

Reporting Period: Quarter 4: 1st January to 31st March 2017

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 2016/17 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

Safeguarding Adults Peer Review

St Helens Council undertook a Safeguarding Peer Review on 5th and 6th January 2017. It was agreed that they would focus on two main areas:

1. To review whether Halton Borough Council through its adult safeguarding, policies, procedures and practice are helping to protect and deliver positive outcomes for service users and families
2. To review whether the “Adults Voice” is heard in front line practices and by Halton’s Safeguarding Adults Board

The Peer Review Team found strong political and Senior Management leadership and commitment, including at the most senior levels. A strong partnership approach and established, effective networks were prevalent in all areas of the Review. Individuals across the range of stakeholders participating were constructive, committed and engaged in an honest and open way, indicating willingness to learn and embrace change. The Review Team feel Halton has a strong platform on which to build future safeguarding arrangements.

The Peer Review Team identified 6 recommendations

- Review the role of the Integrated Safeguarding Unit
- Update the Interagency Safeguarding Policy, Procedures and Good Practice
- Review the scope of SAB
- Review the application of Carefirst
- Develop actions to address the recommendations
- Share the outcome of the review with all participants

These recommendations have been collated into an action plan and progress will be monitored by the Safeguarding Adults Board to ensure that Halton is helping to keep people safe and working as effectively as possible in order to do this.

Review of the 5Boroughs Acute Care Pathway and Later Life and Memory Services (the Tony Ryan Review): work is continuing in Halton to redesign mental health services to achieve two main aims: to provide help and support to people at an earlier stage in their condition, so as to reduce the likelihood of needing long term specialist mental health support from the 5BoroughsPartnership, and to help people who are already involved with the 5BoroughsPartnership to regain full independence and live full and meaningful lives in the community wherever possible.

As a part of this, the use of the existing inpatient beds in the Brooker Unit in Runcorn has been reviewed, and following a public consultation the decision has been made to move some of the inpatient services for people with dementia and memory loss to another specialist location. This will allow more effective delivery of local mental health inpatient provision for people with mental illnesses, but it should also provide a better-quality specialist service for people with dementia. The 5Boroughs have made arrangements to ensure that patients' families can easily access the new location.

The Community Multi-Disciplinary Team Model

A number of legislative and policy developments have contributed to the development of the community multi-disciplinary approach in Halton, further integrating health and social care in the borough. The model for Community MDTs in Halton consists of staff from several different professional backgrounds, including GPs, Social Workers, Community Care Workers District Nurses, Community Matrons. The MDT will work in an integrated way, aligned to GP practices. The model works with four GP Hubs: Widnes North, Widnes South, Runcorn West and Runcorn East. Each Hub has clusters of GP surgeries. Each GP surgery has its own MDT, working with an identified GP patient population. The model promotes the MDT have dedicated meetings to look at unplanned admissions to hospital and at complex cases. Referrals can be taken daily and directed to the relevant professionals in the MDT.

A steering group has been working to enable IT sharing of information via different computer systems and the integrated assessment process. A number of workshops have been held with staff to improve integrated working. A launch event was held on Tuesday 21st March. During the event staff teams were divided into 4 neighbourhood hubs. Discussions covered; how will you work together as an integrated team and what do you see as the benefits if the new team, a ten minute discussion took place re each question. The day was received positively from all staff

Transition Team

In February 2017, the Transition Team was developed in Halton. The team consists of 3.5 Social Workers from both Children and Adult services, with strong links with practitioners from child health and SEN. The Aim of the team is to have a joined-up approach to transition from education, health and social care with increased and targeted co-ordination and communication from all agencies from a younger age. The age range for referrals will be from age 14 years up to the age of 26 years or until appropriate to transfer into generic adult services, following the transition from long-term education/training. The creation of the team was following the, NICE guidance 'Transition from children's to adults' services for young people using health or social care services', stating, 'during and after a young person moves from children's to adults' services, It aims to help young people and their carers have a better experience of transition by improving the way it's planned and carried out. It covers both health and social care. The overarching principles strategically and operationally is for Young people and their carers to be involved in transition service design, delivery and evaluation and taking a

strengths-based and person-centred approach to the Assessment process, with detailed transitional planning, which changes alongside the young person's development.

PUBLIC HEALTH

There are a number of pilots that are proving very successful and need to be continued. Stress management techniques and a quit buddy has significantly increased the number of pregnant women who quit smoking. Similarly, the bowel screening follow up pilot is increasing the number of people who return their sample and are caught early when bowel cancer can be easily treated.

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

Deprivation of Liberty Safeguards (DoLS)

The long awaited recommendations from the Law Commission in relation to the DoLS were published on the 13th of March 2017 the final can be found using the following link; <http://www.lawcom.gov.uk/project/mental-capacity-and-deprivation-of-liberty/>

In total, there are 47 recommendations contained within the document. The main recommendation that may impact on the Local Authority that have been identified so far are;

- Authorisations will be determined by the Care Plans and Risk Assessments, and must include a Capacity Assessment and Best Interest Assessment/Decision. They can be Authorised up to 28 days before the placement is due to commence, so should be an automatic part of Advance Care Planning.
- Independent scrutiny is to be provided by somebody, employed by the Local Authority, that wasn't involved in arranging the placement or package of care .
- It will include People in the Community whose care is managed by the Local Authority, i.e. Supported Accommodation/Shared Living Arrangements or where somebody care package is so extensive that they are unable to access the community independently, but will not have to go to the Court of Protection.
- Will include 16 and 17 year olds. (CSC have been advised of this, and a link to the Recommendations has been provided to them).
- Hospital Managers will be responsible for authorising their own, as will the NHS for those receiving CHC funding.
- Two major changes in that it now allows for Transport arrangements to be part of the Authorisation, so if someone wanders away from a placement they can be transported back, and it allows for placements for the safety of other people.
- The role of the BIA will largely disappear, with a new role, that of the Approved Mental Capacity Professional (AMCP), being introduced. They will become involved only on the more contentious cases, potentially likely to go to Court.
- If a placement is made against the express known wishes of the person or their RPR/Donee of attorney, or Court Appointed Deputy, **OR** the placement is made for the protection of others, referrals to the AMCP **must** be made for overall assessment as to the appropriateness of the arrangements and final approval.

