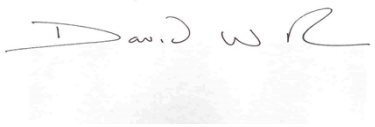
Public Document Pack

Health Policy and Performance Board

Tuesday, 26 November 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, 25 February 2020

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, 17 September 2019 at Council Chamber - Town Hall, Runcorn

Present: Councillors J. Lowe (Chair), Baker (Vice-Chair), Cassidy, Dennett, P. Hignett, Ratcliffe, Sinnott and Zygadllo

Apologies for Absence: Councillor Dourley, C. Loftus and June Roberts

Absence declared on Council business: None

Officers present: S. Wallace-Bonner, M. Vasic, D. Nolan, L Wilson, M. Lynch, D. Parr and G. Ferguson

Also in attendance: Councillor T. McInerney under Standing Order 33. M. Austin - Halton CCG, Dr Davies - Halton CCG, M Pickup - Warrington and Halton Hospitals, C. Scales - Bridgewater, J. Regan – Premier Care and L. Thompson – Halton CCG.

ITEMS DEALT WITH UNDER DUTIES EXERCISABLE BY THE BOARD

Action

HEA1 MINUTES

The Minutes of the meeting held on 18 June 2019 were signed as a correct record.

HEA2 PUBLIC QUESTION TIME

It was confirmed that no public questions had been received.

HEA3 HEALTH AND WELLBEING MINUTES

The minutes relating to the Health and Wellbeing Board from its meeting on 27 March 2019 were presented to the Board for information.

RESOLVED: That the minutes be noted.

HEA4 BRIDGEWATER COMMUNITY HEALTHCARE AND WARRINGTON & HALTON HOSPITALS COLLABORATION UPDATE

The Board was provided with an overview of the collaboration between Bridgewater Community Healthcare (BCH) NHSFT and Warrington and Halton Hospitals (WHH) NHSFT, including progress to date and the key next steps.

The collaboration was described as an equitable partnership of two foundation trusts intended to support and accelerate the delivery of *One Halton* and *Warrington Together* priorities, with system partners to improve the health and wellbeing outcomes of both populations.

It was noted that the NHS Long Term Plan, published in January 2019, promoted models of collaboration with the 'breaking down' of barriers between primary and community and acute care, with out of hospital provision of care prioritised and the development of integrated community teams and primary care networks. It was explained that BCH and WHH operated across the Warrington and Halton health economy footprints, and like many health and care organisations, both faced increasing pressures from increased demand for services due to population health trends, service delivery pressures due to workforce availability and need to address challenges at an organisation and system level.

Therefore in line with the direction of the NHS Long Term Plan, both organisations shared an ambition to develop true sustainable integrated care and shared the belief that there were opportunities to collaborate in developing place based models of care in both Halton and Warrington, which would not only remove the barriers between acute and community but also primary care, social care and voluntary/charity sector services.

The report continued, discussing system aims, progress made to date and the key next steps with regards to governance, workforce, clinical service sustainability and reducing costs in the system.

It was highlighted by a Board Member that the governance arrangements were not yet clearly defined. The Board requested that an update report should be circulated to Members once the governance arrangements had been confirmed.

In addition, the Board discussed the interface between the Local Authority and the Programme Managers, the proposal for a new hospital in Warrington and engagement with Whiston Hospital and the collaboration.

On behalf of the Board, the Chair thanked Mel Pickup for her contribution to Board meetings and wished her every success in the future.

RESOLVED: That the Board noted the contents of the report.

HEA5 COMMUNITY CONNECTORS

The Board considered a report from the Strategic Director – People, which provided an evaluation of the Halton Community Connectors pilot.

It was reported that the Community Connector pilot was a 12 month funded initiative which adopted the evidence based 'Local Area Coordination' approach to supporting people as valued citizens in their communities. The approach was an assets/strength based one, which protected the individual's independence, resilience, ability to make choices and wellbeing utilising personal, social, community and environmental assets. Further, supporting the person's strengths and using assets in the community could help address their needs for support in a way that allowed the person to lead, and be in control of, an ordinary and independent day to day life as much as possible; and may also help delay the development of further needs.

The report described the role of the two Community Connectors appointed and how they operated during 2018-19. Members also heard the outcomes of the pilot, the links with care management, what was learnt and the next steps to be taken. Members were also referred to '*Jenni's Journey'*, a case study which was appended to the report.

The Board discussed how the pilot worked alongside Sure Start services and other similar projects such as Bridge Builders and how it enhanced Social Workers' knowledge of these types of services.

RESOLVED: That the report be noted.

The Chair declared a Disclosable Other Interest in the following item as her son's partner works for Premier Care so she did not take part in the debate following the presentation.

HEA6 TRANSFORMING DOMICILIARY CARE (TDC) PROGRAMME

The Board received a report from the Strategic

Director – People, which gave an update on the progress of the Transforming Domiciliary Care Programme and information on Premier Care – Lead Provider for commissioned domiciliary care in the Borough.

It was reported that Halton Borough Council had been working with a range of partners to develop how domiciliary care was delivered in the Borough; known as the Transforming Domiciliary Care Programme. The term *Domiciliary Care* was used to describe the help some adults need to live as well as possible when coping with an illness or disability they may have.

Members were presented with information about the Programme with the help of a presentation given by Mr Regan on behalf of Premier Care. The report also discussed the Programme's capacity and demand, service user assessment and management and workforce development.

Board Members raised concerns around retention of staff, workforce development, administering medication and the proposed apprenticeship scheme. In response the Board was advised that staff turnover at Premier Care was similar to the national average in this area of employment. With regard to a proposed apprenticeship scheme, Mr Regan confirmed that if the apprentice was providing domiciliary care then the rate of pay would be the same as other employees in a similar role. In response to the concerns around administering medication, Premier Care was looking at an electronic system that would provide an improved and more robust medication administering system.

RESOLVED: That the report be noted and Premier Care be invited to attend a future Board meeting to provide an update on apprenticeships and the medication administering system.

HEA7 URGENT TREATMENT CENTRES UPDATE

The Board received a presentation from Dr Andrew Davies, Clinical Chief Officer, NHS Halton CCG, on the outcome of the Urgent Treatment Centre (UTC) procurement.

Members were advised on the future UTC model and received information on how it would improve the current Urgent Care Centres by providing:

- access to appropriately skilled practitioner to meet

patient needs and diagnostics where required;
- an improved model of care encompassing health and social care;
- clear outcomes demonstrating system working; and
- improved patient experience.

The UTC contract open tender process would commence during October and was expected to be completed by December 2019. The new UTC contract would be effective from April 2020. A public consultation exercise would take place throughout the process.

A mmember requested that the Board be kept up to date on any proposed service improvements at the UTC. In addition, if there were plans for more GP hours at the UTC, these should be clearly signposted.

RESOLVED: That the Board note the report and accompanying presentation.

HEA8 NHS HALTON & NHS WARRINGTON CCG FUTURE COMMISSIONING/GOVERNANCE ARRANGEMENTS

The Board received a presentation from Dr Andrew Davies, Clinical Chief Officer, NHS Halton CCG, on the future commissioning arrangements.

Members were advised that there was a national requirement for CCGs to reduce the already stretched running costs by 20% by 2020/21. In addition, the ambition of the NHS Long Term Plan placed great focus on the streamlining of commissioning and place based integration.

It was noted that over the last few months, the Halton and Warrington CCG Integrated Management Team had been working to identify actions to reduce running costs and had already exhausted all internal actions in terms of reducing spend. Taking into consideration the 20% reduction requirement for both NHS Halton CCG and NHS Warrington CCG, a formal options appraisal was being undertaken to consider what could be done to reduce costs, streamline commissioning and make best use of resources and expertise. The following three options had been considered by the CCGs and details of each were outlined to the Board:

- Do nothing;
- CCGs integrate with their respective Local Authorities; and
- Merger of the two CCGs.

It was noted that following an appraisal of the three options, which included a financial report, it had been decided to progress with the preferred option to merge the two CCGs. Members were provided with information on the latest feedback on the public consultation exercise that was taking place around the proposed merger, the engagement process with stakeholders and details on the next steps of the process.

The following was discussed/noted in response to Members' queries:

- the appropriateness of merging Halton and Warrington CCGs;
- dilution of the Halton Place agenda;
- the closure of Halton Haven, although it was not part of this process;
- the timescales involved and the very short period of consultation;
- the lack of inclusivity in the process with the Council and other stakeholders;
- bias towards the merger model;
- failure to properly consider and evaluate all options;
- the implications the merge will have on the medium and long term financial funding for health in Halton;
- the dilution of the Halton GP voice as Warrington had more GPs than Halton and the wider implications of Halton GPs representation on the new Board;
- the future impact on One Halton; and
- the lack of financial information provided.

Members also expressed concern that although Dr Andrew Davies offered a number of guarantees he could not provide absolute guarantees to the Local Authority around future funding or governance arrangements.

In response to Members' concerns around the financial information that had been appraised, Dr Andrew Davies agreed to share the financial documents with the Board.

RESOLVED: That the Board notes the report and accompanying presentation.

HEA9 ONE HALTON PLAN

The Board considered a report of the Chief Executive that shared with Members the current working draft of the

One Halton Plan. This was a Five Year Strategy document required by Cheshire & Merseyside Healthcare Partnership in response to the NHS Long Term Plan.

Members were advised that the draft document would be reviewed at the Health and Wellbeing Board (HWB) at its meeting on 2nd October 2019. Any comments on the One Halton Plan should be forwarded to the Chief Executive prior to the HWB meeting.

RESOLVED: That

1. The draft report is noted; and

2. Any comments on the One Halton Plan be forwarded to the Chief Executive.

HEA10 PERFORMANCE MANAGEMENT REPORTS, QUARTER 1 2019/20

The Board received the Performance Management Reports for quarter 1 of 2019-20.

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 1 of 2019-20. 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.

Arising from the discussion, it was reported that Halton had recently contributed to a successful bid through the Cheshire and Mersey Cancer Prevention Group, a subgroup of the Cancer Alliance and had been awarded over £1.2million to implement activities to improve uptake of cancer screening programmes. The Board requested additional information on how the Group would roll out this programme.

RESOLVED: That the Performance Management Reports for quarter 1 be received.

Meeting ended at 9.00 p.m.

REPORT TO: Health Policy & Performance Board

DATE: 26 November 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 and Performance Board

DATE: 27 November 2019

REPORTING OFFICER: Chief Executive

SUBJECT: Health and Wellbeing Minutes

WARD(s): Boroughwide

1.0 PURPOSE OF REPORT

1.1 The Minutes of the Health and Wellbeing Board's meeting on 10 July 2019 are attached at Appendix 1 for information.

2.0 RECOMMENDATION: That the Minutes be noted.

3.0 POLICY IMPLICATIONS

3.1 None.

4.0 OTHER IMPLICATIONS

4.1 None.

5.0 IMPLICATIONS FOR THE COUNCIL'S PRIORITIES

5.1 **Children and Young People in Halton**

None

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

None

5.3 **A Healthy Halton**

None

5.4 **A Safer Halton**

None

5.5 **Halton's Urban Renewal**

None

6.0 RISK ANALYSIS

6.1 None.

7.0 EQUALITY AND DIVERSITY ISSUES

7.1 None.

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

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

HEALTH AND WELLBEING BOARD

At a meeting of the Health and Wellbeing Board on Wednesday, 10 July 2019 at The Halton Suite - Select Security Stadium, Widnes

Present: Councillors Councillors Polhill (Chair) and T. McInerney, Woolfall and Wright and S. Bartsch, S. Burrows, L. Carter, J. English, G. Ferguson, T. Hemming, T. Hill, N. Kershaw, M. Lynch, R. Macdonald, Z. McEvoy, A. McHale, E. O'Meara, K. Parker, D. Parr, J. Rosser, S. Semoff, L. Thompson, S. Wallace Bonner, T. Woods and S. Yeoman.

Apologies for Absence: M. Larking, M. Pickup, C. Scales, M. Vasic and A. Williamson.

Absence declared on Council business: None

ITEM DEALT WITH
UNDER DUTIES
EXERCISABLE BY THE BOARD

Action

HWB1 MINUTES OF LAST MEETING

The Minutes of the meeting held on 27th March 2019 having been circulated were signed as a correct record.

HWB2 HALTON FAMILY NURSE PARTNERSHIP- 2018 ANNUAL REVIEW

The Board received a report from Theresa Woods, a representative of Halton Family Nurse Partnership, who outlined the 1001 Critical Days programme which provided support to first time young parents aged under 19. Support was provided to Clients from early pregnancy until the child was 2 years old. The programme aimed to:

- Improve pregnancy outcomes;
- Improve child's health and development;
- Develop parents' knowledge & skills;
- Help parents' achieve their aspirations, such as getting a job or returning to education.

The Board received a report from Theresa Woods, a representative of Halton Family Nurse Partnership, who outlined the 1001 Critical Days programme which provided support to first time young parents aged under 19. Support

was provided to clients from early pregnancy until the child was 2 years old. The programme aimed to:

- Improve pregnancy outcomes;
- Improve child's health and development;
- Develop parents' knowledge & skills; and
- Help parents' achieve their aspirations, such as getting a job or returning to education.

The Board was advised on the profile of those women on the programme and were provided with examples of improvements achieved in the lives of those clients supported by the Team.

RESOLVED: That the presentation be noted.

HWB3 CHIEF SOCIAL WORKER FOR ADULTS ANNUAL REPORT: 2018 TO 2019 - SOCIAL WORK LEADERSHIP IN CHANGING TIMES

The Board considered an overview of the Chief Social Worker (CSW) for Adults Annual Report 2018-19. The CSW worked from Government Office and her Annual Report which was themed around 'social work leadership in changing time' set out:

- How social workers were taking a practice leadership role in delivering safe and best outcomes for people with health and care needs; and
- Priorities over the coming year to further raise the quality and profile of adult social work across an integrated system.

The Annual Report also offered examples of social workers demonstrating leadership, professional oversight and co-operation with individuals, families and wider health and care sector. It also looked at the way organisations collaborated across health, community and voluntary sectors to maintain people's quality of life and independence and the CSW priorities for 2019/20.

The Board was also advised on the role of the Principal Social Worker (PSW). The Care Act 2014 stated that local authorities should arrange to have a PSW in place who was a qualified and registered social work professional practice lead who would oversee excellent social work practice. It was the Principal Social Workers role to take a professional leadership role across the organisation and act as a bridge for better communication and understanding between Senior Management and Social Workers. The

report highlighted areas of progress achieved by the PSW during the past year.

RESOLVED: That the Board

1. note the Chief Social Worker's annual report; and

2. recognise the role of the Principal Social Worker Adults and the progress to date.

HWB4 FALLS STRATEGY

The Board considered a copy of the Falls Strategy 2018-2023. The Strategy was first developed in 2013 and was now due for review. The Board was advised that the primary aims of this Strategy were to:

- Reduce the numbers of serious injuries that result from a fall;
- Reduce the number of Emergency hospital admissions for injuries due to a fall (65+);
- Reduce the number of Emergency hospital admissions due to fracture of neck of femur (65+);
- Reduce the numbers of falls that affect older people and those at higher risk of falling;
- Commission an integrated, evidenced based, falls prevention pathway across Halton; and
- Reduce the fear of falling among older people.

The Board discussed the collaboration of all partners on the development of the Falls Strategy. It was reported that there had been a mapping event, workshop and a steering group, which involved a wide range of organisations to develop the Strategy. It was recognised that it was important that the Falls Strategy would be joined up with other similar Strategy documents and the good work that was ongoing in this area would be scrutinised with a future report brought back to the Board.

Arising from the discussion, Rachel Macdonald requested that she would like to attend future Falls Strategy development activities on behalf of community pharmacists.

RESOLVED: That the Board approved the updated version of the Falls Strategy 2018-2023.

HWB5 ADULT SOCIAL CARE FUNDING - IMPROVED BETTER CARE FUND (IBCF) ALLOCATION 2019/20

The Board received a report of the Director Adult

Social Services, which advised on the Improved Better Care Fund (iBCF) allocation for Adult Social Care in 2019/20. This was the final year of iBCF and the Board was reminded that a small number of grant conditions continued to be applied; specifically the funding was to be spent on schemes in the following three areas:

- meeting adult social care needs;
- reducing the pressures on the NHS, including supporting more people to be discharged from hospital when they were ready; and
- stabilising the social care provider market.

The report outlined the proposed schemes which would be funded by the allocated iBCF for 2019/20.

RESOLVED: That the Board note the contents of the report and support the allocations outlined.

HWB6 ACCESS TO HEALTHY AND AFFORDABLE FOOD IN HALTON

The Board considered a report of the Director of Public Health, which outlined the key findings and associated recommendations of a comprehensive study to examine access to healthy and affordable food in Halton. An action plan to address these recommendations and a final study report had also been circulated to the Board.

Overall the study identified the following 3 local centre areas where retail provision could be improved to increase access to healthy food and a number of recommendations to assist this:

- West Bank, Widnes;
- Bechers, Widnes; and
- Halton Brook, Runcorn.

These areas were identified using the following criteria.

- High deprivation and low car ownership;
- Low availability of fresh fruit and vegetables; and
- No alternative shops within walking distance.

RESOLVED: That

1. the report “Access to Healthy and Affordable Food in Halton” be noted;

2. the implementation of the associated action plan be supported; and

3. Board members promote the report and its findings within their own organisations and use the findings to inform future interventions to improve food access.

HWB7 ONE HALTON UPDATE REPORT

The Board received an update report on the development of One Halton including the work of the One Halton Forum, the Integrated Joint Commissioning Group and the Provider Alliance. It was noted that One Halton had a dedicated budget of £966,570 available for 2019-20. The majority of the funding was already committed for the year and details of the expenditure was outlined in the report.

The Health and Wellbeing Board was the decision making body for One Halton, therefore oversight of the budget would sit with the Board. The report recommended that the Board delegates authority and management of the budget to the Chief Executive/One Halton Senior Responsible Officer, in consultation with the Chair of the Health and Wellbeing Board and the Health and Wellbeing Portfolio Holder. This would allow decisions regarding spending to be made in a timely manner and projects initiated quicker.

In addition, the Board noted that a One Halton Forum Terms of Reference had now been produced and a copy was circulated to the Board for information.

It was noted that an update report would be brought back to the Board on the expenditure of the One Halton budget.

RESOLVED: That

1. the contents of the report be noted; and

2. authority to spend the One Halton budget be delegated to the Chief Executive/One Halton Senior Responsible Officer in consultation with the Chair of the Health and Wellbeing Board and the Portfolio Holder Health and Wellbeing. — Chief Executive

HWB8 INTEGRATED COMMISSIONING GROUP UPDATE

The Board considered an update report from the Integrated Commissioning Group. The purpose of the Group

was to provide an oversight of commissioned services on behalf of One Halton. The report outlined the Group Membership, Governance and meetings held to date.

The Board also noted that there was a requirement from Cheshire and Merseyside Health Care Partnership to write a fire year Strategic Plan that considered the NHS Long Term Plan as well as Health Care Partnership Programmes. The Plan would be produced collaboratively with providers and specific workshop would be held to undertake this. In addition, the Plan would also need to be signed off by the Board prior to 29th November 2019.

RESOLVED: That

1. the report be noted; and

2. the Terms of Reference for the Integrated Commissioning Group. (Appendix 1) be approved

HWB9 PROVIDER ALLIANCE UPDATE

The Board considered a report which provided an update from the One Halton Alliance. The purpose of the Alliance was to bring about effective collaboration across the whole of the health and social care system in Halton and for the system to support an end to competitive behaviour between providers. The report highlighted the Alliance membership, meetings to date, terms of reference, six priority areas (workstreams) identified and key decisions made.

