Health Policy & Performance Board Priority Based Report

Reporting Period: Quarter 4: 1st January to 31st March 2018

1.0 Introduction

This report provides an overview of issues and progress against key service area objectives and milestones and performance targets, during the fourth quarter of 2017/18 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 fourth quarter which include:

Adult Social Care:

PBSS

The Team recently secured the Knowsley contract to provide Behaviour services to their residents. The contract is for 3 years and valued at £600k. This will provide security for the service and allow time to develop children's services and extend its expertise across the region.

Learning Disability Nurses

- The team are currently reviewing their eligibility and screening process, this is currently a joint process with our health colleagues from NWBH
- The LeDeR programme has been commissioned by NHS England to support the review of deaths of people with a Learning Disability, the aim of these reviews is to identify common themes and learning points, and Provide support to local areas in the development of action plans to take forward the lessons learned. The Learning Disability nursing team support this process and have 2 Nurses who participate in the reviews.
- The team have now completed an accredited course with the family planning association to enable them to deliver sexual health and relationships work. The team have now developed 8 sessions and delivered them following the training.
- There has recently been a meeting to discuss the Dynamic Risk Database as part of transforming care. This was to look at ways to improve working together and processes, such as joint risk assessments. The Nurses from the Learning Disability Team continue to be lead professionals for the Risk register.
- The team are changing the way we work with clients around Health Action Plans and we are currently trialling a new health questionnaire that is focussed on completion of the Learning Disability Health check.
- The team are liaising closely with generic services i.e., Hospitals to ensure reasonable adjustments are priority for our clients

- The team continue to support Nursing students from local universities and have recently supported a student Nurse from Edge Hill

Review of the North West Boroughs Acute Care Pathway and Later Life and Memory Services

This piece of work is now complete. The review took place in early 2017, and became known as the Tony Ryan report, after the name of the Report's author. This made a number of recommendations for change across the whole footprint of the North west Boroughs. Locally, this has resulted in a number of developments:

- The development of a new management structure within the North West Boroughs which relates more directly to local strategic and operational planning processes. This is already resulting in improved engagement at a local level in the way services are designed and delivered
- Mental health community services have been redesigned to focus more on the communities within Halton, and particularly Runcorn and Widnes. Large teams have been split and are now being relocated in both towns. This should provide for greater ease of access for local residents
- Care pathways have also been redesigned, to improve the throughput of work from specialist secondary care services, to a greater emphasis on support from within primary care services, and the private and voluntary sectors. The Council's Mental Health Outreach Team has been redesigned to focus more on short-term interventions for people with a range of mental health needs, and this is already showing promising signs of success. The new care pathways will also allow smoother and easier access to specialist secondary care services for those people that need it.

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

This resource was originally developed to provide an integrated hub to support people with a range of mental health problems in Halton, but for some years it was underused and not fully meeting this aim. Following the provision of capital allocations from the Borough Council, the North West Boroughs and NHS Halton Clinical Commissioning Group, the fabric of the building has been redesigned to support this original aim. Downstairs, the North West Boroughs Assessment and Home Treatment service will be based in the building, with clinic facilities and a small but important crisis resource which will help to divert people from needing admission to hospital when in mental health crisis. Upstairs remains occupied by the council's Mental Health Outreach Team and the Community Bridge Building Team, but the development within this area of flexible working facilities means that social workers from the Brooker Unit have been able to relocate to these premises. This interplay of NHS mental health services, council community mental health support services and council social work services will allow for much greater communication between the services, and for quick and simple referral pathways to be put in place for people with mental health problems.

Telehealth Service

The Telehealth Service have been looking at ways it can develop service delivery models that enable more people to be supported at home or in their local community to help manage the increasing demand. The service is looking at ways it can be more of a proactive and preventative service, looking to create better networks in the community, improve social isolation and keep people out of health and social care services for as long as possible.