- Provision is made to allow for regular placements i.e. someone on rolling respite, so that new applications won't need to be made and approved.
- The first Authorisation can be for up to a period of twelve months, as can the first review, but thereafter can be for a period of up to 3 years, reducing the number of reviews required.
- Old assessments can be used, provided that there are no major changes in the person's presentation, or to the proposed arrangements.

The Government have yet to respond to these recommendations

Mental Health Resource Centre, Vine Street: for some time, this valuable resource has been underused, with the ground floor vacant since the previous tenants left. Work has been taking place with the CCG and 5Boroughs to scope the potential for the Trust's Assessment Team to move into these premises. This would allow for much closer working relationships between the Assessment Team, the Outreach Team and the Bridge Building Team (the two latter teams are already in the building), which will increase the opportunities for community support for people with mental health needs. It will also provide a more community-focused resource for the 5Boroughs, and importantly will support the delivery of crisis response services at all times. Capital funding has been obtained to make the necessary improvements to the building, and these works should take place through the summer of 2017.

5BoroughsPartnership new name: as from 1st April 2017, the 5boroughsPartnership will be changing its name to the North West Boroughs Healthcare NHS Trust.

Social Work for Better Mental Health: Halton, along with Sefton Borough Council, is an early implementer of this national programme to define the roles and functions of social work in mental health services. Halton's work was recently fed back into a national conference about this issue and was well received. The detailed self assessment has been completed and external facilitators are preparing a report to support service redesign. It has already been established in Halton that the nature of the social work service in mental health will have to change, to allow social workers to focus more on their core tasks, and this programme will completely support the redesign process.

People with complex mental health conditions who are placed out of borough: the council and CCG are working together to identify and review all the people with complex mental health needs who have been placed out of borough because of a lack of suitable local facilities. These placements are often at very high cost and have the added disadvantage that they remove people from their familiar home environments and networks. Some people have already been successfully brought back to more independent living much nearer to Halton as a result of this work. Discussions are also taking place with neighbouring local authorities and the 5Boroughs to see whether additional resources can be developed to meet the needs of this group of people.

Mental Health Serious Incidents: in the summer of 2016, a number of tragic serious incidents relating to people with complex mental health problems took place in Halton. These types of incidents are always investigated internally to ensure that any possible lessons can be learned, but because of the unusual spike in such incidents, the Adult Safeguarding Board agreed that two of them should be subject to more independent scrutiny, and the rest should be examined to see if there were any predictable themes emerging. All these reviews will be reporting in Quarter 1 of 2017/ 18, and any implications for the delivery of social care services will be made the subject of an action plan which will be closely monitored.

The Network

The proposal is to introduce a pilot to assess the efficiency and impact of Waking Night staff.

As part of the assessment the service will use an electronic system known as 'Just Checking' (<http://www.justchecking.co.uk/media-toolkit/>) to assist with the evaluation. Simply it is:

- A series of small, wireless sensors which are triggered as a person moves around their home. The sensor data is sent by the controller, via the mobile phone network, to the Just Checking web-server.
- Users log on to the Just Checking website, to view the chart of the activity.
- The system needs no other input. There is nothing to wear and no buttons to push.
- Installation is simple. You don't need a phone line or broadband. There are instructions with the kit and a telephone helpline

The increased use of Assistive Technology, e.g. moisture alarms on beds for those who suffer incontinence, will be included in the pilot. The combination of the technology and the switch to Sleep-ins should generate an improved quality of life for services users in better sleep, less intrusion by staff, greater dignity and independence. This technology is already in place. We are testing to what extent Waking staff are required.

The advantages are:

- The study will help to focus on the most effective combination of staff and technology to empower service users to be more independent.
- It is a powerful assessment tool for managers and care managers who are working together to model the best services.
- Activity monitoring gives you a better understanding of when support is required, and confirms the optimum level. It shows the effect of staff activity, encouraging them to focus on enablement.
- The data collected from the Just Checking system will help us make an informed decision as to how we can work smarter in the future.

Care Management

The working group looking at strengthening our compliance with the Care Act are devising further tools and documentation to ensure that service user communication is consistent and transparent while remaining person-centred.

The 'conversation tool' in particular picks up on the notion of strengths-based working and is aimed at opening up dialogue through informal conversation as opposed to simply completing assessment paperwork. The concept of 'social pedagogy' (as a holistic and relationship-centred way of working with people who have care and support needs) is to be explored further with teams and talks with the University of Central Lancashire are progressing to look at dedicated care act learning input.

A stand-alone guidance looking at: 'securing a person's property in emergency care situations' has been devised. This maps to changes under the Care Act and clarifies responsibilities.

Following on from the endorsement of the OT progression policy the team are keen to looking at improvements in working practice. A report on single-handed care was brought to SMT and agreement was received to pilot some provision.

PUBLIC HEALTH

The number of people reporting a low level of happiness is increasing. We need to monitor this and ensure we market all our local assets that get people out and about and socialising. We are still missing our referral to treatment targets for cancer. A campaign should be developed to alert people to the dangers of missing appointments for cancer diagnosis.

4.0 Risk Control Measures

Risk control forms an integral part of the Council's Business Planning and performance monitoring arrangements. As such Directorate Risk Registers were updated in tandem with the development of the suite of 2016/17 Directorate Business Plans.