It was noted that a request for a community pharmacy representative on the One Halton Alliance would be reported back to the Chair.

RESOLVED: That

1. the report be noted;

2. the six priority areas (workstreams) identified by the Provider Alliance be noted; and

3. the terms of reference for the Provider Alliance be approved.

Meeting ended at 4.12 p.m.

REPORT TO:	Health Policy & Performance Board
DATE:	26th November 2019
REPORTING OFFICER:	Strategic Director, People
PORTFOLIO:	Children, Education and Social Care
SUBJECT:	British Red Cross - Halton Support at Home Service
WARD(S)	Borough-wide

1.0 PURPOSE OF THE REPORT

1.1 To receive a presentation from Helen Featherstone, North of England Service Manager for Independent Living Services, British Red Cross (BRC), regarding the Halton Support at Home Service which is provided in the Borough by the BRC.

2.0 RECOMMENDATION: That the Board:

i) Note the contents of the report and associated presentation.

3.0 SUPPORTING INFORMATION

3.1 The BRC service supports people for a short period of time (for up to 6 weeks) during the difficult transition from hospital to home. The service is an important part of the discharge management process, helping to alleviate the pressure on beds as well as offering practical support to people when they are at their most vulnerable.

The Service is also available to people in the community to help avoid hospital admission and operates borough wide, between the hours of 9.00am and 5.00pm Monday to Friday.

3.2 Below is a list of services, activities or interventions, subject to a needs assessment, which may be provided to individuals whilst on the service:-

- Shopping/Escorted Shopping
- Emotional Wellbeing
- Preparing Home for Discharge and ongoing Support
- Supported appointments
- Providing Companionship/Confidence Building
- Assistance with Paperwork
- Safe and Well checks

- Signposting and Guidance
- Telephone Support /Check and Chat
- Assistance with Meals/Drinks
- Case Liaison
- Assisting with Mobility

3.3 As part of the current contract management arrangements, BRC provide information on a number of indicators, including, but not exclusive to:-

- Total number of referrals to service
- Number of service users supported by the service to facilitate discharge
- Number of service users supported by the service in the community to avoid admission

BRC, via completion of Service User satisfaction questionnaires, also provide outcome information including how many service users reported that they felt they had an:-

- Ability to cope in caring role;
- Improved ability to manage day-to-day activities;
- Improved awareness of and access to further services; and
- Improved quality of life.

Following provision of the service.

4.0 POLICY IMPLICATIONS

4.1 None identified.

5.0 OTHER/FINANCIAL IMPLICATIONS

5.1 BRC have a 2 year contract to provide the Service. This is due to expire on 31st March 2020.

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**
This report is associated with 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 identified.

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

9.1 None identified.

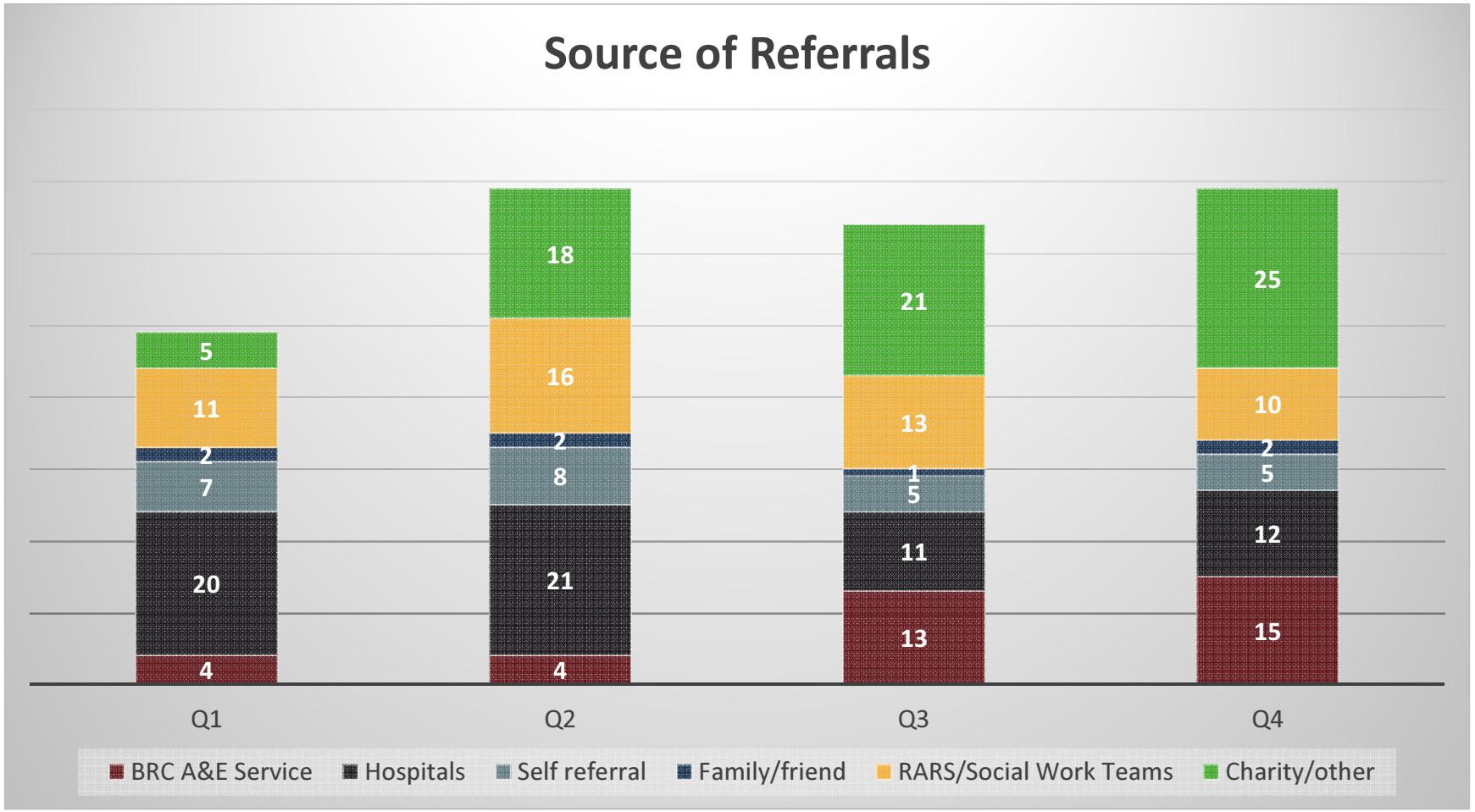
Support at Home Service

Halton

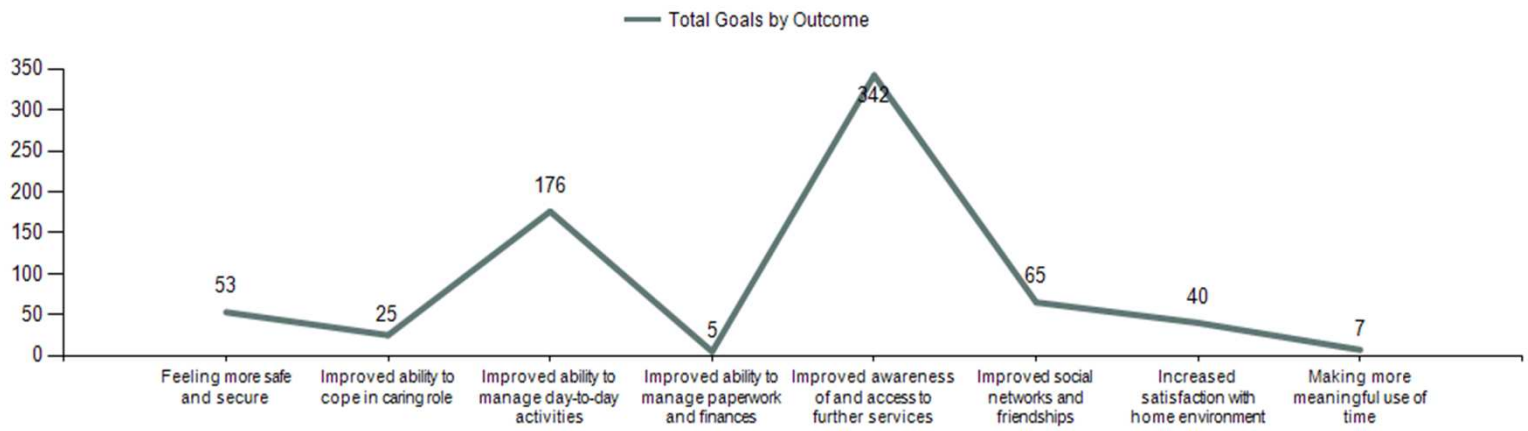
Helen Featherstone
Service Manager

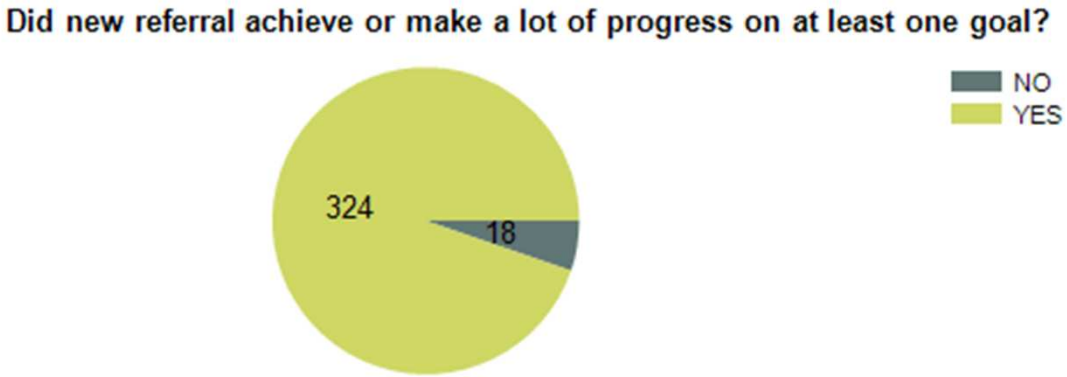
Service Provision

- Short-term care and support in the home
- Confidence building
- Practical support e.g. shopping
- Tackling social isolation and loneliness
- Signposting
- Safe and well checks



Top 3 Goals





The power of kindness

Health and Wellbeing Walk

- Every Thursday morning
- Health and Wellbeing benefits
- Make new friends
- Time for cuppa afterwards
- Signposting to other services

The power of kindness

Case Study 1

- 85 year old living alone with package of care
- Referred by Whiston Hospital after a short stay following dehydration
- Son needed respite from caring role due to exhaustion
- Team visited weekly
- Made time for a chat, wrote shopping list together, maintained personal choice
- Son enjoyed respite, able to continue in caring role.

Case Study 2

- Referred by physiotherapist after car accident
- Team visited in hospital then at home after discharge
- Widower and emotionally low
- Confidence building, reassurance, befriending, encouragement
- Went shopping and visited café together
- Attended weekly health walks and enjoys social interaction.

The power
of kindness


Any Questions?

REPORT TO:	Health Policy & Performance Board
DATE:	26th November 2019
REPORTING OFFICER:	Strategic Director, People
PORTFOLIO:	Children, Education and Social Care
SUBJECT:	Healthwatch Halton – Domiciliary Care Services in Halton
WARD(S):	Borough-wide

1.0 **PURPOSE OF THE REPORT**

1.1 To present the Board with the outcomes from Healthwatch Halton's recent survey on Domiciliary Care Services in Halton.

2.0 **RECOMMENDATION: That the Board:**

i) Note the contents of this report and associated Healthwatch report (see attached).

3.0 **SUPPORTING INFORMATION**

3.1 In 2016, Healthwatch Halton undertook a project to gather the views of people using Home Care Services (Domiciliary Care) in Halton. Over 140 people took part and gave their experiences of Home Care Services in Halton. The report concluded that the vast majority of service users were satisfied with their care but there were some issues that needed to be addressed and as such the report made a number of recommendations.

3.2 At the time this report was published Halton Borough Council (HBC) announced a review of provision of Domiciliary Care services across the Borough and following the review recommissioned home care services with the contract being awarded to one main provider.

3.3 Subsequently HBC were interested in how the new provider was performing against issues the previous report had raised and as such Healthwatch Halton undertook an evaluation of the new service provision.

3.4 The report presented to you is the outcome of this evaluation. The evaluation addressed a number of areas including service user involvement in decision making, communication and satisfaction with the care being received.

3.5 The report outlines a snapshot of the thoughts and views of people receiving home care services and highlights areas for consideration. Results highlight that there is a great deal of good care taking place across Halton and most people had positive

things to say about their care but there are areas that need improvements; see page 29/30 of the report for a list of the recommendations and observations.

4.0 **POLICY IMPLICATIONS**

4.1 None associated with this report.

5.0 **OTHER/FINANCIAL IMPLICATIONS**

5.1 None associated with this report.

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

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

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

6.3 **A Healthy Halton**
This report is associated with 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.

healthwatch Halton

Domiciliary Care Services in Halton

What people told us about their experiences

Report published 24 October 2019

Acknowledgements

Healthwatch Halton would like to thank everyone who took the time to give us their views for this project.

We appreciate the support we have received from Halton Borough Council in ensuring the survey reached as many users of the service as possible.

Contents

About us

Healthwatch Halton is the independent champion for people who use health and social care services in Halton. We exist to ensure that people are at the heart of care.

We help people find the information they need about services. We also go out and speak to local people about what they think of local care, and share what people like and what could be improved with those running services.

We have the power to ensure that people's voices are heard by the government and those running services. As well as seeking the public's views ourselves, we also encourage services to involve people in decisions that affect them.

Our sole purpose is to help make care better for people.

Introduction & Background

Late in 2016, Healthwatch Halton undertook a project to gather the views of people using Home Care Services (Domiciliary Care) in Halton. Over 140 people took part and gave their experiences of Home Care Services in Halton. The report 'Home Care – Who Cares?'[1] made a number of recommendations and observations based upon the National Institute for Health & Care Excellence (NICE) quality standard (QS123) for home care services, which is concerned with people aged over 65 and under 65 with complex needs who are using home care services.[2]

The report found that whilst the vast majority of service users were satisfied with their care, there were some issues around:

- Continuity of care
- Time keeping and length of visits
- Care plan reviews
- Complaints and concerns handling
- Supervision and staff training

The report also highlighted that a significant percentage of clients had not been given independent information on direct payments.

[1] https://healthwatchhalton.co.uk/download/home-care-who-cares/
[2] https://www.nice.org.uk/Guidance/QS123

The local authority responded to the report stating:

> *"We very much welcome the report from Healthwatch Halton on Domiciliary Care within Halton. The provision of high quality, effective Domiciliary Care services to our local community is a key priority for us and we were very pleased to see the many positive comments highlighted within the report.*
>
> *However, we also acknowledge that there are areas for improvement, identified within the report, which Halton Borough Council, working with our partners and local providers, will be addressing over the coming months..."*

At the time of publication of the report, Halton Borough Council announced a review of the provision of domiciliary care services across the borough. Following the review, Halton Borough Council recommissioned home care services with the contract being awarded to one main provider.

As the commissioners of the new service had seen the report recommendations Healthwatch Halton were interested in how the new provider was performing against the issues the previous report had raised. Healthwatch Halton therefore set one of its workplan projects for 2018 /19, an evaluation of the new service provision. The revised project would again evaluate the service using the NICE quality standards, and consider what performance was like in relation to the recommendations made in 2016.

Methodology

This project used a mixed methodology. A survey was developed that used mainly quantitative questions with opportunities for narrative to support the answers as necessary. The survey questions were based on the previous recommendations from the 2016 report in order to identify any performance against them. It was sent out by Halton Borough Council to people who were receiving Home Care Services as a paper survey with replies being sent directly to Healthwatch Halton.

Overall there were **129 responses** to the new survey. However, not all respondents to the survey answered every question and therefore, the percentages shown reflect a percentage of the respondents to the question rather than the survey as a whole.

The second part of the methodology was to develop case studies of the experiences of service users and their families so that a more qualitative set of data could be constructed. This data was contrived by carrying out telephone interviews with respondents who provided a name and contact telephone number. There were 30 respondents who said that they were willing to take part in further interviews but staff succeeded in contacting only nine. Not all of these interviews provided enough information

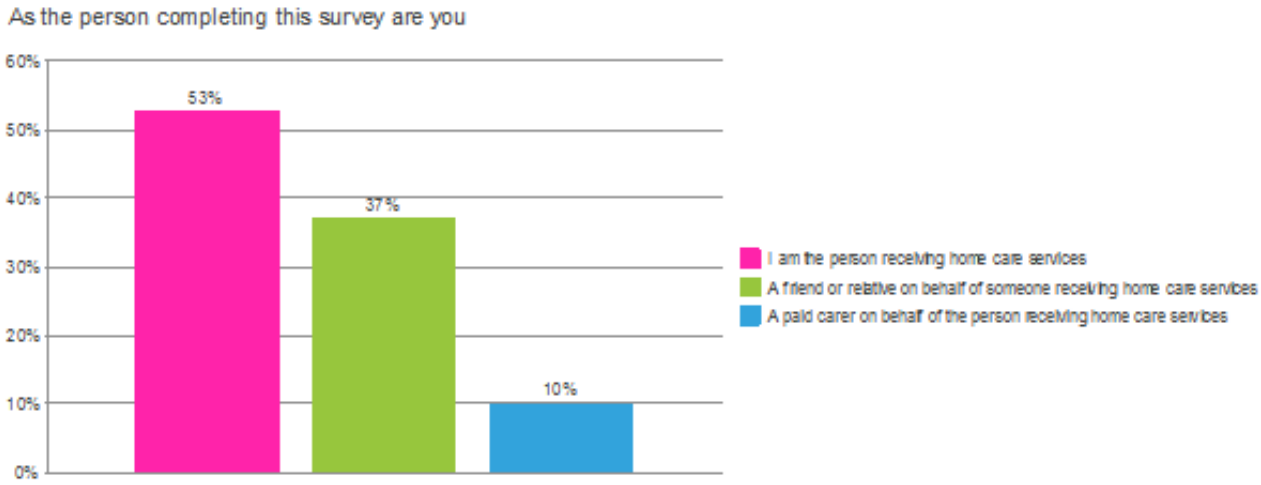
to develop into a case study, but comments from them all have been used alongside the narrative from the surveys.

All of the data has been compiled by using thematic analysis

The methodology used and the number of responses received mean that the findings cannot be considered to be representative of all the service users receiving domiciliary care in Halton, but they present a snapshot view of the opinions and experiences of those who took part in the project.

Survey results and findings

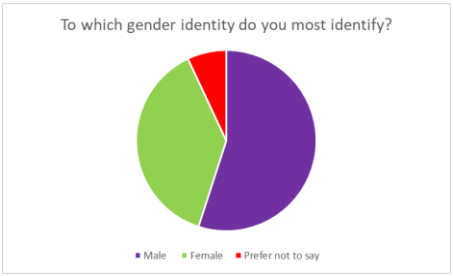
Who took part in the survey?



53% of the respondents said that they were the person who was receiving home care services. 37% were a family member or friend of the person who was receiving home care services. 10% said that they were a paid carer who was filling in the survey on behalf of the person who was receiving home care.

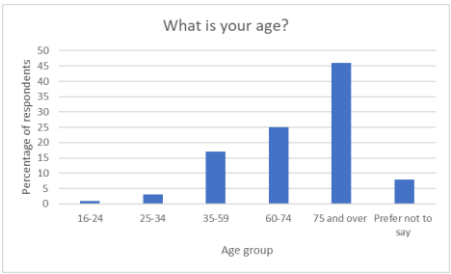
Respondents were also asked what gender they identified as.

The survey gave a range of options including transgender male and transgender female. However, respondents indicated that they were either male (55%); female (38%) or that they preferred not to say what gender they identified as (7%).