The Telehealth Service is looking to double the number of connections over the next 4 years. The idea is to develop the service into one which better helps manage the demand on social care, reduces the number of referrals into mainstream services, the number of traditional care packages needed and the number of people being admitted into long-term care. The expectation is that the service can reduce the number of hospital admissions, calls to the ambulance service and help provide an improved discharge service.

Over the last 10 weeks Tunstall (our Telecare Provider) have worked closely with us to understand our 'As Is' processes so they can better assist us with transforming the service. The review identified that the service is generally reactive, and it does not implement preventative measures as standard. It was identified as part of the review that there is good practice where telecare is being utilised, however, Tunstall have made several recommendations and will continue to work with the service to realise its full potential.

Community Connectors

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

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

They will provide advice, information and support in the community to people, families and their carers across service types

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

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

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

Occupational Therapy

Following on from the endorsement of the Occupational Therapy, progression policy the team now have an advanced OT practitioner in place who is now working, looking at improvements in working practice. Work on implementing single-handed care is ongoing which promotes independence of service users, further work is underway to continue develop this area. A training programme was undertaken and HBC OTs are now undertaking manual handling assessments which had previously been commissioned externally, this should support better quality assessment for service users.

Autism Strategy

The One Halton, All Age Autism strategy 2018- 2021 and delivery plan has now been completed. The key aspects of this are the introduction of an Autism Action Alliance to drive forward the delivery plan, the establishment of a local autism group for adults with autism, scoping out existing services for people with autism and developing better links between commissioners in each area to develop better joined up

commissioning of services for people with autism. There will be an event to launch the new strategy in May 2018.

Transition Team

A Transition Team in Halton, was set up in February 2017 as a pilot. The team has now established with 3 social workers, which originate from Children and Adult services. The role of the team is to ensure the smooth transition of young people with disabilities, from 14 years old to 25 who are leaving children's service into Adult services. They have introduced the named social worker pilot.
The Team was working on as part of a government scheme to pilot "Named Social Workers", since September 2017, on an approach championed by Lyn Romeo Chief Social Worker. It is One-to-one intense Social Work intervention for 15 17/18 year olds with learning disabilities, autism and mental health conditions. Halton is one of 6 Local Authorities; chosen to be part of a £400,000 Government investment, with Halton Borough Council receiving £92,827 from the scheme, The extra investment, has been received positively by those who used the service and their families.
The pilot is now complete and has given a clear sense of the difference that a named social worker can make in transforming learning disability services.
The 6 months of the pilot, has now come to an end and Halton Borough Council, will aim to continue with this model, with people with these Severe Learning Disabilities, who are now given one primary point of contact to provide advice, work with family and carers and encourage patients to live more independently in the community

The Department has also funded the Innovation Unit – a social enterprise – and the Social Care Institute of Excellence to will continue to support Halton with the evaluation the scheme and how we can best support its roll out across the council.

Public Health:

A model and framework for prevention is being developed with the One Halton Board. Life expectancy has increased for women which is an improvement on previous years. The new 0-19 Healthy Child Programme will commence 1st April 2018. This programme has been awarded to Bridgewater Commuity Trust and will play a key role as part of the children's Early Help Strategy. The current action plan on helping pregnant women stop smoking is showing results with a significant increase in quitters.

3.0 Emerging Issues

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

Adult Social Care:

Safeguarding

The Safeguarding Unit are working with the NW Safeguarding Leads Group to develop a NW policy for managing concerns around people in positions of trust with adults who have care and support needs. This policy will provide a framework and process for responding to allegations and concerns against people working with adults with care and support needs. This process will be replicated across all NW regions and will provide a cohesive response to allegations and concerns.