5.0 Progress against high priority equality actions

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

6.0 Performance Overview



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

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

Four BCF KPIs are expressed as rates per population. "Rates per population" and "percentages" are both used to compare data but each expresses the same amount in a different way. A common guide used is that if a percent is less than 0.1 then a rate (e.g. per 100,000) is used. For example, permanent admissions to residential care expressed as a rate (50 admissions per or for every 100,000 people) makes more sense when comparing performance with other authorities rather than as a percentage (0.05%) which is quite a small number and could be somewhat confusing. More examples below:

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

Key Objectives / milestones

Ref	Milestones	Q4 Progress
PA 1	Monitor the effectiveness of the Better Care Fund pooled budget ensuring that budget comes out on target (AOF 21, 25) March 2017	
PA 1	Integrate frontline services with community nursing (AOF 2, 4, & 21) March 2017	

Supporting Commentary







PA 1 - Monitor the effectiveness of the Better Care Fund pooled budget ensuring that budget comes out on target

Budget is monitored effectively, work is progressing to ensure the budget is balanced at the end of the year.

PA 1 - Integrate frontline services with community nursing

An integrated MDT model is now developed and implemented via a series of workshops. Social Workers and District nurses have been grouped in alignments with GP Hubs with a series of workshops supporting the process.

Key Performance Indicators

Ref	Measure	15/16 Actual	16/17 Target	Q4 Actual	Q4 Progress	Direction of travel
PA 2	Percentage of VAA Assessments completed within 28 days	85% (estimated - further data quality work ongoing to confirm this)	85%	83.5%		
PA 6a	Percentage of items of equipment and adaptations delivered within 7 working days	97%	95%	93%		
PA 11	Permanent Admissions to residential and nursing care homes per 100,000 population, 65+ (ASCOF 2A1) <i>Better Care Fund performance metric</i>	541.7%	637.3	515.3	N/A as no target	
PA 12	Delayed transfers of care (delayed days) from hospital (average per month) <i>Better Care Fund performance metric</i>	2475	236 per month	1104.9 per 100,000 pop Total for Aug/Sep/Oct 2016 1438		

Ref	Measure	15/16 Actual	16/17 Target	Q4 Actual	Q4 Progress	Direction of travel
				(Delayed Days)		
PA 14	Total non-elective admissions in to hospital (general & acute), all age, per 100,000 population <i>Better Care Fund performance metric</i>	15231 V plan 16668 (Feb 16)		3398 Per 100,000 figure (all ages)	?	
PA 15	Hospital re-admissions (within 28 days) where original admission was due to a fall (aged 65+) (directly standardised rate per 100,000 population aged 65+) <i>Better Care Fund performance metric</i>	685.1	TBC	N/A	N/A	N/A
PA 16	Proportion of Older People (65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services (ASCOF 2B1) <i>Better Care Fund performance metric</i>	63.3	Data published for 15/16, figures have remained stable from 14/15. This is an annual collection figures for 16/17 will be available late 2017			
PA 20	Do care and support services help to have a better quality of life? (ASC survey Q 2b) <i>Better Care Fund performance metric</i>	93.3	Data published for 15/16, figures have remained stable from previous years. This is an annual collection figures for 16/17 will be available late 2017			

Supporting Commentary

PA 2 - Percentage of VAA Assessments completed within 28 days

While this figure is below the target, this does not represent the final year end figure due to timings of running reports against loading of data. Updated figures will be provided once the year end returns have been submitted.

PA 6a - Percentage of items of equipment and adaptations delivered within 7 working days

While this figure is below the target, this does not represent the final year end figure due to timings of running reports against loading of data. Updated figures will be provided once the year end returns have been submitted.

PA 11 - Permanent Admissions to residential and nursing care homes per 100,000 population,65+

Figure are until the end of Dec placed 54 compared to 81 people as of last year we are coming in as red which is positive for this particular target.

PA 12 - Delayed transfers of care (delayed days) from hospital per 100,000 population

The target is the number of days per month not a rate per 100,000 per population.

The number of delayed days is only available until October so a Q3 position would be August, September and Octobers figure.

We are above target. This is due to a small number of very long delays patients at 5BP.

PA 14 - Total non-elective admissions in to hospital (general & acute), all age, per 100,000 population

The Q3 figure reported here is the latest available and covers the period (Aug to Oct 16) this number is based on 4422 non-elective admissions and a population of 130147. Non-elective admissions are above plan for the year by 1.9%, this has been attributed to increased admissions at Warrington hospital following the opening of the new ambulatory care unit, however an increase in admissions at Whiston has also been seen. This increase in admissions appears to indicate an increase in acuity of patients rather than increased demand as the number of Halton residents actually attending A&E at Warrington and Whiston has fallen

PA 15 - Hospital re-admissions (within 28 days) where original admission was due to a fall (aged 65+) (directly standardised rate per 100,000 population aged 65+)

The performance data is only being collected on an annual basis, the next date that data will be available is May 2017.






PA 16 - Proportion of Older People (65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services

Annual Collection

PA 20 - Do care and support services help to have a better quality of life?