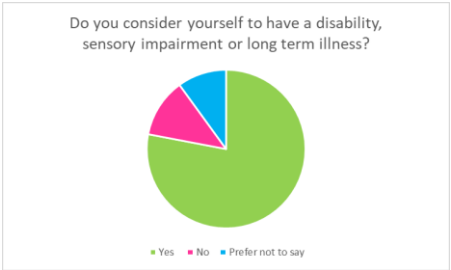
The highest percentage of respondents were aged over 75 with 46% of respondents indicating that they were over 75.
21% of respondents were aged under 60 and 25% were aged 60 to 74.

8% of respondents indicated that they preferred not to say what age bracket they fell into.

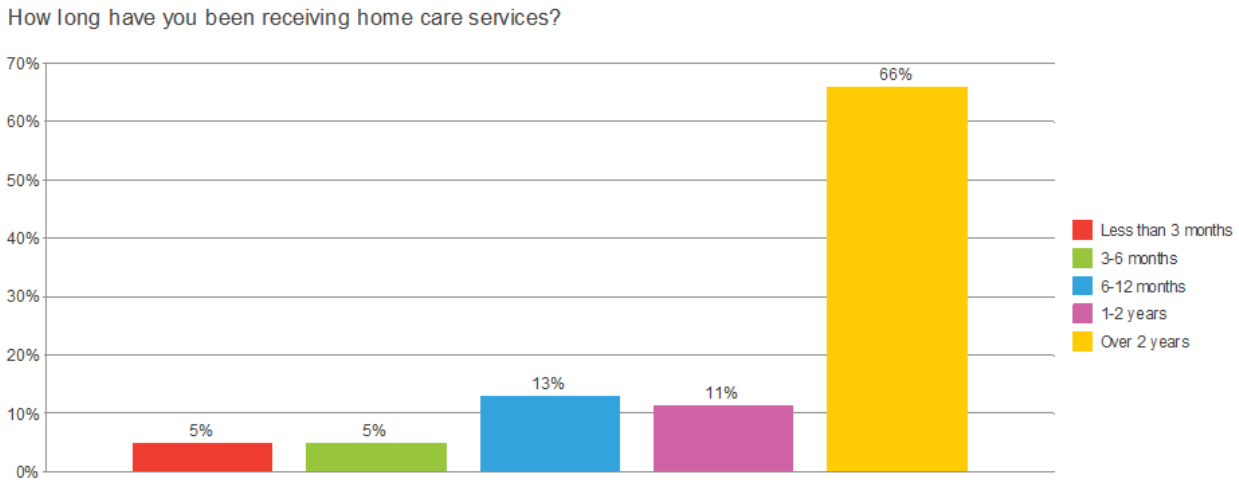


78% of respondents said that they considered themselves to have a disability, sensory impairment or long term illness.

10% of respondents preferred not to say.



Length of time receiving care



Respondents were asked how long they had been receiving home care services.

Two thirds (66%) said that they had been receiving home care services for more than two years. This meant that a majority of respondents have been receiving care since before the recommissioning of the service and would be able to comment on how things had changed as a result.

Care providers

Respondents were asked an open question about who their care agency was. There were six respondents who didn't know who their provider was. The highest number of respondents (67) said that their provider was ***'Premier Care'*** and another seven said that Halton Borough Council provided their care. Halton Borough Council do not provide a direct service and care is contracted with Premier Care as a prime contractor. Therefore, those seven respondents have care provided by Premier Care or the agencies that they subcontract to. ***'I Care Runcorn'*** were the provider for ten respondents; and ***Community Integrated Care*** were the provider for five respondents. Six respondents said that they employed Personal Assistants through direct payments.

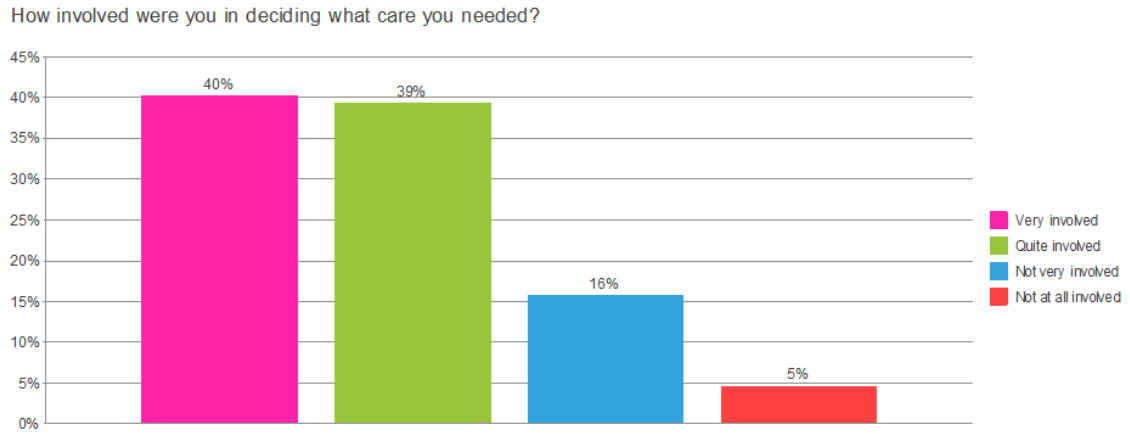
There were a range of other providers where there were smaller numbers of respondents who indicated that their care was provided by them.

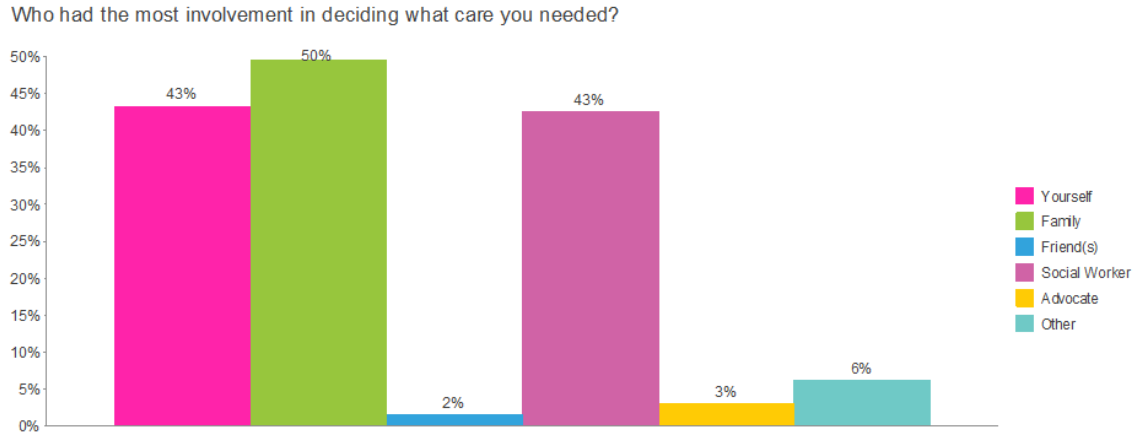
The vast majority of respondents were clear on who their care was provided by. This is an improvement on the same question in the 2016 survey.

Involvement in decision making

NICE QS 123, Quality Statement 1 is concerned with person-centred planning and the need for service users to have a say in their own care.

79% of respondents said that they had either been very involved or quite involved in deciding what care they needed, with 16% saying that they were not very involved and 5% were not at all involved.





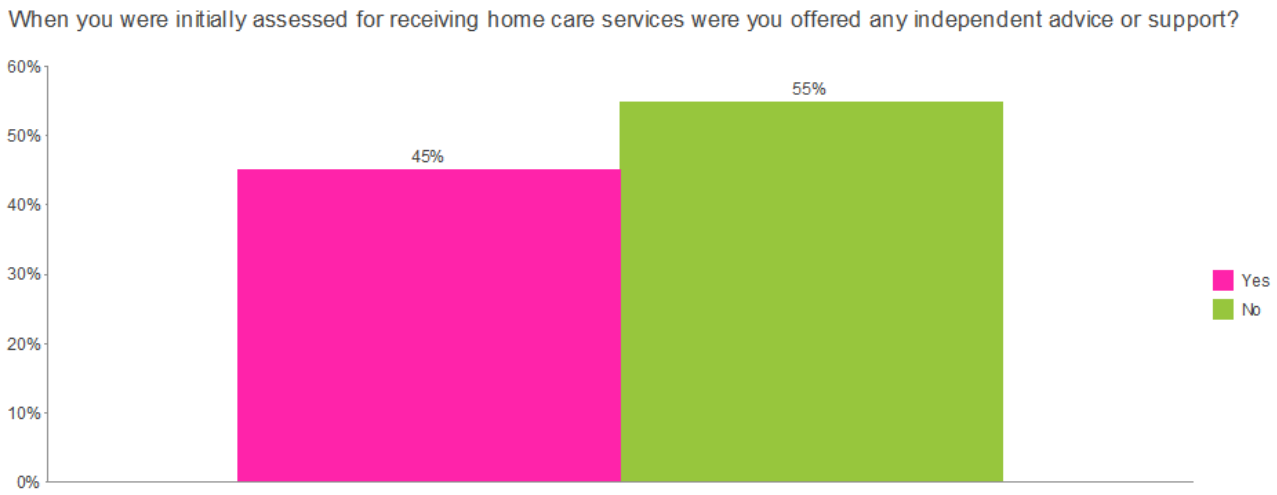
When asked who had the most involvement in deciding on their care respondents were able to choose more than one option and therefore, the responses are presented as counts rather than as percentages.

55 people said that they themselves had the most involvement and 54 said that a social worker had had the most involvement. However, the highest number, 63, said that their family had had the most involvement in deciding what care they needed.

It is positive to note that the majority of service users and their families were heavily involved in the decisions about the care needed. However, there were still just over 20%, who felt they were not very involved. This is something we'd look for the local authority to follow up on. We believe it is important that all service users and their families have the opportunity to be involved in deciding on the care.

Independent advice and support

Our 2016 report included recommendations around care assessments and service users being given the option of independent information and advice, not just that received from social services.



45% of the respondents to this question said that they had been offered independent advice or support when they were initially assessed for receiving home care services.

Respondents were given a chance to comment on the advice and support that they had received, just ten respondents commented.

- One person said that they had had independent support and advice from *'Age Concern'*.
- Two said that they had received support from their families during the assessment process and, for example, another said that their *'friend was [their] only advisor'*.
- Six people said that they had received support either from social services or the hospital for example, one said that they were *'advised by social services at Whiston Hospital'*.

With 55% of respondents commenting that they hadn't been offered independent advice there is indication that alternative advice routes are either not sought, or respondents are unaware of them.

Our 2016 report asked for improvements in the options for independent advice and support, *'We feel it is important that people should be offered truly independent advice to ensure they receive all the help and support they need and are entitled to'*.

Little progress seems to have been made on this since 2016 and we would now like to see the offer of independent advice or support made a compulsory part of any assessment or review of care needs.

Direct Payments

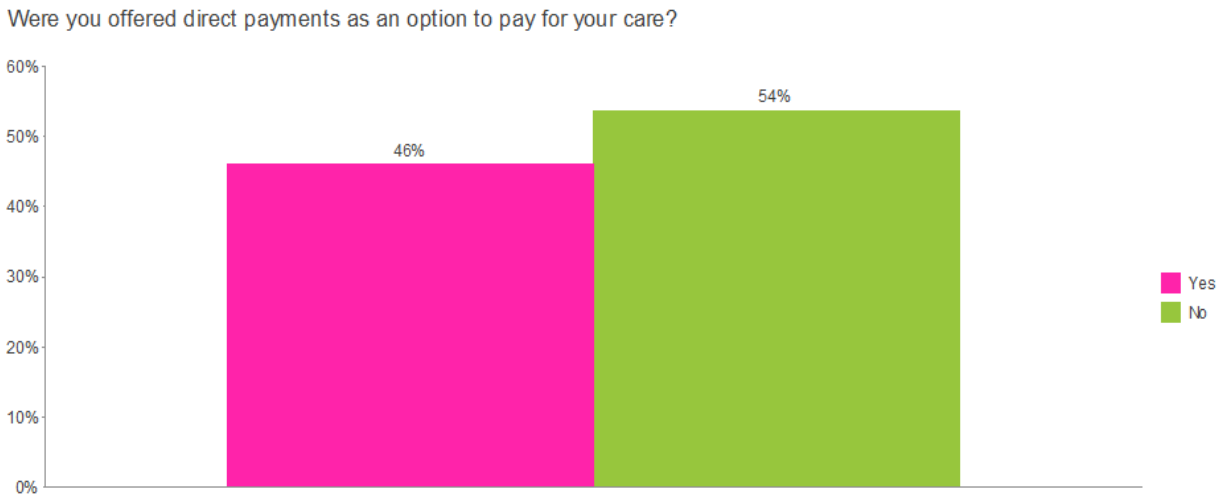
Our 2016 report recommended that everyone should be offered the option of direct payments. NICE guidelines also recommend people being given information on different funding mechanisms, including direct payments.

NICE guideline (NG21)[3], 'Home care: delivering personal care and practical support to older people living in their own homes'

Section 1.21, states, 'Give people who use or who are planning to use home care services and their carers details of:

'Different funding mechanisms including self-funding and the options available for people with personal budgets and support to manage them. Examples of funding mechanisms include having a managed budget, an individual service fund or direct payment.'

We asked service users if they had been offered direct payments as an option to pay for their care.



46% of the respondents said that they had been offered direct payments.

54% of the respondents to the question said that they had not been offered direct payments. Those respondents were then asked if they would have liked to have been able to take up direct payments.

- 49% of those asked said that they would not like to take up direct payments.
- 19% of them said that they would have liked to have been able to take up direct payments.
- 32% selected 'not applicable'.

[3] https://www.nice.org.uk/guidance/ng21/chapter/Recommendations#ensuring-care-is-person-centred

There were five comments made about direct payments at the end of the survey with two respondents saying that they did not know what direct payments were. The other three commented that they were using direct payments.

One person told us, *'a social worker at Whiston [Hospital] told me about direct payments and the company I am with now is through Direct Payments'*.

Another person told us that *'after many complaints we decided to opt for direct payments'*.

Using Direct Payments was seen positively by those who were using them and commented upon it.

As stated in our 2016 report, *'Not everyone wants or needs to be an employer, however they should be given the choice and information to make that decision themselves'*.

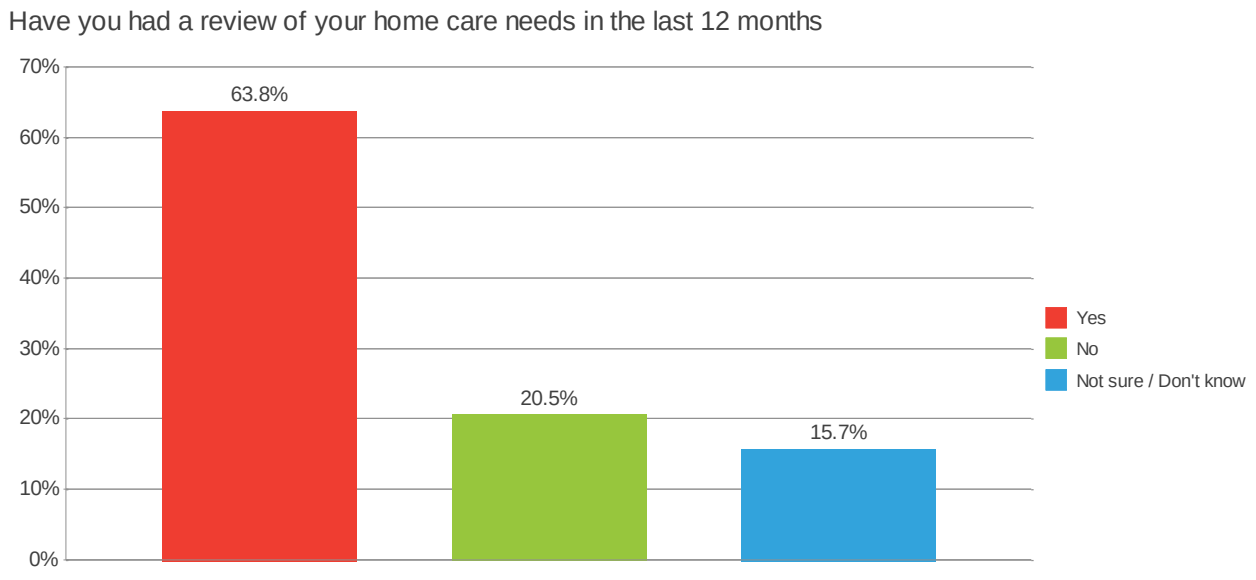
Care Reviews

Our 2016 report made a recommendation based upon **NICE QS123, Quality Statement Five**, that home care providers should carry out reviews of care within six weeks of their first care visit. Quality Statement One also references the need for service users to have a care plan that *'identifies how their personal priorities and outcomes will be met'*, as it might be expected that needs can change over time.

Under Care Act guidance there is an expectation that reviews take place no later than every 12 months.

According to data published by NHS Digital[4], **55%** of people who had been receiving care for at least 12 months did not receive a review during 2015-16. Where reviews had been carried out, around half led to changes in care plans. A third of carers in contact with councils did not receive a review or assessment.

We asked service users if they had received a review of their care needs in the last 12 months.



64% told us that they had had a review of their care needs by Halton Borough Council in the previous 12 months. **20%** of people hadn't received a care review, while **16%** were unsure or didn't know if they'd had a review or not.

[4] https://digital.nhs.uk/data-and-information/publications/statistical/community-care-statistics-social-services-activity/community-care-statistics-social-services-activity-england-2015-16

We were pleased to note that the figure for those who had received a review was higher than the national average, but consideration also needs to be given to the **36%** who either hadn't received a review or were unsure.

The Care Act requires care reviews to be carried out at least every 12 months.
We would suggest going beyond this. We would like to see the reviewing of care plans become more of an ongoing process, where care staff and service users and families talk to each other to refine things as they go. Adopting this policy could also help to create a more open culture around feedback.

'Regularly reviewing care plans is also very important and should be seen as a continual process, not something to be done just once a year. This is particularly important in cases where a user's ability to do certain things for themselves might be changing rapidly'.