Community Deprivation of Liberty Safeguards

Following the 2014 Cheshire West ruling Local Authorities have been required to develop processes that will ensure that people based in the community who lack capacity and as a result of the nature of their support are considered as deprived of their liberty. This involves court of protection applications for this group of people. The focus of the recent work undertaken by a working group has been to develop processes, information and guidance for staff and the public to support a more effective approach to this work. To date approximately 50 people have been assessed and of these around 30 will need a court of protection application. The majority of this group have had the necessary paperwork completed and are awaiting review by manages and HBC legal team to progress to the next stage of the process (submission to the court of protection).

Public Health:

The review of the Ageing Well Programme should help us to identify why we are continuing to see high levels of falls in older people.

4.0 Risk Control Measures

Risk control forms an integral part of the Council's Business Planning and performance monitoring arrangements. As such Directorate Risk Registers were updated in tandem with the development of the suite of 2017/18 Directorate Business Plans.

5.0 Progress against high priority equality actions

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

6.0 Performance Overview

The following information provides a synopsis of progress for both milestones and performance indicators across the key business areas that have been identified by the Directorate. It should be noted that given the significant and unrelenting downward financial pressures faced by the Council there is a requirement for Departments to make continuous in-year adjustments to the allocation of resources in order to ensure that the Council maintains a balanced budget. Whilst every effort continues to be made to minimise any negative impact of such arrangements upon service delivery they may inevitably result in a delay in the delivery of some of the objectives and targets contained within this report. The way in which the Red, Amber and Green, (RAG), symbols have been used to reflect progress to date is explained at the end of this report.

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

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

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

Adult Social Care

Key Objectives / milestones

Ref	Milestones	Q4 Progress
1A	Monitor the effectiveness of the Better Care Fund pooled budget ensuring that budget comes out on target	✓
1B	Integrate social services with community health services	✓
1C	Continue to monitor effectiveness of changes arising from review of services and support to children and adults with Autistic Spectrum Disorder.	✓
1D	Continue to implement the Local Dementia Strategy, to ensure effective services are in place.	✓
1E	Continue to work with the 5Boroughs NHS Foundation Trust proposals to redesign pathways for people with Acute Mental Health problems and services for older people with Mental Health problems.	✓
1F	The Homelessness strategy be kept under annual review to determine if any changes or updates are required.	✓
3A	Undertake on-going review and development of all commissioning strategies, aligning with Public Health and Clinical Commissioning Group, to enhance service delivery and continue cost effectiveness, and ensure appropriate governance controls are in place.	✓

Supporting Commentary

1a - Work continues to ensure the effective management of this budget.
End of year has seen a small overspend, discussions with the CCG continue to increase the allocation of funding for next year to ensure financial viability.

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

1c - A new All-Age Autism strategy has been developed with key stakeholders and people with autism and their carers. As part of the consultation, an event with key providers took place on 10th January, along with a number of different events with Children, young people and their parents/carers which were all used to develop the delivery plan. The strategy has been presented to Health PPB on 27th February and the Health and Wellbeing Board on 28th March.

1d - The Post Diagnosis Community Pathway has been extended for 1 year until 31.3.19. The Halton Dementia Action Alliance has planned a number of activities in support of National Dementia Action week (May 2018), including an event in conjunction with Halton Libraries to engage people with reminiscence therapy, promotion of local vol/com sector support services,

dementia awareness using HBC social media channels throughout the 'action week', Dementia Friends Awareness for members of the public and a Dementia Friends Awareness Session for HBC staff.

1e - This objective has been achieved. The pathways for people with acute mental health problems and for older people with mental health problems have been redesigned and are in place. Social care services have been redesigned to take this into account. Work continues to ensure that health and social care teams are co-located in both Widnes and Runcorn, to ensure the appropriate delivery of these pathways.

1f - The annual homelessness strategy review is underway and a consultation event with providers was conducted early March 2018, which proved very successful. The strategy and action plan is presently being reviewed and will be updated to reflect key priorities.
The homelessness strategy is due to be fully reviewed and a five year strategy document report will be completed for approval mid 2018. The strategy will include a five year action plan, which will determine the LA priorities and key objectives, to ensure it reflects economical and legislative changes.

