed and the North West Boroughs Assessment and Home treatment Team has moved in there, providing more convenient links for Widnes residents and allowing a much greater level of contact between NHS and borough council services.
1F - Information currently unavailable.
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**	**Q4**	**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			Quarter 4 Data is currently unavailable due to year-end processes taking place, however an update will be provided prior to the PPB

							meeting. Based on figures available so far, we are under target for this measure.
ASC 02	Delayed transfers of care (delayed days) from hospital per 100,000 population. ***Better Care Fund performance metric***	604	1200	5147			The full Q4 is not yet available, the plan and actual figures here related to January and February 2019. Significantly better than plan.
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			The full Q4 is not yet available, the plan and actual figures here related to January and February 2019. The CCG is in line to achieve the plan set with NHS England for non-elective activity, however Year-on-year growth is around 7% and an additional 1187 emergency admissions have been

							witnessed. Increases are driven almost exclusively by St Helens trust (+1243, +15%) with a small increase at Warrington (+36, +0.6%)
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	Data not currently available due to data issues with the CSU. No refresh on data is available beyond 2015/16.
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 as no target	Annual Collection - Data is currently unavailable due to year-end processes taking place, however an update will be provided prior to the PPB meeting.
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%			Quarter 4 Data is currently unavailable due to year-end processes taking place, however an

							update will be provided prior to the PPB meeting.
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%			Quarter 4 Data is currently unavailable due to year-end processes taking place, however an update will be provided prior to the PPB meeting. Based on figures available so far, we are under target for this measure.
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%			Quarter 4 Data is currently unavailable due to year-end processes taking place, however an update will be provided prior to the PPB meeting. Based on figures available so far, we have met the target for this measure.
ASC 09	Proportion of adults with learning disabilities who live in their own home or	87%	88%	87%			Quarter 4 Data is currently unavailable

	with their family (ASCOF 1G)						due to year-end processes taking place, however an update will be provided prior to the PPB meeting. Based on figures available so far, we have met the target for this measure.
ASC 10	Proportion of adults with learning disabilities who are in Employment (ASCOF 1E)	5.30%	4.4%	5%			Quarter 4 Data is currently unavailable due to year-end processes taking place, however an update will be provided prior to the PPB meeting.
ASC 11	Out of Borough Placements – number of out of borough residential placements	N/A	N/A	30	N/A	N/A	No data available
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			Quarter 4 Data is currently unavailable due to year-end processes taking place, however an update will be provided prior to the

							PPB meeting.
ASC 13 (A)	Percentage of adults with a reported health condition of Dementia who are receipt of services.	44.44%	N/A	TBC			Quarter 4 Data is currently unavailable due to year-end processes taking place, however an update will be provided prior to the PPB meeting.
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			Quarter 4 Data is currently unavailable due to year-end processes taking place, however an update will be provided prior to the PPB meeting.
Homelessness:							
ASC 14	Homeless presentations made to the Local Authority for assistance In accordance with Homelessness Act 2002.	117	N/A	500			No data available
ASC 15	Homeless Households dealt with under homelessness provisions of Housing Act 1996 and LA accepted statutory duty	10	N/A	100			No data available
ASC 16	Number of households living in Temporary Accommodation	6	N/A	17			No data available
ASC 17	Households who considered themselves	1.64%	N/A	6.00%			No data available

	as homeless, who approached the LA housing advice service, and for whom housing advice casework intervention resolved their situation (the number divided by the number of thousand households in the Borough)						
Safeguarding:							
ASC 18	Percentage of VAA Assessments completed within 28 days	74.49%	N/A	88%			Quarter 4 Data is currently unavailable due to year-end processes taking place, however an update will be provided prior to the PPB meeting.
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%	67%	✓	We have exceeded this target and staff continue to access the appropriate training.
ASC 20 (A)	DoLS – Urgent applications received, completed within 7 days.	N/A	N/A	80%			Quarter 4 Data is currently unavailable due to year-end processes taking place, however an update will be provided prior to the PPB meeting.