Healthwatch England - 'Home Care - What people told Healthwatch about their experiences' - August 2017'[5]

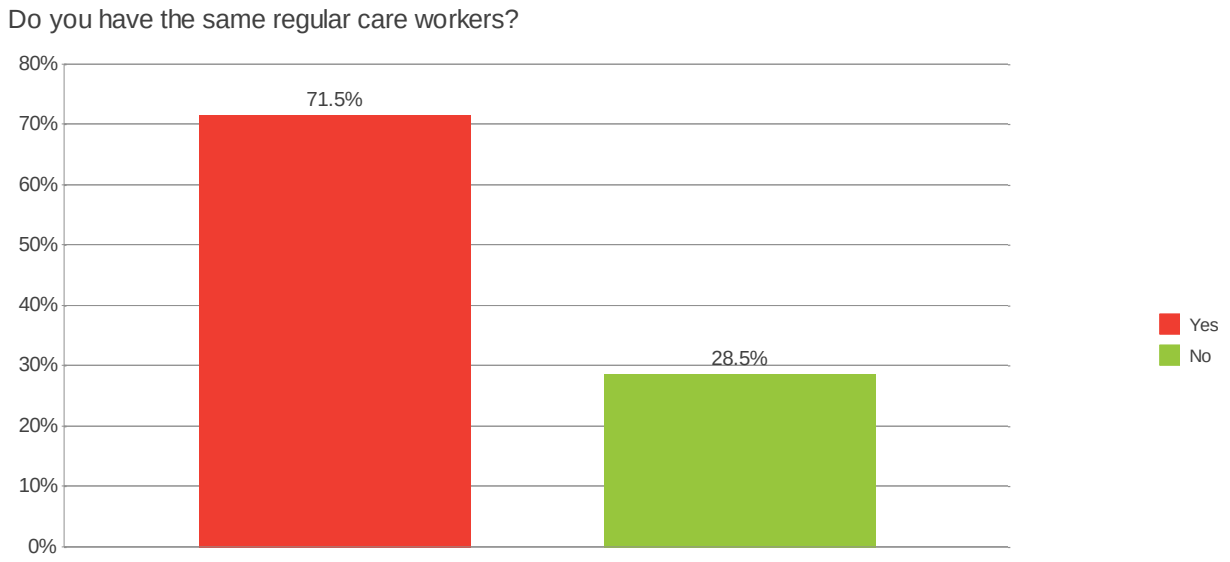
---

[5] https://www.healthwatch.co.uk/sites/healthwatch.co.uk/files/20171002-_home_care_-_what_people_told_local_healthwatch.pdf

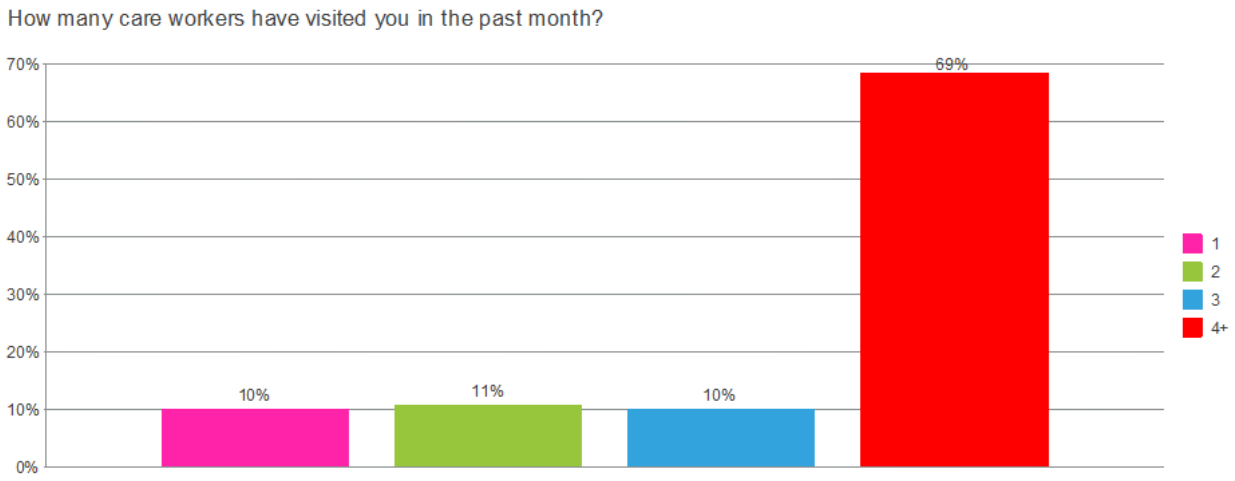
Continuity of care

NICE QS123, Quality Statement Three, states that: *'older people using home care services receive care from a consistent team of home care workers who are familiar with their needs'.*

Our 2016 report recommended that service providers should consider grouping care workers into micro teams and that care plans should include information on which care workers were allocated to the service user.



We asked if service users had the same regular care workers, 72% told us that they did.



However, when asked how many care workers had visited them in the last month **69%** said that they had had four or more care workers visit them. Although it might be expected that those who had a

higher number of visits per day would have the most carers, they were not the only respondents to say that they had multiple carers.

16% of respondents who just had one daily visit said that they had four or more carers in the previous month.

48 people commented on the number of carers that they had had in the previous month.

Some told us they had the same regular carers:

- *'I've had the same two for more than 7 years'*
- *'Daily visits. Both ladies very helpful indeed'*
- *'Regular worker 6 days per week. Varies on her 1 day off'*

Some said it was a mix, particularly at night:

- *'Different ones of a night and when carer is off'*
- *'In the mornings I have the same carer. I get different night carers and on weekend when my regular carer is off'*
- *'I do not mind having different carers providing my care as I see it as an opportunity to meet and speak with different people everyday. The carers I have seen all treat me with dignity and respect and are always very polite'.*

Other people reported a lack of continuity:

- *'I don't know I kept having so many strangers. For the past few weeks I have one main carer and others. I don't know if this will go back to what it was'.*
- *'18 different carers in 14 days. No continuity! Never sure who is coming'.*
- *'I have that many care workers I might as well put my key safe number in the Widnes Weekly News'*
-

NICE guidance says, *'So that you are familiar with the people coming into your home, the same workers should visit. They should have the right skills to meet your needs.'*[6]

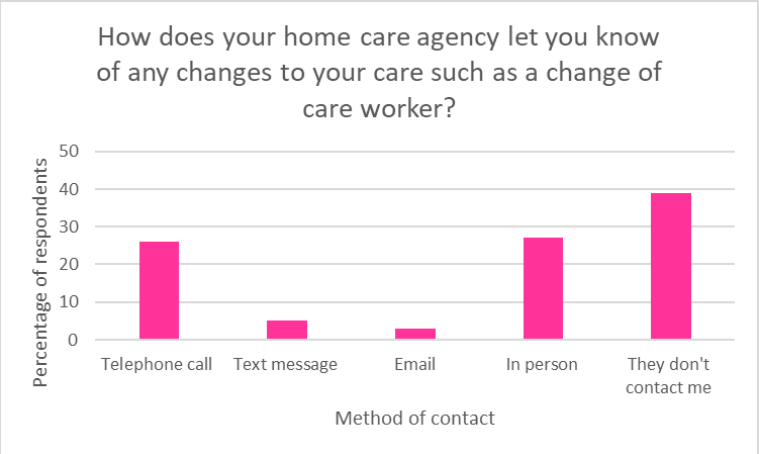
We ask that the local authority look at the reasons why 28% of service users have different care workers on a regular basis, such as staffing vacancies and sickness, so that mechanisms can be putare in place to minimise the effects on the client.

[6] https://www.nice.org.uk/guidance/ng21/ifp/chapter/Home-care

Communication about changes

NICE QS123, Quality Statement Three states: *'Older people using home care services have a home care plan that identifies how their home care provider will respond to missed or late visits'*.

When asked how their home care agency lets them know about changes to their care such as a change of care worker, 39% said that they were not told at all of any changes. 26% said that they had a telephone call and 27% were told in person.



The results here suggest there may be a lack of standardisation in approach to notifying clients and this could be improved upon by the provider in discussion with the local authority.

45 people commented on how they were told about changes. 25 of those that commented said that they were not told about changes by the agency with one respondent commenting that, *'very often it's just a case of wait and see who turns up'*. Another person said that they were *'never informed of any change at all'*.

Six of those that said that they were told said that it was generally the carer themselves who told them of any changes, for example, one respondent said that *'the regular carer tells me when [they] next come'*. Others said that they were informed by *'letter'* or *'text message'*.

Who to contact when no carer arrives

92% of respondents said that they knew who to contact if their care worker was late or missed their visit. 64% of respondents said that it had been necessary for them to contact their homecare agency about a missed or late call. These figures are broadly encouraging although they do illustrate that missed or late calls occur fairly frequently so there is definitely a need to have clear process in place for clients to deal with them and be given an explanation for the missed visit.

29 respondents commented on who they would contact. 10 of these said that if they needed to contact someone, if their care worker was late or missed a visit, they would contact the agency office. This included two people who said that they would contact a specific individual, who was generally a more senior member of staff. Three respondents said that they contact friends or family and they make contact with the agency on their behalf.

There were seven respondents who commented that they had received a poor response when they had contacted about a late or missed visit.

- One person told us, *'I ring the office and sometime occasionally they don't ring back. Some are more competent than others'*.
- Another commented that they had now *'given up'* contacting anyone when this happened.

Although these comments were from a small number of the overall respondents, they serve as examples of how knowing who to contact does not always mean that it is a satisfactory experience for the service user.

Other reasons for contact

45% of respondents said that they had had a reason to contact their home care agency on a matter other than a missed call or visit. This seems to highlight that contact with providers has been a fairly frequent thing for many people.

The respondents who commented gave a variety of reasons for making contact with the agency but there were some themes arising from the information they provided.

Carers not following the care plan was one such theme with one person commenting that their friend had contacted the agency as *'the carers have failed to keep to [the] support plan and not made my bed, done the laundry or helped to wash me'*.

There were also comments about meals not being given, with one saying that meals had been found in the cupboard unused and another saying that carers said that the service user had not wanted their meal when they had.

Five respondents said that they had needed to make contact around the length of calls. An example of the comments received are that one respondent said that they had been *'charged for four thirty, minute calls and a lot of the time they are here for five minutes'*.

However, another commented that they had needed to contact the agency because someone else had complained that the carer was staying too long with them due to their complex needs.

Seven respondents said that they had contacted the care agency because of issues with the carer. One said that they had experienced a care worker shouting at them and their daughter which had meant that they had needed to contact the agency. Others did not provide what the details of the issues with the carers were, only that there had been issues.

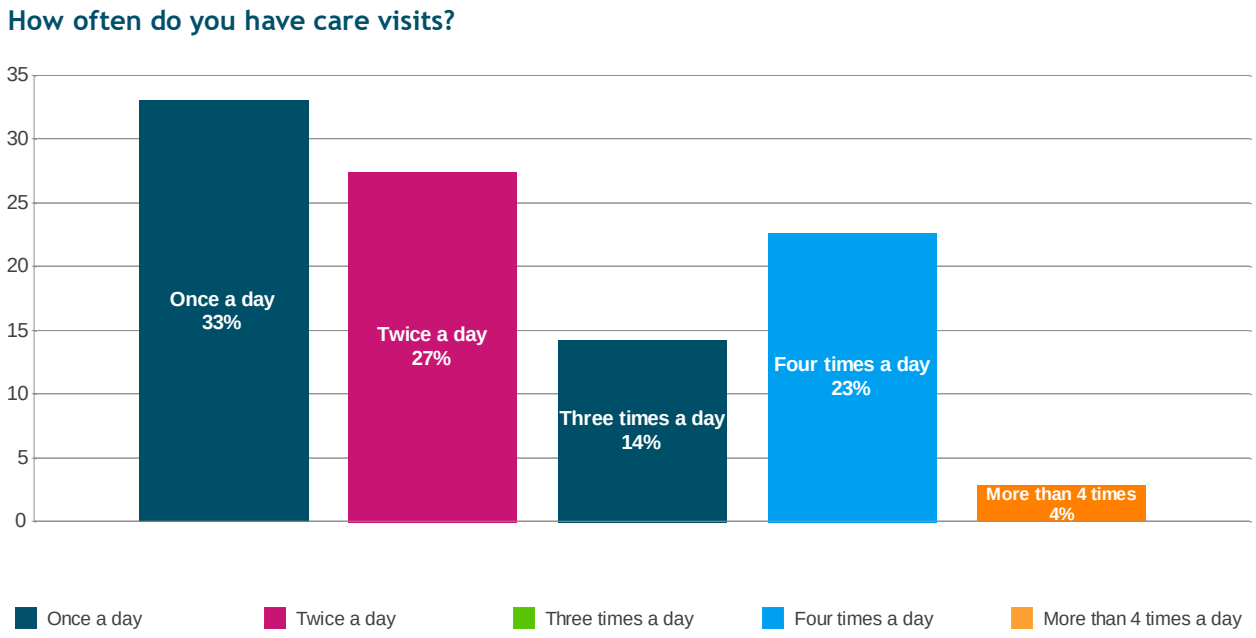
Three respondents said that they had needed to raise safeguarding issues, two of which concerned thefts from the service users.

These comments illustrate there may be a wide range of reasons for making contact with the care provider and they present here as concerns or complaints.

Do providers seek feedback of a positive nature from clients so that a more balanced picture could be collated? This is the question that emerges here and on reflection a question of this nature could have been included in the survey.

Care visits

Respondents were asked how often they had care visits.

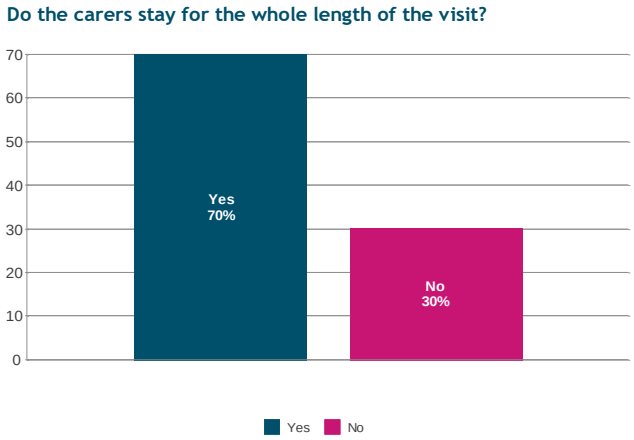


- 35% said that they had a care visit once a day;
- 27% had visits twice a day
- Just under a quarter (23%) four times a day
- 4% said that they had a care visit more than four times a day.

Not shown in the chart, two respondents gave free text answers about the frequency of their visits because they were less frequently than daily visits, such as once or twice a week.

30% of respondents told us that their carers did not stay for the full length of the specified visit times.

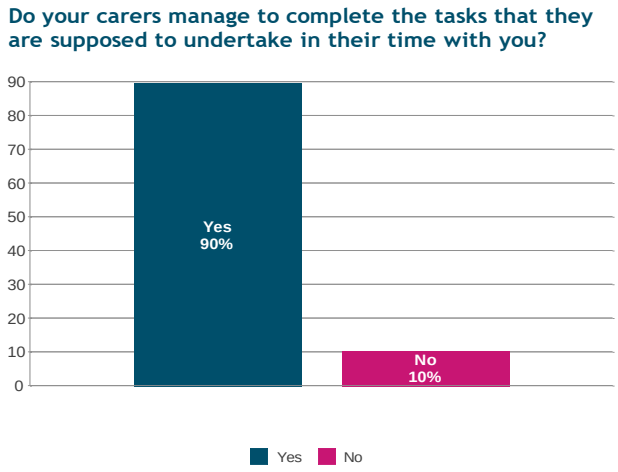
The majority of respondents, 70%, said their carers stayed for the whole length of their allocated time.



90% of respondents said that carers completed all the tasks they were supposed to during their visit.

However, only 10% said that their carers did not complete all the tasks that they were supposed to undertake in the length of time of the visit.

It's encouraging to note that only 10% of respondents had not had all tasks completed but again for those people it does illustrate a level of unmet need, even if this is a low percentage.



The length of time for visits is the subject of NICE QS123 Quality Statement Four which states *'Older people using homecare service should have visits of at least 30 minutes except where short visits for specific tasks or checks have been agreed as part of a wider package of support'.*

Our 2016 report recommended that the focus of care moved away from a time-based visit to task based visits.

There were 51 comments made about the length of visits and the completion of tasks within the two specific questions plus seven additional comments when people commented on reasons why they had needed to contact the care agency.

For 27 respondents the carers either stayed for the whole time of the visit or ensured that they had completed the tasks they needed to do and then left, which sometimes meant that they left before the time allocated.

This would suggest that in some cases task-based visits are being used as recommended in the previous report. However, it is not clear if this is in the context of the previous report recommendations.

However, eight others said that whether carers stayed to the end of the allocated time was dependent on who the member of staff was. For one it was commented that it was *'regular'* carers who stayed, and that other staff were less likely to stay, although for another respondent it was *'the main carer'* who was *'away asap'*.

Three others commented that the time of day made a difference as to whether the carers stayed to the end of the visit with evenings and night calls being the ones that two people indicated were cut short.

One person commented that they received *'thirty minutes of an hour long evening visit'* and felt that therefore they were *'paying thirty minutes too much'*.

Paying too much for short visits was raised again in further comments with the respondent saying that they *'would like the bill to be reflected in the time that they spend here, so if they stay ten minutes, I pay for ten minutes'*.

If task-based visits are being used it is important that this is communicated clearly to service users to prevent them feeling that they are paying for more than they are actually receiving.

When commenting on the completion of the tasks that they were supposed to have undertaken during the visits, four respondents said that again it was carer dependent on whether they were completed. For example, one respondent commented that tasks were completed *'provided it is the regular carer'*. Others reported that there was not enough time for the tasks to be completed in the visit with one person, saying it was *'all rush, carers never have much time'*.

Care Visits – Vera's Story

Vera is in her late 80's and housebound, although able to move about using a Zimmer Frame.

Vera had received a letter from the council to say she would be receiving one 45 minute visit per day. This is one visit a day, but Vera stated that she was lucky if the carers stayed for 15 minutes because 'they were always busy and rushing off'. As the carers were always in a rush Vera said that she had not been able to shower recently because she needs someone with her and the carers did not have the time.

She wanted to know why, if she was supposed to have a 45 minute visit, that did not happen?

Vera has had five or six different carers and the day before she called Healthwatch she had had a carer that she had not met before.

Vera said she does a lot of her own housework, and she made her own breakfast at times as the carers could arrive any time between 9am and 11am. She said she tends to stay in bed until the carers have been.

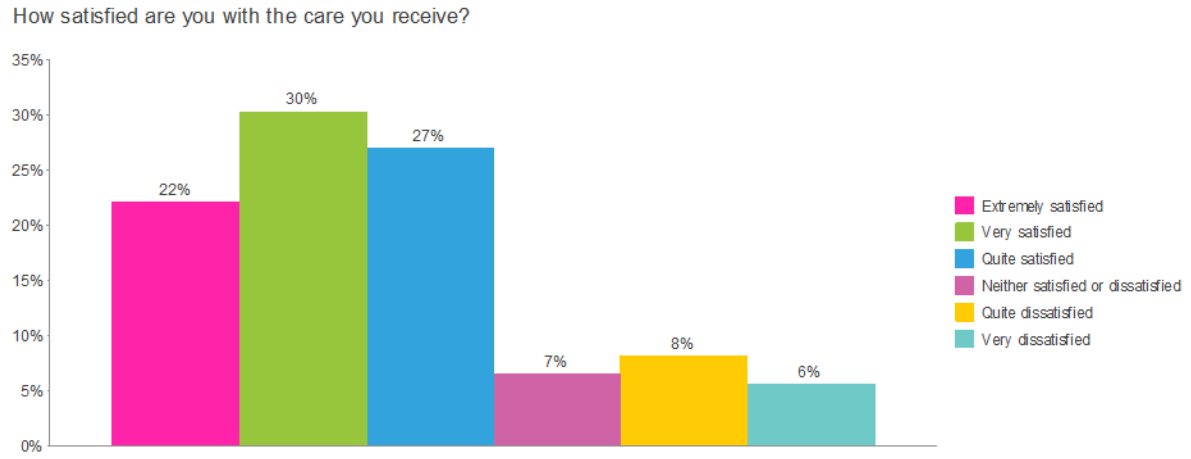
We contacted Vera in response to her survey. We then spoke to Halton Borough Council about Vera's home care service.

They had recently increased her visit length, but Premier Care were unable to meet Vera's increased need at that time.

Many of the comments we received highlighted that by being offering a timed visit, the client is expecting that length of time was given to them.

It seems that expectations could be managed much better by advising the carer would be there to complete the tasks allocated to them. It may be easier for the local authority to monitor task completion and meet needs against contract requirements if this system were used. It may also be clearer for the service user to know that they were paying for set tasks rather than time.

Satisfaction with care received



A total of **79%** said they were satisfied with the care they received. This is an increase of **1%** on the 2016 survey.

While it is very encouraging to see almost **80%** of respondents being satisfied with the level of care they received, these satisfaction figures have remained virtually static in the past 3 years.