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

Key Performance Indicators

Older People:						
Ref	**Measure**	**16/17 Actual**	**17/18 Target**	**Q4**	**Current Progress**	**Direction of travel**
ASC 01	Permanent Admissions to residential and nursing care homes per 100,000 population 65+ ***Better Care Fund performance metric***	515.3	635	623.3	✓	↓
ASC 02	Delayed transfers of care (delayed days) from hospital per 100,000 population. ***Better Care Fund performance metric***	519	TBC	458	✗	↑
ASC 03	Total non-elective admissions in to hospital (general & acute), all age, per 100,000 population. ***Better Care Fund performance metric***	3381	13,289	3261	✓	↑
ASC 04	Hospital re-admissions (within 28 days) where original admission was due to a fall (aged 65+) (directly standardised rate per 100,000 population aged 65+) ***Better Care Fund performance metric***	N/A	N/A	N/A	N/A as no target	N/A
ASC 05	Proportion of Older People (65 and over) who were still at home 91 days after discharge from hospital	62.12%	65%	78%	✓	↑

	into reablement/rehabilitation services (ASCOF 2B) ***Better Care Fund performance metric***					
Adults with Learning and/or Physical Disabilities:						
ASC 06	Percentage of items of equipment and adaptations delivered within 7 working days	93%	96%	94%		
ASC 07	Proportion of people in receipt of SDS (ASCOF 1C – people in receipt of long term support – include brief definition) (Part 1)	74%	78%	76%		N/A
ASC 08	Proportion of people in receipt of SDS (ASCOF 1C – people in receipt of long term support – include brief definition) (Part 2) DP	44%	44%	29%		N/A
ASC 09	Proportion of adults with learning disabilities who live in their own home or with their family (ASCOF 1G)	86.90%	87%	88.84%		
ASC 10	Proportion of adults with learning disabilities who are in Employment (ASCOF 1E)	6.9%	5%	5.30%		
ASC 11	Out of Borough Placements – number of out of borough residential placements	32	30	NYA	NYA	NYA
People with a Mental Health Condition:						
ASC 12	Percentage of adults accessing Mental Health Services, who are in employment.	N/A	N/A	0.49%	N/A	N/A
ASC 13 (A)	Percentage of adults with a reported health condition of Dementia who are receipt of services.	52.86%	TBC	60.82%	N/A	N/A
ASC 13 (B)	Percentage of Carers who receive services, whose cared for person has a reported health condition of Dementia.	11.57%	TBC	14.38%	N/A	N/A
Homelessness:						
ASC 14	Homeless presentations made to the Local Authority for assistance In accordance with Homelessness Act 2002.	NA	500	117		
ASC 15	Homeless Households dealt with under homelessness provisions of Housing Act 1996 and LA accepted	NA	100	**10**		

	statutory duty					
ASC 16	Number of households living in Temporary Accommodation	1	17	6	✓	↑
ASC 17	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)	6.62	6.00%	1.64	✓	↑
Safeguarding:						
ASC 18	Percentage of VAA Assessments completed within 28 days	83.5%	88%	74.49%	✗	↓
ASC 19	Percentage of existing HBC Adult Social Care staff that have received Adult Safeguarding Training, including e-learning, in the last 3-years (denominator front line staff only).	48%	56%	61%	✓	↑
ASC 20 (A)	DoLS – Urgent applications received, completed within 7 days.	73%	80%	N/A	N/A	N/A
ASC 20 (B)	DoLS – Standard applications received completed within 21 days.	77%	80%	N/A	N/A	N/A
ASC 21	The Proportion of People who use services who say that those services have made them feel safe and secure – Adult Social Care Survey (ASCOF 4B)	81.30%	82%	N/A	N/A	N/A
Carers:						
ASC 22	Proportion of Carers in receipt of Self Directed Support.	99.4	TBC	99.63%	N/A	↑
ASC 23	*Carer reported Quality of Life (ASCOF 1D, (this figure is based on combined responses of several questions to give an average value. A higher value shows good performance)*	8.10%	9	N/A	N/A	N/A
ASC 24	*Overall satisfaction of carers with social services (ASCOF 3B)*	48.90%	50	N/A	N/A	N/A
ASC 25	The proportion of carers who report that they have been included or consulted in discussions about the	78.80%	80	N/A	N/A	N/A