Annual Collection

Key Objectives / milestones

Ref	Milestones	Q4 Progress
CCC 1	Continue to monitor effectiveness of changes arising from review of services and support to children and adults with Autistic Spectrum Disorder. March 2017 (AOF 4)	
CCC 1	Continue to implement the Local Dementia Strategy, to ensure effective services are in place. March 2017 (AOF 4)	
CCC 1	Continue to work with the 5Boroughs NHS Foundation Trust proposals to redesign pathways for people with Acute Mental Health problems and services for older people with Mental Health problems. March 2017 (AOF 4)	
CCC 1	The Homelessness strategy be kept under annual review to determine if any changes or updates are required. March 2017 (AOF 4, AOF 18)	
CCC2	Ensure Healthwatch is established and consider working in partnership with other Councils to deliver this. March 2017 (AOF 21)	
CCC3	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. March 2017 (AOF 21 & 25)	

Supporting Commentary

CCC1 Continue to monitor effectiveness of changes arising from review of services and support to children and adults with Autistic Spectrum Disorder

A new autism strategy is being developed to reflect future direction of travel of services supporting children and adults with autistic spectrum disorder

A dedicated transition team has been formed, focusing on children and young adults with disabilities) aged 14-25 and their movement through the transition from children's to adult services thus ensuring improved outcomes for children and adults with Autistic Spectrum Disorders.

CCC1 - Continue to implement the Local Dementia Strategy, to ensure effective services are in place

During Q4 the Halton Dementia Delivery Group have initiated a review of the strategy delivery plan. The Halton Dementia Action Alliance event in March was used to bring together 60 stakeholders, including people living with dementia and carers, to identify priorities and potential actions for delivery. The Dementia delivery group will continue to refine the actions into deliverable and measurable outcomes to commence in Q1 17/18.

A carer resilience programme (START) was introduced during Q4, delivered by the Halton Carers' Centre. The impact of the intervention will be reported through the Dementia Delivery Group.

The Admiral Nurse Service continues to integrate into the community pathway, reporting good outcomes from the most complex cases they support. Currently in the region of 90 cases are being supported by the team.

The post diagnosis community pathway continued to promote its single point of access, to prioritise an increase in referrals from Primary Care.

CCC1 - 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

NHS Halton CCG have been leading a multiagency process – fully supported by the council – to implement the recommendations from the Tony Ryan report, as described earlier in this Monitoring Report. The work in both areas continues to develop and borough council services are being redesigned to meet the desired aims.

CCC1 - The Homelessness Strategy be kept under annual review to determine if any changes or updates are required

The annual homelessness strategy review event took place in December 2016 and was well attended. The action plan is presently being reviewed and will be updated to reflect key priorities.









The homelessness strategy is due to be fully reviewed in July 2017 and consultation events with partners will be arranged. A five year action plan will be completed to determine the LA priorities and to ensure it reflects economical and legislative changes.

CCC2 – Ensure Healthwatch is established and consider working in partnership with other Councils to deliver this

In quarter 4, Healthwatch have undertaken 3 Enter and View visits at residential care homes; met with NHS Halton CCG to discuss the findings of 2 reports into local primary care services; carried out 5 outreach/engagement meetings; provided feedback at a range of meetings with the council and CCG; and distributed two e-bulletins to over 650 subscribers.

CCC3 - 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.

Key Performance Indicators

Ref	Measure	15/16 Actual	16/17 Target	Q4 Actual	Q4 Progress	Direction of travel
CCC 3	Adults with mental health problems helped to live at home per 1,000 population	3.21	3.00	2.37		
CCC 4	The proportion of households who were accepted as statutorily homeless, who were accepted by the same LA within the last 2 years (Previously CCC 6).	0	0	0		
CCC 5	Number of households living in Temporary Accommodation (Previously NI 156, CCC 7).	15	17	1		
CCC 6	Households who considered themselves as homeless, who approached the LA housing advice service, and for whom housing advice casework intervention resolved their situation (the number divided by the number of thousand households in the Borough)	5.1	5.5	6.62		

Supporting Commentary

CCC3 - Adults with mental health problems helped to live at home per 1,000 population

Although this target does not appear to have been achieved, this is attributable to changes in reporting and does not include short term services for Q4, revised figures will be provided once year end returns have been submitted.

CCC4 - The proportion of households who were accepted as statutorily homeless, who were accepted by the same LA within the last 2 years

The Authority places strong emphasis upon homelessness prevention and achieving sustainable outcomes for clients.

This target is no longer collected, therefore, the Authority will cease reporting on this

priority from Q1 2017/18.

Additional priority targets will be added to reflect the true picture of homelessness within the Borough.

CCC5 - Number of households living in Temporary Accommodation

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

The changes in the TA process and amended accommodation provider contracts, including the mainstay assessment, have had a positive impact upon the level of placements and positive move on process.

The Housing Solutions Team is community focused and promote a proactive approach to preventing homelessness. There are established prevention measures in place which are fully utilised by the Housing Solutions team to ensure vulnerable clients are fully aware of the services and options available.

The emphasis is focused on early intervention and empowerment to promote independent living and lifestyle change.





CCC6 - Households who considered themselves as homeless, who approached the LA housing advice service, and for whom housing advice casework intervention resolved their situation (the number divided by the number of thousand households in the Borough)










The Housing Solutions Team promotes a community focused service, with emphasis placed upon homeless prevention.

The officers now have a range of resources and options that are offered to vulnerable clients threatened with homelessness. The team strives to improve service provision across the district. Due to the early intervention and proactive approach, the officers have continued to successfully reduce homelessness within the district.