While **4 out of 5** people are satisfied with the care received, **1 in 5** respondents are still reporting that they aren't always happy with the standard of care received.

We would like to see the local authority and providers to look at a range of ways to engage with service users in order to glean more detail about their experiences of the service.

Care Satisfaction – Jane's Story

The interview took place with the service user's informal family carer.

She told how they had been having care delivered for just over a year and receive one call a day in the morning in order to get help with personal hygiene, physical care. She felt that they receive an excellent service.

They said that they had a regular carer who has formed a 'brilliant' relationship with the service user. She is kind and a 'mine of information' which has been helpful to the family of the service user. She 'really knows dementia'. She was 'born to do this job'. 'Premier Care are lucky to have her'.

They are very pleased with the care that she gives. She stays longer than she is supposed to depending on whether she is needed. She goes beyond task centred care and does it without prompting. They do have other carers occasionally and they tend to just do the tasks.

The care that they receive is only during the week as family are able to provide support at the weekends.

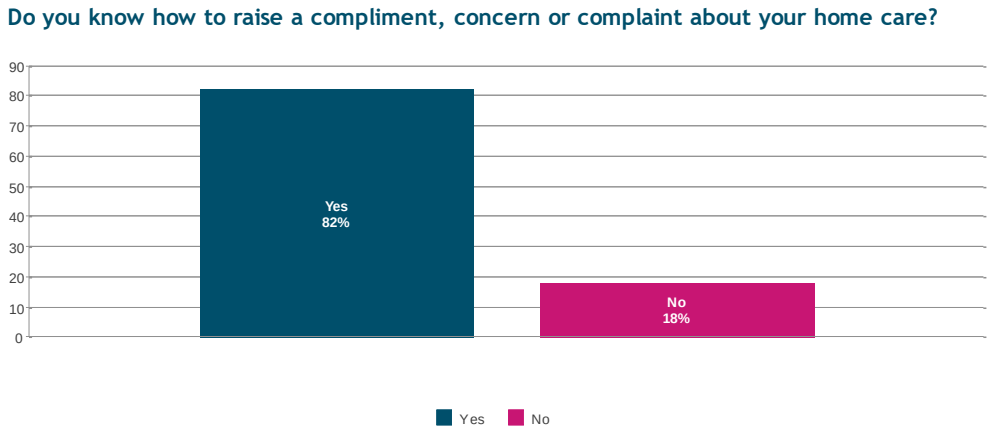
She said that the care that is provided has made a big difference particularly to her as the service user's wife.

They did not have a choice about the care agency, they were just told about Premier Care when leaving hospital.

But they are happy with the agency anyway.

Complaints, compliments or concerns

Our 2016 report recommended information on how to raise a complaint, concern or compliment should be included in care plans, along with information on independent organisations, such as Healthwatch, that can offer support if required.



We asked this question again in our latest survey. We asked people if they knew how to raise compliments, concerns or complaints, 82% said they did. This was a small increase of 2% over the 2016 result.

27 respondents made comments about how they would make a complaint or pass on a concern or compliment.

Examples of responses included one respondent who said that they had 'never been told' how to make a complaint if they needed to. However, seven respondents said that they would contact the agency directly or contact social services if they needed to make a complaint, give a compliment or share a concern. Two respondents mentioned the CQC.

When commenting on their experience or knowledge of making complaints, five respondents commented on what they perceived to be a lack of response to their complaint. For example, one respondent said that they believed *'the care company covers themselves'* and *'then when the complaint goes to the council nothing is done'*. Another said that *'complaining is a waste of time'* whilst another said they felt that there was *'a lack of agencies'* and therefore, complaining *'doesn't make any difference'*.

We recommend that information on how to raise a compliment, complaint, or safeguarding concern, should be included in service users care plans, together with details of independent organisations, such as Healthwatch Halton, who can offer support if required. Further to this, in line with NICE Guideline NG21, we recommend this information should be available on both the provider and local authority websites and in other ways appropriate to people using the service and their carers.

Comments about carers

We received 23 comments from respondents that related to the carers that they have contact with.

As previously discussed some respondents felt that the length of calls and whether tasks were completed during the visit was dependent on which individual carers they had for those visits with some differences being identified particularly between their regular carers and those that they were less familiar with. For example, one commented that the regular carers were 'wonderful' but that when they were on holiday *'care dips'* and they suggested that it felt like *'they do not know [the service user's] care plan, history [or] medical needs'*.

It was not always the case that regular carers were seen to be the better carers, with a small number of respondents preferring differ carers to their regular carers. For example, one respondent commented that their regular carer *'never asked if there is anything else I need doing'* stating that *'the vast majority of carers see what's needed and while I shower, perform small tasks that help me enormously'*.

There were seven positive comments from respondents and examples of two of these are that one said their regular carer goes the *'extra mile'* and another saying that 'the team that look after me are second to none'.

Carers – John's Story

John is housebound and has been receiving care at home for 12 weeks. He pays for his own care through the local authority. He receives 2 visits a day.

He told us:

'The carers are due to come at 9am and 6pm. In the morning they arrive between 9 and 11.15am. In the evening they arrive anytime between 6 and 8pm.

'I do not mind having different carers providing my care as I see it as an opportunity to meet and speak with different people every day. The carers I have seen all treat me with dignity and respect and are always very polite.

They are like granddaughters to me, they have to travel by car or walk and sometimes have between 7 and 14 other people to see and provide care. There have been occasions when the time they arrive in the morning is not logged correctly in the book they have to fill in. I get myself up and into bed, there have been one or two nights only when I have got anxious if they have been late, they have turned up just a bit later than expected'.

Service Capacity

There were three comments that were made about service capacity and two of these gave examples of how it had impacted upon them. One was a family member of a service user who needs three visits a day following discharge from hospital *'but no care [is] available'*. As a result, they have had a family member move in *'so she could come home from hospital'*. This had been the situation for several months with the respondent saying that they had 'not heard anything since mid-August' and they were responding to the survey in November. Another respondent said that they had been 'promised 45 minutes three times weekly for a shower, but no luck so far'.

Service Capacity – Mr A's Story

Mr A is the informal carer for his wife. His wife was receiving care from Premier Care. Mr A told us that he had been in touch with Halton Borough Council to get care at home for his wife. They were informed that there were no care packages available at the time, but that Mrs A would be fitted in when there were slots available.

The first the couple knew that slots had become available was when a member of staff knocked at the door at 8pm one Sunday evening with a logbook. They were told that the logbook was to log the hours of the Premier Care staff starting the following day. Nobody had informed them that the care would be provided by Premier Care when they had been in discussions with the Council.

They received a morning visit but not an evening visit. When querying this, Mr A was informed that his wife was being slotted in where they could and there were no evening slots available.

Mr A told us that over 14 days and 24 calls, 18 different carers attended to look after his wife. Mr A was shocked by the lack of continuity and this caused anxiety for his wife who does not deal well with strangers. She would sometimes refuse the care as the staff were unfamiliar to her. Mr A was then left to see to her needs himself.

Morning calls would happen anytime from 7am to 11.45am. Evening calls could happen from 5.50pm to 10.30pm. Mrs A was assessed to need 45-minute visits but the carers only stayed for around 10 minutes.

A complaint was made to Premier Care but this did not have any impact and so a complaint was made to the Care Quality Commission (CQC). Following their investigation Mr A was advised by the CQC to seek care elsewhere because Premier Care were unable to offer the time and continuity Mrs A needed. Following this advice Mr A has engaged a different care provider at an increased cost to themselves. They provide hour long visits and there are only a handful of carers which makes Mrs A feel more comfortable receiving care.

Mr A has queried 'why Premier Care holds the only care contract in Halton when they cannot meet residents' needs?'

Paying for Care

Two of the people who took part in the interviews funded their own care, although they used Premier Care through the Council. One told us how they had not been billed for their care for quite a while and then when they were billed it was much higher than they thought. They had offered a monthly payment to the Council for the arrears but the amount that they had offered was refused and a higher amount was being paid. This was impacting on their ability to pay for other things for the service user.

Another said that they had been billed for care when they were in fact in hospital and were not receiving the service. They stated that *'if I don't get a service, I don't pay for it'* but as a result of this they had received letters from the Council saying that they were referring it to a debt collection agency and this had not helped his anxiety issues.

Summary

This report gives a snapshot of the thoughts and views of people receiving home care services in Halton and highlights areas for consideration by the commissioners and providers.

Results from the survey highlight that there is a great deal of good care taking place across our community. Most people had good things to say about their care and really value the support the care staff provided to them or their loved ones.

These services are invaluable to many people, both for the quality of care provided and the support and company of care workers.

This report also points out levels of care which are still inconsistent, with many people facing continuing difficulties in getting the care and attention they deserve and are entitled to.

Overall, whilst the majority of respondents were happy with the care that they receive there is sufficient feedback to suggest that there are still areas for improvement that have previously been recommendations in the 2016 Healthwatch Halton report.

Recommendations & Observations

1. **NICE Guidance NG21 (1.1.3) talks about *'involving people and their carers in discussions about their care and support'*.**

   While the majority of respondents felt involved in the decisions about the care provision there were still a significant minority, 20%, who felt they were not very involved. We would urge the local authority to adopt NICE guidance requiring the involvement of service users and their carers in all discussions about their care and support.

2. Inconsistencies exist when it comes to care plan reviews and updates. Under the Care Act all recipients of home care are entitled to an annual review of their care package to ensure it is still meeting their need. We suggest the local authority go further by introducing a more continuous process for reviewing care plans, where care staff and service users/families speak to each other to refine things as they go.

3. In 2016 we recommended that independent advice and support around care assessments should be provided. From the responses received to this latest survey it seems that this is not always happening. We recommend again that a review of is carried out to ensure all service users and their families are being offered independent advice and support on care assessments.

4. In 2016 we recommended that service users be given information about direct payments when they were being assessed for care on discharge from hospital. There was limited evidence that this has been happening and therefore, it is recommended that, in line with NICE Guidance NG21, information on direct payments and other forms of funding is widely shared with service users.

5. Feedback received points to a level of unmet need. Although the evidence shows it to be in lower numbers of cases this is something that the local authority may wish to explore and consider how to mitigate those needs. Unmet need has implications for the health and wellbeing of service users and in some cases their informal carers.

6. Information on how to raise a compliment, complaint, or safeguarding concern, should be included in service users care plans. This should also include details of independent organisations, such as Healthwatch Halton, who can offer support if required. In addition, in line with NICE Guideline NG21, this information should be available on both the provider and local authority websites and in other ways appropriate to people using the service and their carers.

7. Feedback collected suggested that not everyone was clear about who to contact in the event of a late or missed call. We would like to see all service users and their families provided with information on what to do in the event of a late or missed call. Additionally, it is recommended that care providers review the procedures they have in place to deal with missed calls in order to prevent service users feeling that no action is being taken to deal with the issue.

8. We were given examples of service users having multiple carers over short periods of time. This suggests that our 2016 recommendation that small teams of carers support a service user has not been fully acted upon. Small teams would allow care staff to become familiar with the particular needs of service users.

9. There were a number of instances where service users reported that visits were not as long as they had been assessed as needing and carers were rushed. There were also small percentage of comments that tasks were not always completed before the end of visits. We recommended that task-based visits are considered to ensure carers carry out all tasks required are completed. We ask for review of the current system to ensure that service users are aware that this is the approach and full information on what should be accomplished during each visit is provided.

Healthwatch Halton has statutory powers and responsibilities under the Health and Social Care Act 2012, the Local Healthwatch Regulation 2012 and the Local Healthwatch Organisations Directions 2013 section 5.

Providers and commissioners of health and social care services are required to respond to our requests within 20 working days by:

- Acknowledgement of receipt of the report or recommendation in writing;
- Providing (in writing) an explanation of any action they intend to take in response, or if no action is to be taken, to provide an explanation of why they do not intend to take any action.

Healthwatch Halton are required to report if any providers/commissioners have not provided a response within the required timeframe; this information will be included in our Annual Report.

RESPONSE

A copy of this report was sent to Halton Borough Council as the commissioner of this service. Receipt of the report was acknowledged. No response was received within the required timeframe.

Appendix 1

NICE Public Guidance – Home care for older people – what you should expect

NICE National Institute for Health and Care Excellence

NICE information for the public

Home care for older people – what you should expect

Home care

NICE guidelines provide advice on the care and support that should be offered to people who use health and care services.

Home care is more than just help with personal care, such as washing and dressing yourself. It can help you stay in your own home and do the things that are important to you, like doing your own shopping or meeting friends.

Putting you in charge

You should be in charge of deciding what support you get, although you can ask a family member or carer to help. You should always feel in control and that your privacy and dignity are respected. People that help you to plan your care should ask about what gives you peace of mind, and what makes you feel safe and unsafe.

Care that is unique to you

The care you get should reflect what is important to you, what you feel you can do and what you want to be able to do. It should be recorded in an easy to understand care plan in a format that is right for you, for example in large print. It should consider if the things you want to do involve any risks, and whether the benefits of doing these things outweigh the risks. You should also be given a copy of a 'care diary' to keep in your home. Home care workers and others who help you at home (like community nurses and physiotherapists) should update it every time they visit.

Familiar home care workers

So that you are familiar with the people coming into your home, the same workers should visit you. They should have the right skills to meet your needs. They should be able to support you, for example if you have dementia, are deaf, blind or deafblind, or need help coping with bereavement. They should also be able to spot if your health or situation is getting worse. New care workers should be introduced to you before they visit on their own. Home care workers should have enough time to

September 2015

provide good quality care, without being rushed, and most visits should normally be longer than 30 minutes.

What you should expect

People who provide your home care services should:

- Give you information in a way that you understand and in a format you can use.
- Make sure home care workers have had the right training.
- Make sure home care workers have enough time to give you good care.
- Take action straight away if your care worker is late or misses a visit.
- Regularly check that you are happy with your care.
- Tell you about local organisations that provide specialist support (such as local societies for people who are deaf, blind, deafblind or have dementia).
- Make sure you know who to contact if you have a complaint.

Questions you might want to ask

- What are the different ways home care can be paid for?
- Who will my home care worker(s) be?
- How will I be kept informed of any changes in my care?
- What should I do if a visit is missed or late?
- Can you put me in touch with some local activities or groups?
- What can I do if I am unhappy with the care I am getting?
- To find out more about what NICE says on this topic, see the home care guideline.
- For information and concerns about care contact the Care Quality Commission (03000 61 61 61) or the Local Government Ombudsman (0300 061 0614).
- For support contact Age UK (0800 169 6565), Carers Trust (0844 800 4361), Carer's UK (0808 808 7777), Independent Age (0800 319 6789) and The Relatives and Residents Association (020 7359 8136).
- NHS Choices has lots of information about health conditions and social care.

NICE is not responsible for the quality or accuracy of any information or advice provided by these organisations.

ISBN: 978-1-4731-1439-5

The Information Standard

Call us: 0300 777 6543

We're Healthwatch

Tell us what you think of local services.

We're here to help make it better

- Care homes
- Carers at home
- Community services
- Dentists
- GP Surgeries
- Hospitals
- Mental Health services
- Opticians
- Pharmacies

it starts with YOU

healthwatch Halton

www.healthwatchhalton.co.uk

REPORT TO: Health Policy and Performance Board

DATE: 26 November 2019

REPORTING OFFICER: Director of Public Health

PORTFOLIO: Health and Wellbeing

SUBJECT: 2018-19 Public Health Annual Report – Workplace Health

WARD(S) Borough-wide

1.0 PURPOSE OF THE REPORT

To provide the Health Policy and Performance Board with the Public Health Annual Report 2019.

3.0 SUPPORTING INFORMATION

3.1 Since 1988 Directors of Public Health (DPH) have been tasked with preparing annual reports - an independent assessment of the health of local populations. The annual report is the DPH's professional statement about the health of local communities, based on sound epidemiological evidence, and interpreted objectively.

3.2 The annual report is an important vehicle by which a DPH can identify key issues, flag problems, report progress and, thereby, serve their local populations. It will also be a key resource to inform local inter-agency action. The annual report remains a key means by which the DPH is accountable to the population they serve.

3.3 The Faculty of Public Health guidelines on DPH Annual Reports list the report aims as the following:

- Contribute to improving the health and well-being of local populations.
- Reduce health inequalities.
- Promote action for better health through measuring progress towards health targets.
- Assist with the planning and monitoring of local programmes and services that impact on health over time.

3.3 The PHAR is the Director of Public Health's independent, expert assessment of the health of the local population. Whilst the views and contributions of local partners have been taken into account, the assessment and recommendations

made in the report are those held by the DPH and do not necessarily reflect the position of the employing and partner organisations.

3.4 Each year a theme is chosen for the PHAR. Therefore it does not encompass every issue of relevance but rather focuses on a particular issue or set of linked issues. These may cover one of the three work streams of public health practice (health improvement, health protection or healthcare public health), an over-arching theme, such as health inequalities, or a particular topic such as mental health or cancer.

3.5 For 2018-2019 the Public Health Annual Report is a short film that focusses on Workplace Health. This topic has been chosen to highlight key areas pertinent to the Health and Wellbeing of the working population within the borough. The report will emphasise the measures being taken to both prevent poor health and improve the health of workers and their families.

3.6 The film link is below it covers the following areas:

- What has been happening with workplace health in Halton.
- What impact the work undertaken has had on local businesses and their employees.
- Outcomes associated with this work.
- Recommendations for the future.

https://itnproductions.wistia.com/projects/z6y28w712p

4.0 POLICY IMPLICATIONS

4.1 The Public Health Annual Report should be used to inform commissioning plans and collaborative action for the NHS, Social Care, Public Health and other key partners as appropriate.

5.0 OTHER/FINANCIAL IMPLICATIONS

5.1 None identified at this time.

6.0 IMPLICATIONS FOR THE COUNCIL'S PRIORITIES

6.1 Children & Young People in Halton

Improving the Health and Wellbeing of Children and Young People is a key priority in Halton. The PHAR will highlight key topics for improving the health of families in Halton.

6.2 Employment, Learning & Skills in Halton

The above priority is a key determinant of health. Therefore improving outcomes in this area will have an impact on improving the health of Halton residents. Improving and maintaining a health, skilled working population

has important effects on the local economy and the future of Halton.

6.3 **A Healthy Halton**

All issues outlined in this report focus directly on this priority.

6.4 **A Safer Halton**

Reducing the incidence of crime, improving Community Safety and reducing the fear of crime have an impact on health outcomes particularly on mental health.

There are also close links between partnerships and local workplaces on areas such as scams, alcohol and domestic violence.

6.5 **Halton's Urban Renewal**

The environment in which we live and the physical infrastructure of our communities has a direct impact on our health and wellbeing. This includes the development of industrial and business infrastructure.

7.0 RISK ANALYSIS

7.1 Developing the PHAR does not present any obvious risk however, there may be risks associated with the resultant recommendations. These will be assessed as appropriate.

8.0 EQUALITY AND DIVERSITY ISSUES

8.1 This is in line with all equality and diversity issues in Halton.

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

9.1 None

REPORT TO: Health Policy and Performance Board

DATE: 26th November 2019

REPORTING OFFICER: Strategic Director, People

PORTFOLIO: Children, Education & Social Care

SUBJECT: Named Social Worker / Transition Team

WARD(S): Borough-wide

1.0 PURPOSE OF THE REPORT

1.1 To provide Members of the Board with an update on the work of the Transition Team based within the Care Management Division, Adult Services, particularly in relation to the continued use of the Named Social Worker approach following the provision of funding from One Halton for 2019-20.

2.0 RECOMMENDATION: That:

i) The report be noted.