	person they care for (ASCOF 3C)					
ASC 26	Do care and support services help to have a better quality of life? (ASC survey Q 2b) ***Better Care Fund performance metric***	93.30%	93%	N/A	N/A	N/A

Supporting Commentary

Older People:

ASC 01 Figure provided is an estimate. Final year-end figures will not be known until completion of statutory returns in June 2018.

ASC 02 There were an average of 453 delayed days per month in the three months Dec-Feb, this is a rate of 458 per 100,000. Whilst the individual monthly target was achieved in January, it was missed in both December and February. The average number of delayed days is much reduced on the previous quarter average of 629 per month. Problems exist around capacity for care at home, patient/family choice in not accepting transitional beds and Trusts enforcing the home of choice policy.

ASC 03 There were 3261 non-elective admissions per 100,000 in the three months to Feb 18 against a target of 3340. This is below target and below the Q3 actual of 3404 per 100,000. Although the CCG is on target for Q4 for non-elective admissions, performance earlier in the year means that the CCG is currently 1.9% above the full year plan for non-elective admissions and is likely to have exceeded the target by the end of March.

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

ASC 05 Ongoing review of people in receipt of Intermediate Care has contributed to this increased performance

Adults with Learning and/or Physical Disabilities:

ASC 06 Figure provided is an estimate. Final year-end figures will not be known until completion of statutory returns in June 2018.

ASC 07 Figure provided is an estimate. Final year-end figures will not be known until completion of statutory returns June 2018.
There is no comparable data for the same period in 2016/17.

ASC 08 Figure provided is an estimate. Final year-end figures will not be known until completion of statutory returns June 2018.
There is no comparable data for the same period in 2016/17.

ASC 09 Figure provided is an estimate. Final year-end figures will not be known until completion of statutory returns June 2018.

ASC 10 Target achieved. At year-end there were 21 clients with a learning disability in employment.

ASC 11 There is currently no accurate data available for out of borough placements, we are

currently collating an up to date list of those services users who are placed out of borough.

People with a Mental Health Condition:

ASC 12 This is a new indicator for 2017/18, therefore no comparable data

ASC 13 (A) This is a new indicator for 2017/18, therefore no comparable data

ASC 13 (B) This is a new indicator for 2017/18, therefore no comparable data

Homelessness:

ASC 14 In accordance with the Homelessness legislation, all Local Authorities have a statutory duty to administer and address homelessness within the Borough. It must offer advice and assistance and give due consideration to all applications for housing assistance.

The Local Authority must have a reason to believe that an applicant may be homeless or threatened with homelessness, and make the necessary enquiries in accordance with the Homelessness Act 2002, to determine whether a duty is owed under Part 7 of the Housing Act 1996

The statutory homelessness figures identified for quarter three are low, however, this is consistent with the increased level of prevention activity administered by the Housing Solutions Team. The team fully utilise all prevention initiatives and financial resources available to reduce homelessness.

ASC 15 Part 7 of the Housing Act 1996 sets out the powers and statutory duties that all housing authorities are fully compliant. The LA must ensure that vulnerable clients who present as homelessness are offered advice and assistance.

The Local Authority has a statutory duty to provide both temporary and secure accommodation to clients accepted as statutory homeless. The figures are generally low, which is due to the high level of officer activity and initiatives to prevent homelessness

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

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

ASC 17 The Housing Solutions Team promotes a community focused service, with emphasis placed upon homeless prevention.