ASC 20 (B)	DoLS – Standard applications received completed within 21 days.	N/A	N/A	80%			Quarter 4 Data is currently unavailable due to year-end processes taking place, however an update will be provided prior to the PPB meeting.
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 available	82%			Annual Collection - Data is currently unavailable due to year-end processes taking place, however an update will be provided prior to the PPB meeting.
Carers:							
ASC 22	Proportion of Carers in receipt of Self Directed Support.	99.27%	81.7%	TBC			Quarter 4 Data is currently unavailable due to year-end processes taking place, however an update will be provided prior to the PPB meeting. Based on figures available so far, we have met the target

							for this measure.
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 higher value shows good performance)*	8.1% 2016/17	N/A	9			This is the Biennial Carers Survey which will commence in December 2018 – unpublished data is available and will be provided prior to the PPB meeting
ASC 24	*Overall satisfaction of carers with social services (ASCOF 3B)*	48.9% 2016/17	N/A	50			This is the Biennial Carers Survey which will commence in December 2018 – unpublished data is available and will be provided prior to the PPB meeting
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			This is the Biennial Carers Survey which will commence in December 2018 – unpublished data is available and will be provided prior to the PPB meeting

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%			This is the Biennial Carers Survey which will commence in December 2018 – unpublished data is available and will be provided prior to the PPB meeting

Public Health

Key Objectives / milestones

Ref	Milestones	Q4 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)	✓
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.	U
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.	✓
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 reduce the number of young people (under 18) being admitted to hospital due to alcohol	✓

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 As a result of the high rates of lung cancer in Halton (and Knowsley), we have been chosen to be a site for a national pilot of the Lung Health Check pathway as identified in the NHS Long Term Plan. The Checks will invite people aged 55 to 74 who smoke or have ever smoked for a Low Dose CT scan to assess tehir risk of lung cancer and offer earlier diagnosis and more rapid treatment. The check will also incorporate a package of lifestyle support including smoking cessation. Development of the pathway and approach locally is in the early stages but nationally it is anticipated that it may start as early as October.

Halton is working closely with the Cheshire and Merseyside Cancer Prevention group to develop the C&M Cancer Alliance transformation funding for CURE (a secondary care based smoking cessation approach), while Halton hospitals were not successful in securing a place in the pilot, WHHT are very keen to replicate the approach and participate in subsequent rounds; we are working closely to facilitate this.

Halton Stop Smoking Service has seen an increase in maternal referrals and an increase in pregnant smokers quitting so far this year compared to the same period last year. Brief Intervention training has been delivered to Midwives this quarter taking total number of Midwives trained to 19. This reflects the successful partnership working between Halton Midwives and the Stop Smoking Service supported by funding from NHS England in 16/17 to reduce maternal smoking rates.

PH 01b We continue to work closely with the Cheshire and Merseyside Cancer Prevention Group in the development of proposals to support improvements in cancer screening uptake and awareness. Uptake of Bowel Screening continues to increase slowly though is still below target, while Cervical and Breast screening are currently achieving target there is a gradual local and national decline in uptake of these programmes. Health Improvement team have actively engaged in promoting the current PHE Cervical Screening uptake campaign and have engaged over 10,000 local people through their work place helath programme with details of the cervical screening programme and other screening programmes.

PH 01c Current data suggests that overall we are failing to achieve both 2 week wait and 62 day targets. Analysis work of breaches at CCG and trust level identifies patient choice as the main factor in the breaches which is difficult to change but work is ongoing to understand what interventions we may be able to put in place to change people's attitudes to keeping the appointments.

PH 02a The Bridgewater health visitor, school nurse and Family Nurse Partnership (FNP) 0-19 service continues to deliver all the elements of the Healthy Child programme to families in Halton. Public Health England are providing training to health visitors in Halton on speech, language and communication, as part of a pilot programme. The aim of this work is to improve child development, through speech and language, which is one of the areas that child development scores are lower in Halton. The team will also be working closely with education partners following confirmation of Early Intervention Funding, to develop a strategic approach to speech, language and communication programmes across health and education in Halton.