3.0 SUPPORTING INFORMATION

3.1 Background

3.1.1 PPB members will already be aware of the background to the Transition Team and the Named Social Worker pilot, as summarised below:

- The dedicated Transition Team was established in early 2017, supported by a Multi-Agency Transition Protocol; this resulted in an improved transition experience making sure that it was planned from an earlier stage with effective joint working between professionals, taking into account the wishes and needs of young people and their families;
- The Team was involved in the Named Social Worker Pilot led by the Department of Health (now the Department of Health & Social Care, DHSC) between October 2017 and March 2018, building on success even further;
- The additional funding of £92k that Halton was awarded as part of the pilot enabled the creation of additional capacity in the team and allowed intensive work to take place with young people in order to prevent crisis intervention;
- The pilot evaluation revealed a Financial Return on Investment of 5.14 which means a £5.14 saving for every £1 spent on NSW support; a saving that is shared across the wider system.

3.2 Update – funding for 2019/20

3.2.1 At the last update, PPB were informed that the Council was working with partners to secure further funding to retain the additional resources and continue working within the NSW model. Since the last update to PPB, One Halton funding has been identified for the period 2019/20.

3.2.2 In April 2019, a report was presented to the One Halton Provider Alliance highlighting the benefits of a preventative and innovative approach to transition in terms of cost savings for the whole system as well as improved outcomes and experiences for young people and their families.

3.2. The report also included a number of recommendations that, if supported, would further build upon the improvements. One Halton agreed to support these recommendations and provided £92k funding for a 12 month period to allow the Transition Team to continue with increased capacity and a NSW model and to work towards a multi-disciplinary team (MDT) approach in order to secure the best outcomes for young people and their families.

3.3 Current activity

3.3.1 A dedicated task group comprising representatives from across health, social care and education was established in July 2019 to drive forwards the recommendations agreed by the One Halton Provider Alliance. The group will meet on a quarterly basis to ensure that progress is made towards implementing the recommendations and achieving an MDT approach.

3.3.2 Since April 2019 when One Halton funding was identified, the Transition Team has continued to have a real impact on the lives of young people. The intensive and pro-active work of the team, enhanced by the NSW approach, results in better outcomes for individuals at the same time as achieving cost savings. A case study demonstrating this is included at appendix 1 – Alison and Robert (not their real names) would likely have been placed in long-term and costly out-of-area placements away from their families if not for the intensive, person-centred approach of the Transition Team. Total annual savings of £9,651.90 have been realised by arranging local shared housing and an appropriate package of support to meet care needs.

3.4 Invest to save

3.4.1 There is a clear justification for the invest to save approach; whilst the additional capacity required in the Transition Team to enable a NSW approach does result in increased staffing costs, savings are

realised as a result of the innovative work of the team with a focus on listening to the needs and wishes of the individual and their family.

3.4.2 It is important that the Transition Team is able to continue working in this way given that their caseload stands to increase in the future. The Team has a current caseload of 144 and there are 461 14-25 year-olds with an Education, Health and Care Plan (EHCP) and 795 0-25 year-olds with an EHCP.

3.4.3 The overall spend on care and support for those with learning disabilities is a large part of the Adult Social Care budget and has increased year on year:

2018/19 – £16m
2017/18 – £14.8m
2016/17 – £12.7m
2015/16 – £11.3m

This is the LD community care spend for all adults, which includes direct payments, residential and nursing care and domiciliary care and supported living.

3.4.4 Those with learning disabilities represent a large proportion of the caseload of the Transition Team. Savings of £303k were achieved in 2018/19 as a result of the improved transition approach. It is therefore essential that this continues given the wider financial pressures faced by the Council.

3.5 Recognition of success

3.5.1 PPB should be aware that the improvements seen in Halton as a result of being involved in the NSW pilot were so successful that Halton's approach has been identified as excellent practice and the team has been involved in developing the principles and guidance for the NSW approach going forward.

3.5.2 More information on the NSW pilot is available via the following link: https://www.innovationunit.org/projects/named-social-worker/
Of particular interest is Peter's story, which is the story of a young man from Halton (name has been changed) who experienced such positive outcomes as a result of the NSW approach that his story was shared nationally as a case study.
Peter's story was also the focus of an article in The Guardian: https://www.theguardian.com/society/2018/oct/11/new-social-work-model-named-social-worker

3.5.3 Recently, the Social Care Institute for Excellence (SCIE) has published guidance 'Preparing for adulthood: the role of Social Workers' (July 2019). This guidance followed on from the Named Social Worker pilot that Halton was involved in; the Principal Manager of the Transition Team worked with the Department of Health & Social Care and SCIE in developing the guidance that was commissioned by Chief Social Worker, Lyn Romeo. Further

information can be found on SCIE's website - https://www.scie.org.uk/children/transition/social-workers-role-supporting-learning-disabilities/.

4.0 POLICY IMPLICATIONS

4.1 None identified.

5.0 OTHER/FINANCIAL IMPLICATIONS

5.1 Although the increased capacity of the Transition Team, which has allowed an intensive and preventative NSW approach, has required additional funding, there is a clear justification for this on the basis of the savings that are realised across the wider system (evidenced by the cost benefit analysis completed as part of the NSW pilot evaluation).

6.0 IMPLICATIONS FOR THE COUNCIL'S PRIORITIES

6.1 Children & Young People in Halton

The approach to transition described in this report has vastly improved experiences for those young people who require support from health and social care services, allowing them the opportunity to reach their full potential.

6.2 Employment, Learning & Skills in Halton

None identified.

6.3 A Healthy Halton

A smooth transition from children's to adults' health and social care services is essential in protecting the wellbeing of some of the most vulnerable members of the community.

6.4 A Safer Halton

None identified.

6.5 Halton's Urban Renewal

None identified.

7.0 RISK ANALYSIS

7.1 There is a risk that if funding does not continue to be identified, the Transition Team will have to reduce its capacity and as such will not be able to continue to work in an intensive, preventative manner and will instead have to revert back to crisis intervention. This costs more in the long-term and does not result in positive experiences or outcomes for individuals.

7.2 There is also a risk that partner organisations may not fully engage in developing the MDT approach to transition and, without that, young people will not achieve the best possible outcomes.

8.0 EQUALITY AND DIVERSITY ISSUES

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

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

None.

Appendix 1: Case Study – Alison and Robert

**Note that the names have been changed for the purposes of the case study presented below.*

Alison and Robert are both 22 years old and have similar support requirements in relation to their visual impairments and care needs. They have known each other for a long time having attended the same primary/secondary schools (Brookfields and The Royal School for the Blind). They have always been friendly towards each other.

When the Transition Team became involved, Alison was attending an educational placement at the David Lewis Centre in Alderley Edge (term-time Mon-Thu, including overnight stays) and Robert was living at a specialist, out-of-area educational placement, The Seashell Trust in Cheadle Hulme.

Given the close relationship between Alison and Robert and their families, it was felt that they may be compatible to share a tenancy. Other options for both of them had been considered, including long-term placements out-of-borough, however, after working very closely with Alison and Robert and their families, it was felt that Alison's and Robert's outcomes would be more positive and least restrictive to live in their own communities and near their families.

As a result of the approach taken by the Transition Team, a shared tenancy was arranged for Alison and Robert, in Runcorn, keeping them within the borough close to their families rather than in an out-of-borough placement. The Transition Team ensured that the accommodation and package of support was appropriate to meet Alison's and Robert's needs, which are described further below:

About Alison…

Alison has complex health and behavioural needs as a result of the following conditions – learning disability, autism, Attention Deficit Hyperactivity Disorder, Retts Syndrome, visual impairment, unstable gait due to toe walking and stomach pain which causes distress (thought to be due to Retts Syndrome).

Alison needs support with personal care and is doubly incontinent. Alison is not able to verbally communicate, requiring someone who can effectively interpret her needs. All care needs are pre-empted and assistance of 2:1 is required on intervention, when distressed and in the community.

Alison can display behaviours such as head banging/butting (wears head protection), hitting herself in the face/head/stomach/legs, screaming, rocking and pacing. The triggers can include hunger, boredom, pain, refusal, communication and, more likely, bowel movements.

About Robert…

Robert has diagnoses of autism, severe learning disabilities and cortical visual impairment with difficulty in his lower field of vision. Robert also has epilepsy; he does not take medication for this, however, he does need monitoring for seizures.

Robert needs support with all personal care tasks and is doubly incontinent. Robert has limited speech and is mainly non-verbal. He can experience anxiety at times such as when his personal space is invaded, which in the past has resulted in destructive behaviour.

Robert is constantly on the move and exploring his surroundings; he requires support to remain focused on an activity for any length of time. He has very little danger awareness and requires support on hand to ensure he is safe at all times. He has 2:1 support in the community and at times of intervention and distress.

Bungalow accommodation was identified via Housing Panel and the Transition Team engaged with the housing provider to make the necessary adjustments and adaptions that were needed with support from the Occupational Therapist. The Team made sure that the major works and adaptations were complete prior to the start of the tenancy because both Alison and Robert have autism and would therefore need to experience as little disruption as possible.

The Transition Team also ensured that the right package of support would be in place for Alison and Robert. A provider was established that could offer the high level of support required. It was also arranged for the provider to visit Alison and Robert within their existing placements in order to shadow the staff, share information and develop plans. Following assessment, day services were also arranged to support their day time activities.

A number of transition planning meetings were co-ordinated by the Transition Team, which have included both Alison's and Robert's parents and the multi-disciplinary team (MDT) – Social Workers, Learning Disability Occupational Therapist, Children's Complex Needs Nurse, Community Matron, the housing provider, Domiciliary Care Provider, day service providers and Community Bridge Builders to advise on local services and resources. Support has also been given for Robert from speech and language therapy (SALT) and learning disability nursing in relation to health action planning.

The package of support so far has been successful; both Alison and Robert have settled in their new house, which their parents have made into a home. The funding of the placement is via HBC Social Care, CHC, a personal health budget, direct payments and the use of a local Domiciliary Care Provider and a supporting care agency. There have been positive reports/reviews in terms of compatibility and the level of support in place. The provider staff have been pro-active; their management team has ensured that the staff in place are appropriately trained. They have also shown a high level of commitment and flexibility to the transition process and demonstrated effective person-centred support.

As well as improved outcomes for Alison and Robert, the following cost savings have been achieved:

Annual costs	**Alison**	**Robert**	**Total**
Previous costs (David Lewis / Seashell)	£168,169.00	£170,065.70	£338,234.70
New costs (in borough)	£158,984.28	£169,598.52	£328,582.80
Annual saving	£9,184.72	£467.18	£9,651.90

REPORT TO:	Health Policy & Performance Board
DATE:	26th November 2019
REPORTING OFFICER:	Director Adult of Social Services
PORTFOLIO:	Children, Education & Social Care
SUBJECT:	Care Home and Domiciliary Care Update
WARD(S)	Borough-wide

1.0 **PURPOSE OF THE REPORT**

1.1 To update the Board and highlight key issues with respect to quality in local Care Homes and Domiciliary Care.

2.0 **RECOMMENDATION: That the report be noted.**

3.0 **SUPPORTING INFORMATION**

3.1 It is a key priority for Halton Borough Council to ensure the provision of a range of good quality services to support Adults requiring commissioned care in the Borough. The Care Act 2014 has put this on a statutory footing through a choice of diverse high quality services that promote wellbeing.

3.2 The care home market in Halton consists of 25 registered care homes which provide 760 beds operated by 14 different providers. The capacity within the care homes ranges from homes with 66 beds to smaller independent homes with 6 beds.

3.3 The Local Authority has now purchased an additional 2 care homes in October from the private sector taking it to 4 Council owned care homes within Halton: Madeline McKenna, Millbrow, St Luke's, and St Patrick's the total amount of HBC beds now equates to 163.

3.4 Domiciliary care is commissioned by one lead provider who is working closely with the council to transform provision utilising a Reablement first model. They have a sub contractual arrangement with one other local agency.

3.5 Direct Payment offers choice of provision with a register of over 30 other organisations experienced in providing a range of services.

3.7 The Care Quality Commission (CQC) is responsible for the registration, inspection and assessment of all registered providers. However, the Care Act 2014 places the duty of securing the quality of care in Halton on the Council itself.

3.8 The CQC assessment process enables all registered care providers to be classified into one of four categories following an appraisal which asks 5 key questions:

- Is the service safe?

- Is the service effective?
- Is the service caring?
- Is the service responsive?
- Is the service well led?

3.9 The four award categories are:

- Inadequate
- Requires improvement
- Good
- Outstanding

3.10 The results of all CQC inspections are published online, including the rating awarded. CQC undertake inspections at the following frequencies subject to ongoing assessment of risk;

- Services rated as good or outstanding within 30 months
- Services rated as requires improvement within 12 months
- Services rated as inadequate within 6 months
- Newly registered services 6 – 12 months from registration

NW ADASS now publish a series of dashboards which summarises the CQC quality ratings for Care Homes and Community providers of Adult Social Care in the North West. It allows a comparison across the region and highlights key themes and trends in respect of Halton.

In Halton the smaller family run residential homes perform better than the larger national nursing homes.

Halton performs above the sub regional average for care homes in the categories of good and outstanding.

Halton has no inadequate care homes in the Borough.

There has been a reduction in the number of care homes without a Registered Manager in post.

The figures for good or outstanding community based providers within Halton includes all domiciliary care providers within the Borough even though HBC only contract with one provider.

3.11 The Quality Assurance Team gathers intelligence and information on Providers via quality and contract performance monitoring; this includes “soft intelligence” from key stakeholders and review of the latest CQC report. This information is then used during regular monitoring visits which are announced and unannounced.

3.12 The team also operate an early warning system, which includes; Provider self-assessment, Quality Dashboard, Provider Feedback analysis and Electronic Care Monitoring (Domiciliary Care).

- Services rated as good receive a minimum of two announced and one

unannounced visit
- Services rates as adequate receive a minimum of three announced and one unannounced visit
- Services rated as inadequate receive a minimum of four visits and a programme of proportionate and planned support from a range of professionals who meet regularly.

3.13 **CARE HOMES**

For Quarter 2 the Quality Assurance Team and CQC care home ratings are;

HBC Rating Oct19		CQC Rating 18/19 Q2	
Green	20	Good	21
Amber	4	Requires Improvement	4
Red	1	Inadequate	0

3.14 One of the local care homes has introduced an initiative where staff and managers are wearing uniforms that look like pyjamas during night shifts which help dementia patients realise that it is night-time and time for bed. They have reported that the home has seen a drastic improvement in sleep patterns and the initiative has gained national attention and focus.

3.15 Some common themes across care homes have been identified as:
- Poor leadership and governance
- Recruitment and retention
- Low staffing levels and staff culture
- Medication management
- Reporting notifiable incidents

3.16 **DOMICILIARY CARE**

The Quality Assurance Team and CQC domiciliary care provider rating is;

HBC Rating Oct 19		CQC Rating Oct 19	
Green	0	Good	0
Amber	1	Requires Improvement	1
Red	0	Inadequate	0

The Council currently have 1 contracted provider who covers Runcorn and Widnes and they sub-contract to 1 provider who also cover Runcorn which are rated by CQC as good. These agencies provide approximately 520 people with commissioned packages of care.

3.17 The main domiciliary care provider has purchased 10 bicycles to support non driving staff to commute between visits which will provide better outcomes for people.

3.18 Some common pressures across the domiciliary care sector:
- Recruitment and retention/rota management – a workforce strategy is in

development with Skills for Care
- Medication management – HCCG are leading on a project to improve systems and quality of medication management
- Rota management

4.0 POLICY IMPLICATIONS

4.1 None identified

5.0 OTHER/FINANCIAL IMPLICATIONS

5.1 None identified

6.0 IMPLICATIONS FOR THE COUNCIL'S PRIORITIES

6.1 Children & Young People in Halton

Halton's Safeguarding Adults Board (HSAB) membership includes a Manager from Children and Enterprise Directorate, as a link to the Local Safeguarding Children Board. Halton Safeguarding Children Board membership includes adult social care representation. Joint protocols exist between Council services for adults and children.

The HSAB chair and sub group chairs ensure a strong interface between, for example, Safeguarding Adults, Safeguarding Children, Domestic Abuse, Hate Crime, Community Safety, Personalisation, Mental Capacity & Deprivation of Liberty Safeguards.

6.2 Employment, Learning & Skills in Halton

None identified

6.3 A Healthy Halton

The safeguarding of adults whose circumstances make them vulnerable to abuse is fundamental to their health and wellbeing. People are likely to be more vulnerable when they experience ill health.

6.4 A Safer Halton

None identified

6.5 Halton's Urban Renewal

None identified

7.0 RISK ANALYSIS

7.1 Failure to consider and address the statutory duty of the Local Authority could expose individuals to abuse and the Council as the Statutory Body vulnerable to complaint, criticism and potential litigation.

8.0 EQUALITY AND DIVERSITY ISSUES

8.1 It is essential that the Council addresses issues of equality, in particular those regarding age, disability, gender, sexuality, race, culture and religious belief, when considering its safeguarding policies and plans. Policies and procedures relating to safeguarding adults are impact assessed with regard to equality.

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

None under the meaning of the Act.

REPORT TO: Health Policy & Performance Board

DATE: 26th November 2019

REPORTING OFFICER: Strategic Director - People

PORTFOLIO: Children, Education & Social Care

SUBJECT: Performance Management Reports, Quarter 2 2019/20

WARD(S) Borough-wide

1.0 **PURPOSE OF THE REPORT**

1.1 This report introduces, through the submission of a structured thematic performance report, the progress of key performance indicators, milestones and targets relating to Health in Quarter 2 of 2019/20. This includes a description of factors which are affecting the service.

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

i) Receive the Quarter 2 Priority Based report

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

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

3.0 **SUPPORTING INFORMATION**

3.1 The Policy and Performance Board has a key role in monitoring and scrutinising the performance of the Council in delivering outcomes against its key health priorities. Therefore, in line with the Council's performance framework, the Board has been provided with a thematic report which identifies the key issues in performance arising in Quarter 2, 2019/20.

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

9.1 None under the meaning of the Act.

Health Policy & Performance Board Priority Based Report

Reporting Period: Quarter 2 – Period 1st July – 30th September 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 2019/20 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:

Care Homes
Work is ongoing to ensure the continual improvements across the two care homes.

- Millbrow is to start planning on a major refurbishment within the whole building. This work will involve the redecoration throughout the building, inclusive of redesign of the first floor to support people living with Dementia.
- Work is underway with Riverside College and Chester University to support a recruitment and retention strategy across the care division.
- The Management team of care homes division has been recruited to, recruitment of staff team across all domains within the care homes will take place during the month of October 2019.
- The purchase of two further care homes, St Luke's, a 56 bed establishment in Runcorn and St Patricks a 40 bed establishment in Widnes. Both Homes provide specialist nursing care to people living with Dementia. Halton Borough Council purchased the homes on October 1st 2019.

Redesign of the Mental Health Resource Centre, Vine Street, Widnes: considerable work took place last year and earlier this year to redesign the services that were provided from the Mental Health Resource Centre. Capital funding was provided by the Borough Council, NHS Halton Clinical Commissioning Group and the North West Boroughs NHS Trust to adapt and refurbish the building so that it could be more effectively used to support people in the area with complex mental health problems. The building had already been occupied by the Mental Health Outreach Team and the Community Bridge Building Team, but they have now been joined by social workers, and by the North West Boroughs crisis resolution and home treatment team. This means that there is a greater multidisciplinary presence in the building and that services and supports work together more effectively to deliver care. There are continuing plans to develop a 24-hour service and a crisis facility has been developed in the building, in anticipation of this development.

Halton Day Services

… and in other news:

The goats are coming of age. After a successful acclimatisation to their new surroundings the Anglo-Nubians are approaching milking maturity. All the necessary Environmental Health documentation is ready together with the pasteurisation and milking tasks. It won't be long until the artisan goats'

cheese and milk will be available for purchase. The goats have been a huge success with service users and students alike and have contributed financially to the running of the service.