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

homelessness within the district.

Safeguarding:

ASC 18	Figure provided is an estimate. Final year-end figures will not be known until completion of statutory returns June 2018.
ASC 19	Target achieved. The Adult Social Care Workforce Group will monitor to ensure this figure is continually improving.
ASC 20 (A)	Data not available due to reporting issues which are being investigated.
ASC 20 (B)	Data not available due to reporting issues which are being investigated.
ASC 21	Annual collection only to be reported in Q4.

Carers:

ASC 22	Figure provided is an estimate. Final year-end figures will not be known until completion of statutory returns June 2018.
ASC 23	Carer Survey. Annual collection only to be reported in Q4 in 2018/19.
ASC 24	Carer Survey. Annual collection only to be reported in Q4 in 2018/19.
ASC 25	Carer Survey. Annual collection only to be reported in Q4 in 2018/19.
ASC 26	For this survey this year we excluded voluntary questions to try to improve response rate, therefore there is no data available.

Public Health

Key Objectives / milestones

Ref	Milestones	Q4 Progress
PH 01a	Increase the uptake of smoking cessation services and successful quits among routine and manual workers and pregnant women	✓
PH 01b	Work with partners to increase uptake of the NHS cancer screening programmes (cervical, breast and bowel)	U
PH 01c	Ensure Referral to treatment targets are achieved and minimise all avoidable breaches. AND/ OR Increase awareness among the local population on the early signs and symptoms of cancer.	✗
PH 02a	Facilitate the Healthy child programme which focusses on a universal preventative service, providing families with a programme of screening, immunisation, health and development reviews, and health, well-being and parenting advice for ages 2½ years and 5 years.	U

PH 02b	Maintain the Family Nurse Partnership programme.	✓
PH 02c	Facilitate the implementation of the infant feeding strategy action plan	✓
PH 03a	Expansion of the Postural Stability Exercise Programme.	✓
PH 03b	Review and evaluate the performance of the integrated falls pathway.	✓
PH 04a	Work in partnership to reducing the number of young people (under 18) being admitted to hospital due to alcohol	U
PH 04b	Raise awareness within the local community of safe drinking recommendations and local alcohol support services through delivering alcohol awareness campaigns, alcohol health education events across the borough and ensuring key staff are trained in alcohol identification and brief advice (alcohol IBA	✓
PH 04c	Ensure those identified as having an alcohol misuse problem can access effective alcohol treatment services and recovery support	✓
PH 05a	Monitor and review the Mental Health Action plan under the Mental Health Governance structures (covering actions to promote mental health and wellbeing and the early detection and effective treatment of mental health conditions.	✓
PH 05b	Implementation of the Suicide Action Plan.	✓

Supporting Commentary

PH 01a Throughput of clients accessing smoking cessation services in Halton has remained the same during Q3 2017 (July-September) as compared to the same period in 2016. This goes against the national trend where most Stop Smoking Services are experiencing reductions in throughput.

Halton CCG has received £75,000 of funding from NHS England for use in this financial year (2017/18) 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. Home visits are offered to allow pregnant women referred into the service. During Quarter 3 a total of 31 pregnant women were referred into the Halton stop smoking service an increase from previous quarters.

PH 01b Halton are continuing to identify areas and opportunities to maximise uptake of screening. We are working in collaboration with many partners to explore opportunities to develop new initiatives to improve screening uptake and early detection messaging, we are currently working closely with the Cheshire and Merseyside Cancer Prevention Group to look at opportunities at scale for improving screening uptake, we are also working closely with the GP federations to explore targetted opportunities to increase screening uptake at more local levels, initially focussing on cervical screening.

PH 01c Halton is working with the Cheshire and Merseyside Prevention Group to explore opportunities for identifying and developing a early detection awareness campaign to try and maximise impact on local more resistent populations. With a new Trust cancer manager in place for Warrington and Halton NHSFT we are working more closely to explore root causes of local breaches.