PH 02b The Family Nurse Partnership service continues to be fully operational with a full caseload and works intensively with first time, teenage mothers and their families. The programme is currently trialling joint home visits with the sexual health service to encourage and enable the mothers to access contraception following the birth of their child.

PH 02c Progress has been made in many of the areas on the action plan, and an operational group is looking at refreshing the action plan for 2020, to focus ensuring we achieve those areas that are ongoing, such as breastfeeding policies, social marketing campaigns and parent education sessions. Infant feeding support continues to be offered to all mothers following discharge from hospital.

PH 03a Health Improvement Team continues to deliver a 45 week Age Well (postural stability) exercise programme across the borough. We are continuing to identify areas and opportunities to maximise uptake of the exercise programme.

We are collaborating with many partners both in the community and within hospital settings to explore opportunities to develop new initiatives to improve screening for falls and promotion of preventative service. Currently we are piloting a project with the Musculoskeletal Clinical Assessment Team whereby they are undertaking a FRAT and making onward referrals to the Health Improvement Team. From this referral the team will then discuss an appropriate exercise programme for the person to engage with to improve physical wellbeing, this includes PSI. This process is to encourage people to remain active whilst they are awaiting an appointment with a physio therapist from their team.

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 advising on the appropriate falls referral pathways. This training package has been changed to provide more holistic messages around falls as opposed to the focus purely being on the FRAT. This next quarter we are looking at devising a training package specifically for falls prevention in care homes.

Work is continuing with the CCG to look at the opportunities to work closer with our health colleagues for improving the promotion and the uptake of the Age Well exercise programme and focus more on Prevention.

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

PH 03b As part of the ongoing work of the falls steering group, there is a workshop set up for the 9th May where all key partners who deliver a service around falls prevention will come together, to map existing services, look at where they fit in relation to the current pathways and identify any gaps in the service. This will also be an opportunity to review and evaluate the performance of the pathways currently in place.

PH 04a The data for 2015/16-17/18 shows that the Halton rate has decreased slightly from the previous year.

Halton has seen a greater reduction compared to England, the North West and St Helens, since 2006/07-2008/09. Despite this overall decrease, the Halton rate remains significantly higher than the England average. However, the rate is similar to the North West average and significantly lower than the St Helens rate.

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

- Developing a coordinated alcohol awareness campaign plan.
- Delivery of alcohol education within local school settings (Healthitude, 0-19 Service, Young Addaction, Amy Winehouse Foundation, Cheshire Police).
- Ensuring the early identification and support of those drinking above recommended levels through training key staff members in alcohol identification and brief advice (alcohol IBA).
- Reviewing alcohol treatment pathways.
- Working closely with colleagues from licensing, the community safety team, trading standards and Cheshire Police to ensure that the local licensing policy supports the alcohol harm reduction agenda, promoting more responsible approaches to the sale of alcohol and promoting a diverse night-time economy.
- Working to influence government policy and initiatives around alcohol: 50p minimum unit price for alcohol, restrictions of all alcohol marketing, public health as a fifth licensing objective.

PH 04c During Q3, CGL received 70 new referrals for alcohol only and 26 for alcohol and non-opiate problems. Local data suggests that by the end of Q2, 144 individuals were engaged in structured treatment where alcohol was the primary concern, and a further 50 clients were in receipt of support for non-opiate and alcohol problems. 93 were involved in post treatment recovery support.

At the end of Q3, the rate for successful alcohol completion rate in Halton was 49.8%, above both PHE and CGL national average. The alcohol and non-opiate completion rate is just below national average, sitting at 31.6%.

For this quarter CGL have commenced 11 hospital alcohol detoxes. During the quarter CGL continued the trial of working with Birchwood Detoxification Unit and Wirral CGL to offer the alcohol cohort the option of a step down detox processes for those unsuitable for community detoxification.