Public Health

We are starting to see a significant reduction in pregnant women smoking. It has reduced from 17.1% last year to 15.9% so far this year. We are also starting to take forward the lung health check programme which will pick up local residents at risk of lung cancer from smoking.

The #HaltOnLoneliness campaign has been successfully launched with all partners. We have also launched the new Healthy Weight Strategy which is a whole system approach developed with Leeds University.

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

Intermediate Care: Halton Borough Council and NHS Halton CCG jointly commission Halton Intermediate Care services. The system does not feel that the intermediate care services are being used to the potential they could be and as such, with the support of the Local Government Association and North West Association of Directors of Adult Social Services, a review of Intermediate Care Services is currently being undertaken.

The purpose of the review is to develop a clear understanding of the current intermediate care offer for adults in Halton. This includes reviewing the pathways into and out of Intermediate Care and Reablement support services, in order to assess how effectively they meet and support the needs of our adult population.

Aspects of the review so far have included a visit to Rochdale Intermediate Care Services, a Diagnostic Review and Options Appraisal and a 3 day Peer Challenge Review. An Implementation Workshop is planned for 4th November where all the information gathered will be reviewed and an action plan for improvements developed.

Review of the Mental Health Act: for some time there has been detailed work going on at a national level to review and revise the current legislation relating to the treatment of people with complex and high risk mental health problems. There have been concerns that, around the country, compulsory admissions to hospital may have been happening too frequently and that certain disadvantaged groups have been disproportionately targeted for compulsory admission. Although other political priorities have delayed the publication of a new Mental Health Bill, this has now been specifically named in the Queen's Speech as being a priority for implementation in the next parliament. This will require substantial revision of policies and processes, both locally and nationally.

Public Health

We are now starting to enter the flu season and need to be vigilant concerning vaccine stocks which may be affected by the EU exit. We also need to encourage staff and all at risk groups to be immunised. This will improve health, reduce flu admissions to hospital and reduce A&E waiting times.

4.0 Risk Control Measures

Risk control forms an integral part of the Council's Business Planning and performance monitoring arrangements. During the development of the 2017/18 Business Plan, the service was required to undertake a risk assessment of all key service objectives with high risks included in the Directorate Risk Register.

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.

Commissioning and Complex Care Services

Adult Social Care

Key Objectives / milestones

Ref	Milestones	Q2 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.	No data available

1F	The Homelessness strategy be kept under annual review to determine if any changes or updates are required.	No data available
3A	Undertake on-going review and development of all commissioning strategies, aligning with Public Health and Clinical Commissioning Group, to enhance service delivery and continue cost effectiveness, and ensure appropriate governance controls are in place.	✓

Supporting Commentary

1A. Work is ongoing to review our overall approach to managing the financial risks in the pool.

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

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

1D. During the last quarter work has continued to plan for provision of post diagnosis community dementia support from October 2019 (when the current contract finishes). It is anticipated that the Dementia Care Advisor service will remain, to ensure continuity of care for people living with dementia and their carers in line with where the current and projected demand for services lies, whilst complimenting the wider dementia care and support offer available in the borough. The Admiral Nurse Service continues to deliver support to families with the most complex needs relating to caring for someone living with dementia.

1E. No data available

1F. No data available

3A. No data available

Key Performance Indicators

Older People:

Ref	Measure	18/19 Actual	19/20 Target	Q2	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	TBC	TBC	U	N/A

ASC 02	Delayed transfers of care (delayed days) from hospital per 100,000 population. ***Better Care Fund performance metric***	479 May 19	TBC	403 May 19	U	
ASC 03	Total non-elective admissions in to hospital (general & acute), all age, per 100,000 population. ***Better Care Fund performance metric***	4952	TBC	4952	U	
ASC 04	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***	85%	TBC	N/A	N/A	N/A
Adults with Learning and/or Physical Disabilities:						
ASC 05a	Percentage of items of equipment and adaptations delivered within 5 working days (HICES)	N/A Merged data in 18/19	97%	98%	✓	
ASC 05b	Percentage of items of equipment and adaptations delivered within 7 working days (VI/DRC/HMS)	N/A Merged data in 18/19	97%	44%	U	
ASC 06	Proportion of people in receipt of SDS (ASCOF 1C – people in receipt of long term support) (Part 1) SDS	78%	78%	72%	✓	
ASC 07	Proportion of people in receipt of	36%	45%	34%	✓	

	SDS (ASCOF 1C – people in receipt of long term support) (Part 2) DP					
ASC 08	Proportion of adults with learning disabilities who live in their own home or with their family (ASCOF 1G)	86%	89%	88.94 %	✓	↑
ASC 09	Proportion of adults with learning disabilities who are in Employment (ASCOF 1E)	5%	5%	5.05%	✓	↑
Homelessness:						
ASC 10	Homeless presentations made to the Local Authority for assistance In accordance with Homelessness Act 2017. Relief Prevention Homeless	117	500	N/A	N/A	N/A
ASC 11	LA Accepted a statutory duty to homeless households in accordance with homelessness Act 2002	10	100	N/A	N/A	N/A
ASC 12	Homelessness prevention, where an applicant has been found to be eligible and unintentionally homeless.	6	17	N/A	N/A	N/A
ASC 13	Number of households living in Temporary Accommodation Hostel Bed & Breakfast	N/A	N/A	N/A	N/A	N/A
ASC 14	Households who considered	1.64%	6%	N/A	N/A	N/A

	themselves as homeless, who approached the LA housing advice service, and for whom housing advice casework intervention resolved their situation (the number divided by the number of thousand households in the Borough)					
Safeguarding:						
ASC 15	Percentage of individuals involved in Section 42 Safeguarding Enquiries	N/A	88%	52%	N/A	N/A
ASC 16	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%	56%	61%		
ASC 17	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)	89%	82%	N/A	N/A	N/A
Carers:						
ASC 18	Proportion of Carers in receipt of Self Directed Support.	100%	99%	72%		
ASC 19	*Carer reported Quality of Life (ASCOF 1D, (this*	7.6%	9%	N/A	N/A	N/A

	figure is based on combined responses of several questions to give an average value. A higher value shows good performance)					
ASC 20	*Overall satisfaction of carers with social services (ASCOF 3B)*	52.1%	50%	N/A	N/A	N/A
ASC 21	The proportion of carers who report that they have been included or consulted in discussions about the person they care for (ASCOF 3C)	77.6%	80%	N/A	N/A	N/A
ASC 22	Do care and support services help to have a better quality of life? (ASC survey Q 2b) ***Better Care Fund performance metric***	89.1%	93%	N/A	N/A	N/A

Supporting Commentary:

Older People:

ASC 01 We cannot complete due to the fact that panel is still incorrect from the teams

ASC 02 No data available

ASC 03 No data available

ASC 04 Annual collection only to be reported in Q4. Data published October 2019, the latest data for 19/20 will be available in October 2020

Adults with Learning and/or Physical Disabilities:

ASC 05a Target exceeded in Q2

ASC 05b No commentary provided.

ASC 06 We are on track to meet this target.

ASC 07 We are on track to meet this target.

ASC 08 We are on track to meet this target.

ASC 09 There are 21 people with a learning disability in paid employment. The percentage is based on the number of people with a learning disability "known to" the Council. The known to figure can fluctuate each month as people have been added to Care First or their assessments have been completed; this will have an overall effect on the percentage.

Homelessness:

ASC 10 No data available

ASC 11 No data available

ASC 12 No data available

ASC 13 No data available

ASC 14 No data available

Safeguarding:

ASC 15 New measure, targets to be confirmed

ASC 16 No data available

ASC 17 Annual collection only to be reported in Q4, (figure is an estimate).

Carers:

ASC 18 On target to meet this measure

ASC 19 This is the Biennial Carers Survey which will commence in December 2020

ASC 20 This is the Biennial Carers Survey which will commence in December 2020

ASC 21 This is the Biennial Carers Survey which will commence in December 2020

ASC 22 This is the Biennial Carers Survey which will commence in December 2020

Public Health

Key Objectives

Ref	Objective
PH 01a-d	**Prevention and early detection of cancer, CVD and respiratory disease. Working with partner organisations to prevent disease onset and improve early detection of the signs and symptoms.**
PH 02a-c	**Improved Child Development: Working with partner organisations to improve the development, health and wellbeing of children in Halton and to tackle the health inequalities affecting that population.**
PH 03a-c	**Reduce the number of falls in Adults.**
PH 04a-c	**Reduction in the harm from alcohol: Working with key partners, frontline professionals, and local community to address the health and social impact of alcohol misuse.**

PH 05a-c	**Continue to provide a wide range of services that promote positive mental health, encourage positive attitudes to mental health conditions and reduce the stigma attached to those experiencing them.**

Ref	Milestones	Q2 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	Work with partners to continue to expand early diagnosis and treatment of respiratory disease including Lung Age Checks, and improving respiratory pathways.	✓
PH 01d	Increase the number of people achieving a healthy lifestyle in terms of physical activity, healthy eating and drinking within recommended levels.	✓
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 and develop an enhanced offer through the 0-19 programme for families requiring additional support, For example: teenage parents (through Family Nurse Partnership), Care leavers and support (when needed) following the 2 year integrated assessment.	✓
PH 02c	Maintain and develop an offer for families to help their child to have a healthy weight, including encouraging breastfeeding, infant feeding support, healthy family diets, physical activity and support to families with children who are overweight.	✓
PH 03a	Continue to develop opportunities for older people to engage in community and social activities to reduce isolation and loneliness and promote social inclusion and activity.	✓
PH 03b	Review and evaluate the performance of the integrated falls pathway.	✓
PH 03c	Work with partners to promote the uptake and increase accessibility of flu and Pneumonia vaccinations for appropriate age groups in older age.	✓
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 in the community and within secondary care.	✓
PH 05a	Work with schools, parents, carers and children's centres to improve the social and emotional health of children.	✓
PH 05b	Implementation of the Suicide Action Plan.	✓

PH 05c	Provide training to front line settings and work to implement workplace mental health programmes.	✓

Supporting Commentary

PH 01a **Supporting commentary**

Halton Stop Smoking Service works continually to help support local people quit smoking, with extra emphasis placed on routine and manual workers and pregnant women where extra support is required. To date this quarter (QTR) Halton Stop Smoking Service has seen 33 maternal referrals compared to a total of 40 maternal referrals in QTR 1 last year. Complete Quarterly data for the Stop Smoking Service is not measured until August 2019. Therefore, current data is suggesting that there could be more referrals to be recorded for Quarter 1 than the same period last year. NB. The same criteria applies to successful quits for pregnant clients.So far successfiul quits for pregnant women are on a par with the same period last year.

Among the Routine and Manual group, there have been 41 accessing the service and 13 quitting (data set is incomplete; covers to August 2019). Data for the same period last year (18/19) is 47 accessing and 33 quitting.

Brief Intervention training has been delivered to Midwives this quarter taking total number of Midwives trained to 25. This reflects the successful partnership working between Halton Midwives and the Stop Smoking Service.

Intermediate training has been delivered to Pharmacies during Quarter 1.

PH 01b Halton Health Improvement Team continued to actively engage in promoting the PHE Cervical Screening uptake campaign and engaged with an estimated 10,000 local people. The workplace health program ran a series of Cancer Awareness workshops with employers throughout Halton. These workshops focused on making staff aware of the signs and symptoms of breast, bowel, lung and testicular cancer, signposting to local support services and highlighting the importance of screening.

In addition, as part of the Cheshire and Merseyside Cancer Prevention Group, we have been successful in bidding for funding through the Cancer transformation fund available to Cancer Alliances. The bids will enable us to work across Chreshire and Merseside to develop targetted approaches to improve uptake of screening, including a cervical screening text message reminder service, an initiative to identify and target individuals who have not responsed to a screening offer of who have attended screening but fail to progress through the pathway.

PH 01c **Supporting commentary**

The use of the lung age check within the workplace health program has increased this quarter. This continues to drive referrals into the stop smoking service. The Stop Smoking Service also continue to deliver Lung Age checks to clients aged 35yrs and over as per NICE guidelines for COPD and refer appropriately those clients that may need further investigation to GP's.

Health improvement Services are engaged with mulitple partners on a newly formed Respiratory Steering group co-ordinated by Halton CCG, aimed at improving respiratory pathways. The Stop Smoking Service has increased venues to deliver from as a result of partnership working with the Respiratory Health Team.

Halton is continuing to progress - at speed - the development of the Targetted Lung Health Checks with Knowsley, in addition to identifying and scanning those at highest risk of lung cancer, it will identify other respiratory conditions such as COPD,

ensuring rapid access to the right pathways and treatments, as well as directing people to the Halton Smoking Cessation Service.

PH 01d **Supporting commentary**

Halton Weight Management Service has had over 200 new referrals this quarter. The service continues to provide healthy lifestyle advice and physical activity on a weekly basis to overweight Halton residents. The tier 2 group based approach is supplemented by an integrated tier 3 service for those requiring dietetic input.

Physical activity sessions continue to be provided for clients with a history of cardiac, respiratory, neurological or chronic pain diagnoses. Specialist gym based sessions have recently been added to assist with re-introducing clients to exercise that have had physical or mental barriers to engaging previously.

PH 02a **Supporting commentary**

The Bridgewater 0-19 service, including health visitors, school nurses and Family Nurse Partnership (FNP) continues to deliver all the elements of the Healthy Child programme to families in Halton. All NCMP measurements have been completed for this year and school health profiles are being agreed to be ready for September.

PH 02b

Supporting commentary

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.

PH 02c **Supporting commentary**

Infant feeding support, introduction to solid food sessions and the healthy school offer are available to families, to support achieving and maintaining a healthy weight. A draft healthy weight strategy has been produced using a whole system approach to obesity which will support healthy weight in children.

Progress continues to be made in many of the areas on the Infant feeding strategy action plan, and the operational group is continuing work on refreshing the action plan for 2020. The action plan will focus on ensuring all new mothers will be supported on discharge to feed their baby, whether breast or bottle feeding and then offered continued support through the child's early years on all aspects of infant feeding. The action plan also includes continued work towards maintaining BFI status for Halton i.e. refreshing breastfeeding policies, social marketing campaigns and parent education sessions to encourage healthy early years.

The Healthy schools programme continues to support all schools in Halton around the PSHE curriculum utilising a whole school approach.

Health Improvement continue to deliver Fit 4 Life camps, parent bitesize workshops, community outreach sessions and half-day practitioner brief intervention training across the borough, to support frontline staff, parents and families.

PH 03a **Supporting commentary**

The Campaign to End Loneliness across Halton is underway following the Halton Loneliness conference earlier in the year. The Loneliness steering group meets regularly to drive the campaign forward ensuring that materials are being distributed far and wide to various organisations and businesses across the borough to help raise awareness and promote a single point of access for people who have been affected by loneliness to get help and support.

The Health Improvement Team also delivers Age Well training which is aimed at giving people who work and live in the community the opportunity to improve their knowledge and understanding of loneliness and how it affects older people living in the borough.

This also helps to build practical skills using tools that identify people who may be at risk of loneliness and help build their confidence in giving out advice on how to overcome loneliness. At the end of the session delegates will sign a pledge to end loneliness as part of our Campaign to End Loneliness in Halton.

Sure Start to Later Life continue to work across Halton, supporting older people to engage with activities in the local community, the team hold regular events for older people and are now running an additional Get Together in Widnes (in addition to the Grange way get together in Runcorn) which is an opportunity for older people to come together, socialise and make connections with health and wellbeing services. The additional get together has been well attended, with 80 people attending the first 3 events this year.

PH 03b **Supporting commentary**

The falls steering group continues to meet regularly to monitor progress made against the falls strategy action plan. This quarter, two falls workshops including a wide variety of stakeholders, have been held to map the current falls pathway and identify gaps/areas for improvement. A Primary Care audit has also be initiated to reduce variation, improve patient flow/pathway management for those who have had a fall or are at risk of falling. The findings from both workshops and the audit are to be presented at the next falls steering group in September.

PH 03c **Supporting commentary**

Uptake of flu vaccination for the year 2018/19 was poorer than the previous year in all groups, except the school based programme. In Halton we have failed to significantly increase the uptake of vaccination amongst people with long term health conditions that make them more susceptible to flu. We have begun work already in anticipation of the 2019/20 flu season starting in Setember 2019. We have undertaken a joint communicatons meeting between Halton and Warrington to understand how we can best work together, pool resources and help improve the messaging and approaches we take to encourage people to attend for Flu vaccinations, we will be working jointly throughout the season.

We have also begun discussions with Primary Care Networks to explore options for delivering the vaccination differently to certain cohort groups to help improve access and uptake.

We have worked with the CCG to develop a respiratory improvement strategy exploring how we can incorporate Flu and Pneumonia vaccination into improvement programmes and ensure practices can maximise all oppportunities to protect older people.

PH 04a **Supporting commentary**

Data for 2015/16-2017/18 shows the Halton rate for alcohol admissions in the under 18s has decreased slightly from the previous period.
Halton has seen a greater reduction than England, the North West and St Helens since 2006/07-2008/09. Despite this decrease, the Halton rate remains significantly higher than the England average, though the rate is similar to the North West and significantly lower than St Helens' rate

PH 04b **Supporting commentary**

Good progress is being made towards implementing the Halton alcohol strategy action plan.

We are working with partner organisations 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.

The Stop Smoking Service continues to deliver Audit C screening and offers Brief Advice when appropriate to clients wishing to reduce their alcohol intake. 151 clients received Audit C screening from the Stop Smoking Service in Q1.

PH 04c **Supporting commentary**
We continue to monitor activity of the commissioned Drug and Alcohol misuse service through CGL and see good numbers of people referred for treatment and support. The completion of treatment rate for Halton continues to be above the PHE and CGL national average.

PH 05a **Supporting commentary**
12 educational settings have been engaged and supported using the whole settings approach. Riverside College is currently being supported via the One Halton Population work stream. A multi-agency steering group has been established and an action plan in the process of being implemented to help improve the mental health and wellbeing of young people. A training package for staff who work with early years is in development along with suicide awareness for staff working with children and young people. The Time to Change young people steering group has been established and plans are being developed to deliver anti-stigma and discrimination activities to young people in Secondary Schools and Riverside College.

PH 05b We are in the process of analysing the first year's 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. 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. 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 provision across the Champs footprint.

PH 05c **Supporting commentary**
The following training is available to improve early detection of mental health conditions and improve mental health and wellbeing
Training for staff who work with adults:

- Mental Health Awareness
- Mental Health Awareness for Managers
- Stress Awareness
- Stress Awareness for Managers
- Suicide Awareness

Training for staff who work with children and young people:

- Mental Health Awareness
- Self-Harm Awareness
- Staff wellbeing (school Staff)

A training package for staff who work with early years is under development along with suicide awareness for staff who work with children and young people.