Public Health

Key Objectives / milestones

Ref	Milestones	Q4 Progress
PH 01a	Work with PHE to ensure targets for HPV vaccinations are maintained in light of national immunisation Schedule Changes and Service reorganisations. March 2017	
PH 01b	Working with partners to identify opportunities to increase uptake across the Cancer Screening Programmes by 10%. March 2017	
PH 01c	Ensure Referral to treatment targets are achieved and minimise all avoidable breaches. March 2017	
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. March 2017	
PH 02b	Maintain the Family Nurse Partnership programme March 2017	
PH 02c	Facilitate the implementation of the infant feeding strategy action plan. March 2017	
PH 03a	Expansion of the Postural Stability Exercise Programme. March 2017	
PH 03b	Review and evaluate the performance of the integrated falls pathway. March 2017	
PH 04a	Work in partnership to reducing the number of young people (under 18) being admitted to hospital due to alcohol. March 2017	
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). March 2017	
PH 04c	Ensure those identified as having an alcohol misuse problem can access effective alcohol treatment services and recovery support. March 2017	
PH 05a	Monitor and review the Mental Health Action plan under the Mental Health Governance structures (covering actions to promote mental health and wellbeing and the early detection and effective treatment of mental health conditions). March 2017	
PH 05b	Implementation of the Suicide Action Plan. March 2017	

PH 01a Work with PHE to ensure targets for HPV vaccination are maintained in light of national immunisation Schedule Changes and Service reorganisations.

The throughput of clients accessing Halton Stop Smoking Service between April 2016 to December 2016 (end of Q3) compared to the same period in 2015 is showing an increase from 568 to 672. This is against a national downward trend of most stop smoking services experiencing a reduction in throughput. The number of people quitting smoking in Halton in 2016 -2017 has also increased from 360 - 397 when compared to the same period in 2015 - 2016.

Halton's smoking prevalence at time of delivery for pregnant women has also reduced each quarter in 2016-2017 compared to the same quarters in 2015-2016. **This is a very significant improvement.**

SATOD (Smoking at time of Delivery)

2015-2016

Q1	Q2	Q3
19%	18.1%	18.5%

SATOD (Smoking at time of Delivery)

2016 -2017

Q1	Q2	Q3
15%	17.3%	16.4%

Halton CCG has received £75,000 of funding from NHS England for use in this financial year (2016/17) to reduce maternal smoking rates. An action plan with focussed outcomes has been developed outlining joint proposals for the use of this funding for evidence based effective interventions to reduce maternal smoking.

PH 01b Working with partners to identify opportunities to increase uptake across the Cancer Screening Programmes by 10%.

We are working with partners to increase uptake of screening programmes. We are just below the national average for breast screening and cervical screening but significantly so for bowel screening. We are improving bowel screening uptake through piloting an innovative approach of following up patients with a telephone call who have not returned their sample. To date this has been very successful in the pilot GP Practices and provided we have sufficient funding we can roll this out across Halton.

We are working with an army of volunteers to spread the word on early signs and symptoms of cancer. We are also working with the Halton Cancer Support Service to market signs and symptoms. Uptake in all screening areas is increasing.

Cancer Screening Coverage, 2016

Source: Public Health Outcomes Framework, 2017

Screening Programme	Halton	North West	England
Breast Coverage	74.1%	72.2%	75.5%
Bowel Coverage	53.3%	56.8%	57.9%
Cervical Coverage	71.8%	72.3%	72.7%

PH 01c Ensure Referral to treatment targets are achieved and minimise all avoidable breaches.

Referral to treatment targets were not met. The overarching reasons given are that patients defer appointments or do not attend. Further work needs to be done to convince patients it is really important that they attend cancer diagnosis appointments no matter what else is occurring.

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.

The health child programme is being combined under one specification for children aged 0-19, (25 with special educational needs). The procurement process for this new programme is under way. The specification will include health visiting, Family Nurse partnership, School Nursing, NCMP, Vision and hearing screening, and immunisations. The vaccination and Immunisation component of the programme is commissioned by NHS England. The new integrated specification should improve consistency of approach, streamline services and improve efficiencies.

Child development is a priority area for One Halton, and a working group is developing and refreshing an action plan. The commissioned independent report into child development and the outcomes from the themed Ofsted visit have been used to form the framework for the action plan. Recently published school readiness data for 2015/16 shows a 7% improvement in Halton, narrowing the gap with England.

The Health Visiting Service is delivering all the new components of the national Healthy Child Programme, including assessing mothers' emotional health at 6-8 weeks and completing an integrated developmental check at 2-21/2. The early years setting and health visitors share the findings from the development checks to identify any areas of concern, so that services can collaboratively put in place a support package as required. A group is working to further develop the integrated check, improve data sharing and consistency of plans following the check.

PH 02b Maintain the Family Nurse Partnership programme

Family Nurse Partnership is fully operational with a full caseload; it continues to work intensively with first time, teenage mothers and their families. The service works with some very complex cases and is building their multidisciplinary links across a wide range of agencies, to improve outcomes for these families.

PH 02c Facilitate the implementation of the infant feeding strategy action plan.

The implementation of the infant feeding action plan is underway, with oversight from the Halton Health in the Early Years group.

Breastfeeding support continues to be available across the borough in community and health settings. The infant feeding coordinator and children's centres are working towards achieving BFI (Unicef Baby Friendly Initiative) in the children's centres and are due to be inspected in the summer of 2017, alongside a Bridgewater inspection. This involves training children's centre staff, and auditing their practice.

The team continue to maintain baby welcome premises and are refreshing the Halton Early Years award, which encourages healthy living practices in early years settings, and includes breastfeeding. A Survey is underway to discuss dads attitudes towards breastfeeding, and what support they would like. Public health England has recently launched a national breastfeeding campaign, and the infant feeding team facilitated a Halton women to be in the press discussing her experiences, to try and raise the profile of breastfeeding locally.

PH 03a Expansion of the Postural Stability Exercise Programme.

Key activity this quarter:

- Currently delivering six Age Well exercise classes per week, three in both towns, level 1, 2 and 3 (level 1 being for most complex clients). Level 3 classes have become a maintenance class – 'Keep it Moving'. Classes work on a rolling programme with a review every 15 weeks up to 45 weeks in total.
- A total of 72 individual clients have attended and been supported through the service in quarter 4
- The service is building stronger links with Sure Start to Later Life in an attempt to raise awareness of events and helping people to stay in touch

with friends that they have made as part of the class.
The service has been rebranded and is now called “Age Well exercise”

PH 03b Review and evaluate the performance of the integrated falls pathway.