PH 05a Halton has been successful in its application to become a Time to Change Hub. This will mean that we get support and guidance to deliver a range of services to improve mental health, with a primary focus on men's mental health. Halton continues to deliver its broad range of community and locality based programmes to promote health and wellbeing, reduce the stigma of mental health and provide training and advice on mental health and suicide.

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** – 9 educational settings and 4 workplaces engaged. Riverside College currently being supported via the One Halton Population work stream. Multi agency steering group established and action plan developed to help improve the mental health and wellbeing of young people.
- **Training offer to improve early detection of mental health conditions and mental health and wellbeing, available to both staff and the community – 306** front line staff trained in mental health awareness
- **Campaigns to tackle stigma and raise awareness**- Halton Borough Council - along with Halton Mind and local partners - has been successful in its bid to become a Time to Change hub. Haltons Time to Change Hub will be supported by Time to Change over the next 18 months to tackle mental health stigma in young people and men.

Future developments-

A partnership micro website (microsite) is under development which will be a single point of information for both the support available and how to keep yourself mentally well. This development enhances the Thrive model currently in place and will help both the public and professionals navigate support and resources available. CHAMPS are developing a transformational wellbeing commission targeting mental wellbeing through the workplace.

PH 05b We are in the process of analysing the first years data from the Real Time Surveillance system, which we will assess against the 2018 Suicide Audit when completed (currently underway). The suicide prevention action plan is continuously driven forward by the suicide prevention partnership board. The plan links closely with the Cheshire and Merseyside No More Suicides strategy. A real time surveillance intelligence flow is in place which will enable faster identification of potential trends and clusters. A procedure has been established to raise concerns of front-line staff who have struggled to obtain support for clients who are presenting with sucidal ideation. All concerns are discussed at the suicide prevention partnership board and relevant actions taken. The suicide prevention pathway for children and young people has been developed and is currently in the process of being signed off by relevant partners and boards. **244** front line staff have been trained in suicide awareness including PCSO's and Police officers for Cheshire Police. Champs have been successful in their C&M NHSE funded self harm and suicide prevention application with work due to focus on those who have died by suicide who previously self-harmed; the recently completed self-harm audit across the Champs foot print will be used to inform this new piece of work. Champs have also undertaken a bereavement service audit to identify any gaps in provisions across the Champs footprint.

Key Performance Indicators

Ref	Measure	17/18 Actual	18/19 Target	Q4	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)	64.5%	✓	↑
PH LI 02a	Adults achieving recommended levels of physical activity (% adults achieving 150+	65.2% (2016/17)	66.0% (2017/18)	Annual data only	U	↑

	minutes of physical activity)					
PH LI 02b	Alcohol-related admission episodes – narrow definition (Directly Standardised Rate per 100,000 population)	838.2 (2017/18) Provisional	836.0 (2018/19)	832.1 (Q4 '17/18 – Q3 '18/19) Provisional	✓	↓
PH LI 02c	Under-18 alcohol-specific admissions (crude rate per 100,000 population)	57.8 (2015/16-2017/18) Provisional	57.0 (2016/17-2018/19)	62.5 (Q4 '15/16-Q3 '18/19) Provisional	U	↓
PH LI 03a	Smoking prevalence (% of adults who currently smoke)	16.6% (2016)	15.0% (2017)	15.0% (2017)	✓	↑
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)	90.4 (2016-18) Provisional	✓	↑
PH LI 04a	Self-harm hospital admissions (Emergency admissions, all ages, directly standardised rate per 100,000 population)	337.9 (2017/18) Provisional	335.0 (2018/19)	324.3 (Q3 '17/18 – Q2 '18/19) Provisional	U	↑
PH LI 04b	Self-reported wellbeing: % of people with a low happiness score	12.2% (2016/17)	11.1% (2017/18)	9.7% (2017/18)	✓	↑
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*	173.7 (2015-17) Provisional	173.0 (2016-18)	175.8 (2016-18) Provisional	U	↓
PH LI 06ai	**Male** Life expectancy at age	17.3 (2014-16)	17.5 (2015-17)	U	N/A	N/A