Key Performance Indicators

Ref	Measure	18/19 Actual	19/20 Target	Q2	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)	64.5% (2017/18)	66.5% (2018/19)	Annual Data	U	↑
PH LI 02a	Adults achieving recommended levels of physical activity (% of adults aged 19+ that achieve 150+ minutes of moderate intensity equivalent per week)	62.8% (2017/18)	64.2% (2018/19)	Annual Data	U	↓
PH LI 02b	Alcohol-related admission episodes – narrow definition (Directly Standardised Rate per 100,000 population)	830.2 (2017/18)	827.7 (2018/19)	862.7 (2018/19) Provisional	✗	↓
PH LI 02c	Under-18 alcohol-specific admission episodes (crude rate per 100,000 population)	57.6 (2015/16-17/18)	55.6 (2016/17-2018/19)	60.9 (2016/17-2018/19)	✗	↓
PH LI 03a	Smoking prevalence (% of adults who currently smoke)	15.0% (2017)	14.8% (2018)	17.9% (2018)	✗	↓
PH LI 03b	Prevalence of adult obesity (% of adults estimated to be obese)	33.7% (2017/18)	33.2% (2018/19)	Annual Data	U	↓
PH LI 03c	Mortality from cardiovascular disease at ages under 75 (Directly Standardised Rate per 100,000 population) *Published data based on calendar year,*	90.4 (2016-18)*	88.9 (2017-19)	85.1 (Q3 2016 – Q2 2019)	U	↑

	please note year for targets					
PH LI 03d	Mortality from cancer at ages under 75 (Directly Standardised Rate per 100,000 population) *Published data based on calendar year, please note year for targets*	175.8 (2016-18)*	170.9 (2017-19)	168.9 (Q3 2016 – Q2 2019)	U	
PH LI 03e	Mortality from respiratory disease at ages under 75 (Directly Standardised Rate per 100,000 population) *Published data based on calendar year, please note year for targets*	55.6 (2016-18)*	50.5 (2017-19)	52.8 (Q3 2016 – Q2 2019)	U	
PH LI 04a	Self-harm hospital admissions (Emergency admissions, all ages, directly standardised rate per 100,000 population)	340.0 (2017/18)	337.7 (2018/19)	349.7 (2018/19) Provisional		
PH LI 04b	Self-reported wellbeing: % of people with a low happiness score	9.7% (2017/18)	9.4% (2018/19)	Annual Data	U	
PH LI 05ai	**Male** Life expectancy at age 65 (Average number of years a person would expect to live based on contemporary mortality rates) *Published data based on 3 calendar years, please note year for targets*	17.5 (2015-17)	17.6 (2016-18)	Annual Data	U	
PH LI 05aii	**Female** Life expectancy at age 65 (Average	19.3 (2015-17)	19.4 (2016-18)	Annual Data	U	

	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 05b	Emergency admissions due to injuries resulting from falls in the over 65s (Directly Standardised Rate, per 100,000 population; PHOF definition)	2937.1 (2017/18)	2900.0 (2018/19)	2998.7 (2018/19) Provisional		
PH LI 05c	Flu vaccination at age 65+ (% of eligible adults aged 65+ who received the flu vaccine, GP registered population)	73.7% (2017/18)	75.0% (2018/19)	72.0% (2018/19)		

Supporting Commentary

PH LI 01 - Data is released annually.

PH LI 02a - Data is released annually.

PH LI 02b - - Provisional data for 2018/19 indicates that the target was not met for alcohol-related admissions episodes. The rate of admissions exceeded the target and was higher than the rate seen in 2017/18. Data is provisional; published data will be released later in the year

PH LI 02c - Provisional data for 2016/17-2018/19 indicates that the target was not met for alcohol-specific admissions among those aged under 18. The rate of admissions exceeded the target and was higher than the rate seen in 2017/18.
Data is provisional; published data will be released later in the year

PH LI 03a - Data was fed back in the Q1 2019/20 QMR document and is published annually. The next smoking prevalence data (for 2019) should be available after April 2020.

PH LI 03b – Data is released annually.

PH LI 03c - Provisional data for the three year period to the end of Q2 2019 indicates that there has been a reduction in the rate of premature deaths from CVD. The provisional figure is below that of 2016-18, and below that of the target for 2017-19. However it is too early to accurately state whether the target will be met for the period.

PH LI 03d – Provisional data for the three year period to the end of Q2 2019 indicates that there has been a reduction in the rate of premature deaths from cancer. The provisional figure is below

that of 2016-18, and marginally below that of the target for 2017-19. However it is too early to accurately state whether the target will be met for the period.

PH LI 03e- Provisional data for the three year period to the end of Q2 2019 indicates that there has been a reduction in the rate of premature deaths from cancer. The provisional figure is below that of 2016-18, but still above that of the target for 2017-19. However it is too early to accurately state whether the target will be met for the period.

PH LI 04a - Provisional data indicates the target for self-harm admissions (all ages) was not achieved for 2018/19. The rate for the year was higher than the target for the year and the equivalent rate for 2017/18. Data is provisional; published data will be released later in the year

PH LI 04b - Data is released annually.

PH LI 05ai - Data is released annually.

PH LI 05aii – Data is released annually.

PH LI 05b – Provisional data indicates the target for falls admissions (ages 65+) was not achieved for 2018/19. The rate for the year was higher than the target and the equivalent rate for 2017/18. Data is provisional; published data will be released later in the year

PH LI 05c - Data published in September 2019 indicates that coverage for over 65s, although being the same as England for the 2018/19 season, has reduced from 73.7% in 2017/18 and remains below the national 75% target.

APPENDIX 1 – Financial Statements

ADULT SOCIAL CARE DEPARTMENT

Revenue Budget as at 30th September 2019

	Annual Budget £'000	Budget To Date £'000	Actual To Date £'000	Variance to Date (under spend) £'000	Forecast Outturn Position £'000
Expenditure					
Employees	3,693	1,864	1,818	46	90
Other Premises	5	0	0	0	0
Supplies & Services	293	142	99	43	83
Contracts & SLA's	6,586	3,074	3,122	(48)	(95)
Transport	10	5	5	0	1
Agency	18	18	19	(1)	(1)
Total Expenditure	**10,605**	**5,103**	**5,063**	**40**	**78**
Income					
Other Fees & Charges	-86	-76	-67	(9)	(18)
Government Grant	-9,919	-4,961	-4,961	0	0
Reimbursements & Grant Income	-229	-180	-157	(23)	(45)
Transfer from Reserves	-405	-44	-44	0	0
Total Income	**-10,639**	**-5,261**	**-5,229**	**(32)**	**(63)**
Net Operational Expenditure	**-34**	**-158**	**-166**	**8**	**15**
Recharges					

Premises Support	143	72	72	0	0
Central Support Services	786	393	393	0	0
Transport Recharges	23	11	11	0	0
Support Income	-17	-17	-17	0	0
Net Total Recharges	**935**	**459**	**459**	**0**	**0**
Net Department Expenditure	**901**	**301**	**293**	**8**	**15**

Comments on the above figures

In overall terms, the Net Department Expenditure for the second quarter of the financial year is £8,000 under budget profile.

Employee costs are currently £46,000 under budget profile. This is due to savings being made on a small number of vacancies and reductions in hours, particularly within the Health & Wellbeing Division, however it is anticipated that vacancies will be filled as quickly as possible and surplus hours, resulting from staff reducing their working hours will be utilised within the Division.

Budgeted employee spend is based on full time equivalent staffing numbers of 87.

Supplies and services expenditure is being kept to essential spend only and managers continue to closely monitor this controllable expenditure.

Contracts and SLA's expenditure is above budget profile and this is expected to continue for the remainder of the financial year. As the Public Health Grant must balance to nil at the end of the financial year, it is expected that a draw down from the balance sheet will be required.

Income received is currently running below target and is projected to continue to do so for the remainder of the financial year. This is in the main due to savings of £50,000 being applied to income targets included in the Department's budget, which are not achievable. There is also an underachievement of pest control income, which is expected to continue for the remainder of the financial year. This is due to staff sickness and the difficulties this creates providing a full pest control service.

The expected outturn position for the department to 31 March 2020 based on the current levels of income and expenditure is anticipated to be circa £15,000 under budget.

Capital Projects as at 30th September 2019

	2019-20 Capital Allocation £'000	Allocation To Date £'000	Actual Spend £'000	Total Allocation Remaining £'000
Bredon	30	20	17	13
Carefirst Upgrade	362	362	362	0
Grangeway Court	273	1	1	272
Orchard House	407	30	26	381
Purchase of 2 Adapted Properties	512	130	124	388
Total	1,584	543	530	1,054

Comments on the above figures:

The upgrade to the Care first system will result in significant annual savings to the licence fee. These savings are being utilised to fund the capital purchase costs over a 5 year period

The Orchard House allocation relates to the purchase and re-modelling of a previously vacant property, to provide accommodation for young adults who have a Learning Disability and Autism. The full scheme cost is £497,000, and is fully funded by an NHS England grant. The £407,000 capital allocation in the current year reflects the projected remodelling and refurbishment costs of the property following its purchase in March 2019.

The Grange way Court scheme relates to the remodelling of an existing Council property to support the needs of the Joint Commissioning Of Domestic Abuse Services project. The costs of the building works are currently undergoing evaluation, work is anticipated to commence later in the financial year.

The capital allocation for the purchase of land and construction of 2 properties relates to funding received from the Department Of Health under the Housing & Technology for People with Learning Disabilities Capital Fund. The funding is to be used to meet the particularly complex and unique needs of two service users. The purchase of suitable land was completed in September 2019, and construction work is set to start imminently.

COMPLEX CARE POOL

Revenue Budget as at 30th September 2019

	Annual Budget £'000	Budget To Date £'000	Actual To Date £'000	Variance To Date (overspend) £'000	Forecast Variance (overspend) £'000
Expenditure					
Intermediate Care Services	6,114	2,440	2,455	(15)	(32)
End of Life	200	96	92	4	8
Sub-Acute	1,783	813	874	(61)	(123)
Urgent Care Centres	615	0	0	0	0
Joint Equipment Store	613	307	317	(10)	(25)
CCG Contracts & SLA's	1,219	480	433	47	103
Intermediate Care Beds	599	299	299	0	0
BCF Schemes	1,729	865	865	0	0
Carers Breaks	444	253	208	45	91
Madeline McKenna Home	573	273	299	(26)	(74)
Millbrow Home	1,710	857	1,081	(224)	(465)
B3 Beds	1,300	687	687	0	0
Development Fund	270	0	0	0	0
Adult Health & Social Care Services:					
Residential & Nursing Care	20,530	8,292	8,502	(210)	(441)
Domiciliary & Supported Living	13,451	6,068	5,698	370	740
Direct Payments	8,775	4,604	5,719	(1,115)	(2,265)
Day Care	445	151	216	(65)	(127)
Total Expenditure	**60,370**	**26,485**	**27,745**	**(1,260)**	**(2,610)**
Income					
Residential & Nursing Income	-6,279	-2,757	-2,801	44	88
Domiciliary Income	-1,445	-543	-580	37	64
Direct Payments Income	-581	-197	-260	63	126
Winter Pressures	-639	-320	-320	0	0
BCF	-10,377	-5,188	-5,188	0	0

CCG Contribution to Pool	-13,677	-6,833	-6,833	0	0
ILF	-656	-164	-164	0	0
Income from other CCG's	-112	-56	-56	0	0
Madeline McKenna fees	-275	-121	-118	(3)	(6)
Millbrow fees	-398	-203	-244	41	81
Falls Income	-60	-30	-30	0	0
Total Income	**-34,499**	**-16,412**	**-16,594**	**182**	**353**
Net Department Expenditure	**25,871**	**10,073**	**11,151**	**(1,078)**	**(2,257)**
CCG risk share overspend on aligned budgets (CHC, FNC and Joint funding)	0	0	-350	350	709
Adjusted Net Dept. Expenditure	**25,871**	**10,073**	**10,801**	**(728)**	**(1,548)**

Comments on the above figures:

The overall position for the Complex Care Pool budget is £1,078k over budget profile at the end of the second financial quarter and the forecast year end position is expected to be approximately £2,257k. The anticipated overspend on the Health and Community Budget is circa £709k therefore the council's liability would be reduced to £1,548k at the end of the financial year.

Intermediate Care Services, which includes the Therapy and Nursing teams, Rapid Access Rehabilitation (RARS) and the Reablement service, is £15k over budget profile. This relates to higher than anticipated staffing costs in respect of the implementation and testing of the new CM2000 system. This system is being introduced to better manage and coordinate staffing resources to meet service demand. As a result, staffing costs will be monitored closely to ensure costs are brought back within budget.

The **Sub-Acute Unit** is currently £61k overspent at the midpoint of the year and the forecast year end position is expected to be £123k over budget. This is due to an 11% increase on the Halton Intermediate Care Unit (H.I.C.U.) contract for 2019/20, which equates to an increase of nearly £175k compared to the previous year. The increase is a result of Warrington & Halton Hospitals NHS Foundation Trust re-basing the staffing structures to reflect the 2019/20 pay rates rather than applying an inflation rate as in previous years. This additional cost will be an additional pressure on the budget.

Expenditure on **Carer's Breaks** is under budget profile by £45k as at the end of September. A couple of contracts have ended and the personalised break costs from Halton Carer's Centre are quite low.

Millbrow Residential & Nursing Home continues to exert pressure on the Pooled Budget, due in the main to the level of agency costs. However, there has been a notable reduction in agency costs since the previous period. These costs will continue to reduce over the coming months as the staffing structure/establishment is finalised and the use of agency staff ceases.

Invoices for B3 beds have been paid up to July, however further consideration will need to be given as to whether or not further invoices will be paid in light of the financial position of the pool budget.

Ward B3 was established as a short term solution to support individuals who no longer require ongoing care in an acute setting i.e. who are medically optimised and have reached their functional potential, but are delayed being discharged from hospital. These costs are estimated to be in the region of £1.3m up to November and funding from slippage on BCF & iBCF schemes has been used to fund the invoices paid to date. However in previous years this funding has been used to balance the Health & Community Care budget so this will place additional pressure on the pool budget.

Health & Social Care –
The Health and Social Care budget is a mix of residential, domiciliary and direct payments and also a mix of CHC and LA funded care packages. The projected overspend on the Health and Social Care budget has been analysed in the tables below and split been CCG and LA funded care packages.

HBC

Service Type	Annual Budget £000	Projected Spend / - Inc. to Year-end £000	Projected Out-turn Variance Under / (Over) £000
Residential & Nursing Care	14,117	14,532	(415)
Domiciliary Care, Supported Living & Day Care	8,284	7,708	576
Direct Payments	7,308	8,719	(1,411)
Residential & Nursing Income	-6,260	-6,336	76
Domiciliary Care Income	-1,431	-1,496	65
Direct Payments Income	-581	-706	125
ILF	-656	-656	0
Residential Income from other CCG's	-126	-126	0
TOTAL	**20,655**	**21,639**	**(984)**

HCCG CHC & FNC

Service Type	Annual Budget £000	Projected Spend to Year-end £000	Projected Out-turn Variance Under / (Over) £000
Residential & Nursing Care	5,482	5,509	(27)
Domiciliary Care, Supported Living & Day Care	3,514	3,345	169
Direct Payments	1,495	2,349	(854)
FNC - Residential & Nursing Care	1,038	1,035	3
TOTAL	**11,529**	**12,238**	**(709)**

The current net projected overspend is £1,692k (£983k HBC and £709k CCG), as per the tables below. The number of clients found eligible for Continuing Health Care (CHC) is reducing considerably, 25% from the same time last year and the number of clients in receipt of Funded Nursing Care and LA funded packages are increasing. It should be noted that CHC packages of care are free at the point of service to clients, whereas LA funded packages of care are chargeable services.

DIRECT PAYMENTS

There has been a significant increase in the Direct Payments forecast since Quarter 1. There has been an increase in the care package of 30 service users, resulting in an increase of costs amounting to £320k to the end of the financial year. In addition there are 35 new service users from July to September, an increase of £430k.

There has also been an increase in the number of service users commissioning services from agencies, which charge more than the council's contract rate of £14.50 per hour. These are

generally complex needs clients whose needs cannot be met by our contracted providers. The annual projection for these clients to date is £162k.

The financial recovery working group remains in place to look at addressing the current cost pressures within health and social care, whilst ensuring the needs of clients continue to be met.

Pooled Budget Capital Projects as at 30th September 2019

	2019-20 Capital Allocation £'000	Allocation To Date £'000	Actual Spend £'000	Total Allocation Remaining £'000
Disabled Facilities Grant	601	300	277	324
Stair lifts (Adaptations Initiative)	256	125	111	145
RSL Adaptations (Joint Funding)	260	130	126	134
Oak Meadow Redesign	105	20	19	86
Madeline McKenna Care Home	14	14	14	0
St Luke's Care Home	1,300	920	918	382
St Patrick's Care Home	1,100	1,030	1028	72
Care Home Acquisition	1,437	0	0	1,437
Total	**5,073**	**2,564**	**2,493**	**2,580**

Comments on the above figures:

The scheme to refurbish Oak Meadow follows recommendations made in the recent Care Quality Commission report. This scheme is wholly funded by government grant income, and an agreed contribution from St Helen's and Knowsley Teaching Hospitals NHS Trust. The project commenced in the winter of 2018; the £105,000 capital allocation in current year represents the funding carried forward from the previous financial year to enable the project's completion.

Both St Luke's and St Patrick's care homes were purchased by Halton Borough Council on 30 September 2019.The two establishments are now under the management of the Council's Adult Social Care department. The capital allocations reflect funding for the purchases, and the initial refurbishment/remodelling costs.

The capital allocation for Care Home Acquisition reflects available capacity for future purchase and refurbishment of care homes. It is possible that some of this funding will be used in-year to refurbish or remodel existing Council owned care homes. Some of the funding may ultimately be retrofired to the following financial year.

PUBLIC HEALTH & PUBLIC PROTECTION DEPARTMENT

Revenue Budget as at 30th September 2019

	Annual Budget £'000	Budget To Date £'000	Actual To Date £'000	Variance to Date (under spend) £'000	Forecast Outturn Position £'000
Expenditure					
Employees	3,693	1,864	1,818	46	90
Other Premises	5	0	0	0	0
Supplies & Services	293	142	99	43	83
Contracts & SLA's	6,586	3,074	3,122	(48)	(95)

Transport	10	5	5	0	1
Agency	18	18	19	(1)	(1)
Total Expenditure	**10,605**	**5,103**	**5,063**	**40**	**78**
Income					
Other Fees & Charges	-86	-76	-67	(9)	(18)
Government Grant	-9,919	-4,961	-4,961	0	0
Reimbursements & Grant Income	-229	-180	-157	(23)	(45)
Transfer from Reserves	-405	-44	-44	0	0
Total Income	**-10,639**	**-5,261**	**-5,229**	**(32)**	**(63)**
Net Operational Expenditure	**-34**	**-158**	**-166**	**8**	**15**
Recharges					
Premises Support	143	72	72	0	0
Central Support Services	786	393	393	0	0
Transport Recharges	23	11	11	0	0
Support Income	-17	-17	-17	0	0
Net Total Recharges	**935**	**459**	**459**	**0**	**0**
Net Department Expenditure	**901**	**301**	**293**	**8**	**15**

Comments on the above figures

In overall terms, the Net Department Expenditure for the second quarter of the financial year is £8,000 under budget profile.

Employee costs are currently £46,000 under budget profile. This is due to savings being made on a small number of vacancies and reductions in hours, particularly within the Health & Wellbeing Division, however it is anticipated that vacancies will be filled as quickly as possible and surplus hours, resulting from staff reducing their working hours will be utilised within the Division.

Budgeted employee spend is based on full time equivalent staffing numbers of 87.

Supplies and services expenditure is being kept to essential spend only and managers continue to closely monitor this controllable expenditure.

Contracts and SLA's expenditure is above budget profile and this is expected to continue for the remainder of the financial year. As the Public Health Grant must balance to nil at the end of the financial year, it is expected that a draw down from the balance sheet will be required.

Income received is currently running below target and is projected to continue to do so for the remainder of the financial year. This is in the main due to savings of £50,000 being applied to income targets included in the Department's budget, which are not achievable. There is also an underachievement of pest control income, which is expected to continue for the remainder of the financial year. This is due to staff sickness and the difficulties this creates providing a full pest control service.

The expected outturn position for the department to 31 March 2020 based on the current levels of income and expenditure is anticipated to be circa £15,000 under budget.

APPENDIX 2 – Explanation of Symbols

Symbols are used in the following manner:

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

Direction of Travel Indicator

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

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