The review of the falls pathway has seen some changes within the service, this has included an improved telephone health initial assessment which hopefully will see a reduction in the number of assessment visits for clients and will help to improve the efficiency of the pathway.

PH 04a Work in partnership to reducing the number of young people (under 18) being admitted to hospital due to alcohol

Good progress continues to be made in reducing the number of young people being admitted to hospital due to alcohol. Key activity includes:

- Delivery of alcohol education within local school settings (Healthitude, R U Different, Amy Winehouse Foundation, Cheshire Police, Alcohol education Trust, wellbeing web magazine).
- Delivery of community based alcohol activity.
- Delivering early identification and brief advice (alcohol IBA) training and resources for staff who work with children and young people).
- Running the Halton Community Alcohol Partnership which brings together partners to reduce underage drinking and associated antisocial behaviour.

- Working closely with colleagues from Licensing, the Community Safety team, Trading Standards and Cheshire Police to ensure that the local licensing policy helps prevent underage sales and proxy purchasing.

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)

Work continues to raise awareness among the local community of safe drinking recommendations and to train staff 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

CGL continue to support individuals with alcohol misuse problems in Halton and support their recovery. During the last 12 months to January 2017, a total of 291 individuals underwent alcohol treatment. A further 103 individuals underwent treatment for alcohol and drug misuse (alcohol and non-opiate drugs).

PH 05a Monitor and review the Mental Health Action plan under the Mental Health Governance structures (covering actions to promote mental health and wellbeing and the early detection and effective treatment of mental health conditions).

The action plan and activity reports from sub groups are reviewed at the Mental Health Oversight Board.

A review of the Mental Health Strategy and refresh of high level indicators based on new national policy drivers has been completed and approved by the Mental Health Oversight Group. This is currently being taken to the subgroups













for a refresh of the individual action plans required to achieve the objectives

PH 05b Implementation of the Suicide Action Plan.

The action plan continues to be overseen by the Halton Suicide Partnership group.

Activity towards becoming a Suicide Safer Community is underway and a series of training programmes have been rolled out to multiple partners and agencies across a multi disciplinary footprint.

Key Performance Indicators

Ref	Measure	15/16 Actual	16/17 Target	Q4	Current Progress	Direction of travel
PH LI 01	Mortality from all cancers at ages under 75 Directly Standardised Rate, per 100,000 population <i>Published data based on calendar year, please note year for targets.</i>	167.0 (2015)	176.0 (2016)	177.2 (2016)		
PH LI 02	A good level of child development	54.7% (2014/15)	54.6% (2015/16)	61.9% (2015/16)		
PH LI 03	Falls and injuries in the over 65s. Directly Standardised Rate, per 100,000 population (PHOF definition).	3360.0 (2014/15)	3294.1 (2015/16)	Annual data only		
PH LI 04	Alcohol related admission episodes - narrow definition Directly Standardised Rate, per 100,000 population	767.2 (2014/15)	808.4	834.85 Q2 2015/16 - Q1 2016/17		
PH LI 05	Under 18 alcohol-specific admissions Crude Rate, per 100,000 population	48.6 (12/13 - 14/15)	48.6 (2015/16)	Annual data only		N / A
PH LI 06	Self-reported wellbeing: % of people with a low happiness score	11.8% (2014/15)	12.7% (2015/16)			

Supporting Commentary

PH LI 01 Mortality from all cancers at ages under 75 Directly Standardised Rate, per 100,000 population

Q4 (Oct-Dec) 2016 increases in the number of deaths from cancer amongst residents aged under 75, has meant the 2016 target was not met.

PH LI 02 A good level of child development

This indicator has seen an improvement in 2015/16, narrowing the gap between Halton and England.

PH LI 03 Falls and injuries in the over 65s. Directly Standardised Rate, per 100,000 population (PHOF definition)

Data used is annual, published data.

2015/16 data is not yet available.

This will remain the case until a solid source of local data can be attained.

PH LI 04 Alcohol related admission episodes - narrow definition Directly Standardised Rate, per 100,000 population

Although an increase was seen between 2014/15 and 2015/16, the provisional quarterly rate to Q1 2016/17 shows a slight decrease.

PH LI 05 Under 18 alcohol-specific admissions Crude Rate, per 100,000 population

No update from previous quarter available

PH LI 06 Self-reported wellbeing: % of people with a low happiness score

Annual data reflects an increase in Halton of people who report feeling unhappy from 2014/15 to 2015/16, meaning we did not meet the target.

APPENDIX 1 – Financial Statements

ADULT SOCIAL SERVICES & PREVENTION AND ASSESSMENT DEPARTMENT

Revenue Budget as at 31st March 2017

	Annual Budget	Actual Expenditure	Variance (Overspend)
	£'000	£'000	£'000
<u>Expenditure</u>			
Employees	7,520	7,378	142
Other Premises	46	41	5
Supplies & Services	420	426	(6)
Transport	16	15	1
Food Provision	106	109	(3)
Other Agency	23	10	13
Contribution To Complex Care Pool	19,729	19,729	0
Total Expenditure	27,860	27,708	152
<u>Income</u>			
Fees & Charges	-537	-475	(62)
Reimbursements & Grant Income	-215	-217	2
Transfer from Reserves	-251	-251	0
Capital Salaries	-195	-195	0
Government Grant Income	-227	-227	0
Total Income	-1,425	-1,365	(60)
Net Operational Expenditure	26,435	26,343	92
<u>Recharges</u>			
Premises Support	389	389	0
Central Support Services	1,876	1,876	0
Asset Charges	147	147	0
Internal Recharge Income	-1,530	-1,530	0
Transport Recharges	138	138	0
Net Total Recharges	1,020	1,020	0
Net Department Expenditure	27,455	27,363	92

Comments on the above figures:

Net Department Expenditure, excluding the Complex Care Pool, was £92,000 below budget for the financial year.