	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*					
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)	18.3 (2015-17)	U	N/A	N/A
PH LI 06b	Falls and injuries in the over 65s (Directly Standardised Rate, per 100,000 population; PHOF definition)	3014.9 (2017/18) Provisional	2970.0 (Q3 17/18 – Q2 18/19) Provisional	U	N?A	N/A
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	Not yet available	U	↑	
PH LI 07a	% of successful completions (drugs) as proportion of all treatment (18+) (Increase)	17.3% (2016/17)	12.9% (Feb '18-Jan '19)	✗	↓	
PH LI 07b	Individuals re-presenting to drug services within 6 months of discharge (reduction)	8.9% (2016/17)	18.4% (Feb '18 - Jan '19)	✓	↓	

Supporting Commentary

PH LI 01	Data is released annually.
PH LI 02a	Data is released annually. No update from Q3.
PH LI 02b	Provisional data for 2017/18 indicated a rate marginally below that of the published figure. So, although the provisional data for the year to Q3 2018/19 would be seen to be meeting target, the value is currently above that of 2017/18. *Provisional figures are based on unverified data and as such caution is advised in their use.*
PH LI 02c	Although based on provisional data, the rate to Q3 2018/19 has risen from the end of year rate for 2017/18. The rate to Q3 2018/19 would provisionally indicate that we are not meeting the target. The small numbers of such admissions means it is not possible to definitively state that we will or will not meet target by year end. *Provisional figures are based on unverified data and as such caution is advised in their use.*
PH LI 03a	Adult smoking prevalence has reduced once again and has met the target for 2017. *Data is available annually; 2018 target will be set for the Q1 2019/20 QMR.*
PH LI 03b	Provisional data would indicate that premature mortality from CVD has fallen to the 3-year period to the end of 2018. Although it would also indicate that the 2016-18 target was achieved, this data is subject to change and so progress against the target will remain provisional; especially given the marginal difference between the provisional 2016-18 data and the target. *Mortality indicators are now based on 3-year periods.*
PH LI 04a	Although based on provisional data, the rate to Q2 2018/19 has fallen from the end of year rate for 2017/18. Though we are below the target for the year, it is still too early to state whether the year-end target will be achieved. *Provisional figures are based on unverified data and as such caution is advised in their use.*
PH LI 04b	The value of 9.7% for 2017/18 represents the lowest percentage of people with a low happiness score in Halton over the entire period available (since 2011/12).
PH LI 05	Provisional data would indicate that premature mortality from cancer has risen to the 3-year period to the end of 2018. The data would also indicate that the 2016-18 target was not achieved, this data is subject to change and so progress against the target will remain provisional; especially given the small difference between the provisional 2016-18 data and the target. *Mortality indicators are now based on 3-year periods.*
PH LI 06ai	Data is available annually. *2016-18 target will be set in Q1 2019/20 QMR*
PH LI 06aii	Data is available annually. *2016-18 target will be set in Q1 2019/20 QMR*
PH LI 06b	Provisional data would indicate that falls admissions have risen to the year ending Q2 2018/19. The data indicates the 2018/19 target is on course to be achieved. *Provisional figures are based on unverified data and as such caution is advised in their use.*
PH LI 06c	For 2017/18, Halton failed to meet the 75% target for flu vaccination uptake amongst those residents aged 65+. However, there was an increase in population flu vaccination coverage in this age group, from 71.5% (2016/17) to 73.7% (2017/18).

PH LI 07a	Re-presentations within 6 months (according to the NDTMS website) are higher compared to the national (10.4%) and North West (10.5%) averages. The Halton percentage has also increased from the same period the previous year (3.9%).
PH LI 07b	Successful completions (according to the NDTMS website) show good progress and are higher compared to the national (14.0%) and North West (14.6%) averages. However, the Halton percentage has decreased from the same period the previous year (21.7%).

ADULT SOCIAL CARE DEPARTMENT

Comments on the above figures

PUBLIC HEALTH & PUBLIC PROTECTION DEPARTMENT

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	U	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.*