PH 02a The new 0-19 service, which was awarded to Bridgewater community health care trust, is on track to commence in April 2018.
The Bridgewater health visitor service continues to deliver all the elements of the Healthy Child programme, however there has been a reduction in the coverage of some of the mandated checks. Assurance has been received that this is due to staff vaccancies that have been filled, and that coverage will improve. Performance will continue to be closely monitored

PH 02b Family Nurse Partnership was recommissioned as part of the integrated service. It continues to be fully operational with a full caseload and works intensively with first time, teenage mothers and their families.

In December FNP had its annual review and celebration event. The Halton FNP team maximum capacity is 100 clients, and they have delivered the programme to 123 clients since starting in November 2014. In 2017 the 4 nurses delivered 1495 home visits. The programme runs from early pregnancy to the child's second birthday, and Halton has now had 20 clients complete the whole programme and graduate to the Health Visiting service.

PH 02c The implementation of the infant feeding action plan is underway, with oversight from the Halton Health in the Early Years group. The infant feeding team continue to proactively contact all mothers on discharge from hospital to support with feeding, and have had cases of women wishing to initiate breastfeeding following discharge from hospital. The infant feeding work will be fed into the whole systems approach to tackling obesity.

PH 03a Health Improvement continues to provide the "Age Well programme" across the borough. A review of referral pathways is currently being undertaken to increase appropriate referrals for all partners into Falls prevention classes. A trail has taken place in a care home to pilot the Age well programme and also in an intermediate care hospital to improve service provision and reduce future demand on services. Older people's practice manager to work with community therapy team to expand on pilot and review rehab pathway for deteriorating clients. HIT Continue to deliver staff training to frontline professionals to raise awareness of falls prevention and the appropriate falls pathways.

PH 03b Work is being undertaken with intermediate care to review the post Falls recovery pathway. Links also being made with the new frailty unit at Warrington to develop referral pathway for Halton residents. The falls prevention strategy is to be circulated in draft for comment to wider partners with view to sign off by end of Qtr 2 2018. A comprehensive training programme is now being rolled out to raise confidence in the use of screening tools and to increase capacity in service via staff having the skills to work more effectively with patients to improve strength, balance and gait without referring for specialist services.

PH 04a Good progress has been made in recent years 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, Amy Winehouse Foundation, Cheshire Police).
- Delivery of community based alcohol education activity.
- Delivering early identification and brief advice (alcohol IBA) training and resources for staff who work with children and young people).
- Partnership work to reduce underage sales and associated antisocial behaviour.

More recent data has seen this downward trend level off. Therefore local partnership work needs to continue to be strengthened.

PH 04b Work continues to raise awareness among the local community of safe drinking recommendations and to train staff across the health, social care, criminal justice, community and voluntary sector in alcohol identification and brief advice (alcohol IBA).

PH 04c During Q3, CGL (Change, Grow, Live - Halton Integrated Substance Misuse Service) received 61 new referrals; 47 for alcohol only and 14 for alcohol and non-opiate problems. Local data suggests that by the end of Q3 92 individuals were engaged in structured treatment where alcohol was the primary concern, and 55 were involved in post treatment recovery support. A further 42 clients were in receipt of support for non-opiate and alcohol problems.

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

PH 05b The Suicide prevention action plan has been updated and continues to be implemented. The plan links closely with the Cheshire and Merseyside No More Suicides strategy. Champs are leading on an area-collaborative approach to gain Suicide Safer Community Status.
A real time surveillance intelligence flow has been set up which will enable faster identification of potential trends and clusters. Beginning to work more clsely with the mental health concordat to ensure a user focus is provided to the group.