Employee costs were £142,000 below budget. This was after the turnover savings target of £245,000 being met within the department. A significant number of vacant posts were recruited to during the latter part of the year, and the savings are not anticipated to continue at such a level in the 2017/18 financial year.

The Fees & Charges income target was under-achieved by £62,000. This was due to Community Meals income. Although this service received more income than the previous financial year, the savings target applied in 2016/17 was not achieved.

Capital Projects as at 31st March 2017

	Capital Allocation £'000	Actual Expenditure £'000	Variance (Overspend) £'000
Upgrade PNC	100	67	33
Community Meals Oven	10	0	
Total	100	67	33

Comments on the above figures:

Work is ongoing with the PNC upgrade, and completion is anticipated in the first quarter of the 2017/18 financial year. Approval was granted by the Operational Director- Financial Management to carry-forward the unspent funds from the 2016/17 financial year to 2017/18 to ensure the project's completion.

COMPLEX CARE POOL

Revenue Budget as at 31st March 2017

	Annual Budget	Actual Expenditure	Variance (Overspend)
	£'000	£'000	£'000
<u>Expenditure</u>			
Intermediate Care Services	3,851	3,689	162
End of Life	192	219	(27)
Sub Acute	2,073	2,050	23
Urgent Care Centres	815	815	0
Joint Equipment Store	616	528	88
Contracts & SLA's	1,010	1,169	(159)
Intermediate Care Beds	595	646	(51)
BCF Schemes	1,360	1,302	58
Adult Care:			
Residential & Nursing Care	21,496	21,171	325
Domiciliary & Supported Living	11,408	12,013	(605)
Direct Payments	5,471	6,054	(583)
Daycare	438	451	(13)
Carers Centre (incl. Carers Breaks)	431	368	63
Total Expenditure	49,756	50,475	(719)
Income			
Residential & Nursing Income	-5,130	-5,425	295
Community Care Income	-1,840	-2,059	219
Direct Payments Income	-254	-406	152
BCF	-9,491	-9,491	0
CCG Contribution to Pool	-12,196	-12,196	0
Other CCG income	-114	-112	(2)
ILF Grant	-723	-723	0
Transfer from Reserve	-279	-279	0
Total Income	-30,027	-30,691	664
Net Expenditure	19,729	19,784	(55)
Overspend liability as per Joint Working Agreement:			
HCCG (37%)	0	-20	(20)
HBC (63%)	0	-35	(35)
	0	-55	(55)
Net Department Expenditure	19,729	19,729	0

Comments on the above figures:

The overall net department budget is £55,000 over budget at the end of the financial year. In accordance with the joint partnership agreement any overspend resulting at year end must be met by partners to the pool in line with their contributions for the year. For financial year 2016/17 this was 63% HBC and 37% HCCG. However agreement will be sought from the Complex Care Executive Partnership Board to carry this overspend forward to 2017/18 and be met by efficiencies in year.

Spend on Intermediate Care Services, which includes the Therapy & Nursing Teams, Rapid Access Rehabilitation and Reablement services, is £162k under budget. This, in the main, is due to staff related underspends against the Early Supported Discharge, Multi-disciplinary (MDT), Care Homes Project and Reablement services.

The number of hours delivered against the End of Life service contract were greater than anticipated when the budget was set, hence the overspend of £27k.

Intermediate Care Beds includes payments for 6 extra beds. Use of these beds was stepped down during the first quarter and ended in June.

The Adult Health and Social Care budget is £210,000 over budget. The increase in service users is evidenced below.

Clients leaving long term hospital care are now being funded via the Health and Social Care budget. The additional cost to the pooled budget during 2016/17 was £41,050 for 3 service users. However, 3 more high cost service users are expected imminently. For these 6 additional service users the estimated cost for 2017/18 is £443,000 and more are expected but costs for these are unknown at the present time. Although these care packages will be joint funded between HBC and HCCG, the additional high cost services users will have a detrimental impact on the available 2017/18 budget, and efficiencies will therefore need to be found to cover this cost.

The funded nursing care rate increased by 40%; from £112 to £156.25. This amounted to £250,000 additional costs for the year however no additional funding was received from the Department of Health to cover these extra costs. Again, this will be a cost pressure in the new financial year.

The total number of clients receiving a permanent residential care package has decreased by 0.3% during the financial year, from 592 clients in April to 590 clients in March. The average cost of a permanent residential package of care increased by 3.2% from £557 to £575 for the same period, in line with the inflationary increase of rates to care providers.

The total number of clients receiving a domiciliary package of care increased by 4.96% during the financial year, from 807 clients in April to 847 clients in March. The average cost of a domiciliary care package increased from £235 to £288 in the same period. The increase in numbers and cost are due to service users moving from Supporting People and Supported Living into community care.

The total number of clients receiving a Direct Payment (DP) increased by 5.63% during the financial year, from 444 clients in April to 469 clients in March. The average cost of a DP package increased from £271 to £293 for the same period.

Capital Projects as at 31st March 2017

	Capital Allocation £'000	Actual Expenditure £'000	Variance (Overspend) £'000
Disabled Facilities Grant	547	546	1
Stair lifts (Adaptations Initiative)	350	354	(4)
RSL Adaptations (Joint Funding)	345	342	3
Madeline McKenna Residential Home	350	0	350
Total	1,592	1,242	350

Comments on the above figures:

Combined spend on DFGs, Stair Lifts and RSL adaptations was within the overall budget allocation for the year.

The £350,000 earmarked for the purchase of the Madeline McKenna residential home is anticipated to be spent early in 2017/18. Approval was granted by the Operational Director – Financial Services to carry this funding forward to the new financial year.

COMMISSIONING & COMPLEX DEPARTMENT

Revenue Budget as at 31st March 2017

	Annual Budget £'000	Actual £'000	Variance (Overspend) £'000
<u>Expenditure</u>			
Employees	6,155	6,046	109
Other Premises	301	314	(13)
Supplies & Services	367	372	(5)
Other Agency Costs	778	810	(32)
Transport	222	234	(12)
Contracts & SLAs	151	161	(10)
Emergency Duty Team	94	103	(9)
Payments To Providers	1,832	1,832	0
Transfer To Reserves	602	602	0
Total Expenditure	10,502	10,474	28
<u>Income</u>			
Sales & Rents Income	-233	-264	31
Fees & Charges Income	-206	-157	(49)
Reimbursements & Other Grant Income	-746	-749	3
CCG Contribution To Service	-360	-265	(95)
Transfer From Reserves	-1,399	-1399	0
Total Income	-2,944	-2834	(110)
Net Operational Expenditure	7,558	7,640	(82)
<u>Recharges</u>			
Transport	483	505	(22)
Asset Charges	221	221	0
Premises Support	236	236	0
Central Support Services	1,088	1,088	0
Internal Recharge Income	-739	-739	0
Net Total Recharges	1,289	1,311	(22)
Net Department Expenditure	8,847	8,951	(104)

Comments on the above figures

Net departmental expenditure was £104,000 over budget at the end of the financial year.

Employee costs were £109,000 below budget profile as a result of savings made on vacant posts above the targeted staff turnover savings level of £300,000. The majority of these savings were made within Day Services and Mental Health Services.

Expenditure on contracts and SLAs exceeded the budget allocation by £32,000. An active review of contract values has been undertaken to ensure that spend remains within the allocated budget for the 2017/18 budget year.

Income was less than anticipated at budget setting time. The income above target in relation to sales and rents relates to trading services provided by Day Services, which continue to perform

well. However, income from charging service users for transport costs was significantly below target, resulting in an under-achievement of income of £55,000 for the year. The income shortfall is not anticipated to continue in 2017/18, as charges have been scheduled to increase from April 2017, and the income target is projected to be achieved. Income received from the Clinical Commissioning Group also remains a concern. This income relates to Continuing Health Care funded packages within Day Services and the Supported Housing Network. Whilst all due income was received, there is a disparity between the target and the actual level of income received, as the rate charged is dependent on the nature of service user's care packages. The shortfall was £95,000 for the year.

Capital Projects as at 31st March 2017

Capital Expenditure	Capital Allocation £'000	Actual £'000	Variance (Overspend) £'000
ALD Bungalows	299	200	99
Bredon Reconfiguration	356	170	186
Grangeway Court Refurbishment	343	203	140
Total Capital Expenditure	998	573	425

Comments on the above figures.

Building work on the ALD Bungalows is expected to be completed within the 2017/18 budget year with spend to match allocation.

The Bredon Reconfiguration project is funded from previous year's Adult Social Care capital grant. Spend is anticipated to be within the capital allocation, and completed in 2017/18

Work to refurbish Grangeway Court will be completed early in the 2017/18 financial year. At this stage in is anticipated that total expenditure will remain within the capital allocation.

Approval has been granted by the Operational Director - Financial Management to carry the unspent 2016/17 funding for the above 3 projects forward to 2017/18.

PUBLIC HEALTH & PUBLIC PROTECTION DEPARTMENT

Revenue Budget as at 31st March 2017

	Annual Budget £'000	Actual £'000	Variance (Overspend) £'000
<u>Expenditure</u>			
Employees	3,260	3,218	42
Supplies & Services	342	389	(47)
Other Agency	21	17	4
Contracts & SLA's	7,428	7,431	(3)
Total Expenditure	11,051	11,055	(4)
<u>Income</u>			
Other Fees & Charges	-57	-59	2
Sales Income	-44	-46	2
Reimbursements & Grant Income	-249	-249	0
Government Grant	-10,718	-10,718	0
Transfer from Reserves	-500	-500	0
Total Income	-11,568	-11,572	4
Net Operational Expenditure	-517	-517	0
<u>Recharges</u>			
Premises Support	163	163	0
Central Support Services	858	858	0
Transport Recharges	18	17	1
Internal Recharge Income	-64	-64	0
Net Total Recharges	975	974	1
Net Department Expenditure	458	457	1

Comments on the above figures

In overall terms the Net Departmental Expenditure is £1,000 under budget at the end of the financial year.

Employee costs are £42,000 below budget at year-end, due to savings being made on vacancies within the department. Some vacancies were deleted as part of the 2017/18 budget setting process and it is not anticipated this under spend will continue in the new financial year. The departmental staff turnover savings target of £20,250 was achieved in full.

Expenditure on Supplies & Services was £47,000 over budget at the end of the year due to costs from a Trading Standards legal case. This case is still ongoing & this will continue to be a budget pressure during 2017/18.

Capital Projects as at 31st March 2017




Capital Expenditure	2015/16 Capital Allocation £'000	Actual Spend £'000	Total Allocation Remaining £'000
Halton Recovery & Wellbeing Project	45	45	0
Net Expenditure			

Comments on the above figures.

Public Health England awarded a grant of £44,800 for The Halton Recovery & Wellbeing Project. Work has been carried out on the physical refurbishment of the Halton Recovery Hub in line with the grant application. The capital allocation has been spent in full during 2016/17.




APPENDIX 2 – Explanation of Symbols

Symbols are used in the following manner:

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

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.