Key Performance Indicators

Ref	Measure	16/17 Actual	17/18 Target	Q4	Current Progress	Direction of travel
PH LI 01	A good level of child development (% of eligible children achieving a good level of development at the end of reception)	61.9% (2015/16)	65.0% (2016/17)	60.9% (2016/17)	✗	↓
PH LI 02a	Adults achieving recommended levels of physical activity (% adults achieving 150+ minutes of physical activity)	48.5% (2015)	49.0% (2016)	60.8% (May 2016/17)	U	N/A
PH LI 02b	Alcohol-related admission episodes – narrow definition (Directly Standardised Rate per 100,000 population)	841.7 (2015/16)	841.7 (2016/17)	876.8 (Q2 2017/18) Provisional	U	⟷
PH LI 02c	Under-18 alcohol-specific admissions (crude rate per 100,000 population)	55.5 (2013/14-2015/16)	54.1 (2014/15-2016/17)	61.3 (2015/16-2017/18)Provisional	✗	↓
PH LI 03a	Smoking prevalence (% of adults who currently smoke)	16.6% (2016)	16.2% (2017)	Annual data only	U	N/A

PH LI 03b	Mortality from cardiovascular disease at ages under 75 (Directly Standardised Rate per 100,000 population) *Published data based on calendar year, please note year for targets*	92.0 (2016)	89.8 (2017)	96.9 (2017) Provisional		
PH LI 04a	Self-harm hospital admissions (Emergency admissions, all ages, directly standardised rate per 100,000 population)	341.5 (2015/16)	332.3 (2016/17)	336.7 (2016/17)		
PH LI 04b	Self-reported wellbeing: % of people with a low happiness score	12.7% (2015/16)	11.1% (2016/17)	Annual data only		N/A
PH LI 05	Mortality from all cancers at ages under 75 (Directly Standardised Rate, per 100,000 population) *Published data based on calendar year, please note year for targets*	177.2 (2016)	169.2 (2017)	173.7 (2017) Provisional		
PH LI 06ai	**Male** Life expectancy at age 65 (Average number of years a person would expect to live based on contemporary mortality rates) *Published data based on 3 calendar years, please note year for targets*	17.3 (2013-15)	17.6 (2014-16)	17.3 (2014-16)		
PH LI 06aii	**Female** Life expectancy at age 65 (Average number of years a person would expect to live based on	18.8 (2013-15)	19.1 (2014-16)	19.1 (2014-16)		

	contemporary mortality rates) *Published data based on 3 calendar years, please note year for targets*					
PH LI 06b	Falls and injuries in the over 65s (Directly Standardised Rate, per 100,000 population; PHOF definition)	3016. (2015/16)	3000.5 (2016/17)	3305.8 (2016/17)		
PH LI 06c	Flu vaccination at age 65+ (% of eligible adults aged 65+ who received the flu vaccine, GP registered population)	72.2% (2015/16)	75.0% (2016/17)	74.0% (2017/18) Provisional		

Supporting Commentary

PH LI 01 - No further update – data released annually

PH LI 02a - November 2015/16 figure including gardening in the list of activities; May 2016/17 figures exclude gardening from the list of activities included in being physically active.

PH LI 02b - We are above the target rate as of Q2 2017/18, however as we are only halfway through the current year, we cannot be sure as to whether we will meet the year-end target or not.

PH LI 02c - No further update – data released annually

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

PH LI 03b - Mortality from CVD has increased slightly from 2016 to 2017 and as a result exceeded and failed to meet the target for the year.

PH LI 04a - 2016/17 data now published; provisional data resulted in same value as newly published data.

PH LI 04b - Indicator published by PHE has changed to % of people with a High/Very High happiness score. This indicator and target will be reviewed for the Q1 2018/19 QMR.

PH LI 05 - Though we did not meet the target for 2017, the rate of deaths from cancer (according to local data and workings) was lower than during 2016.

PH LI 06ai - No further update – data released annually

PH LI 06aii - No further update – data released annually

PH LI 06b - 2016/17 data now published; marginal change in rate from provisional data included in Q3

2017/18 QMR

PH LI 06c - Although Halton failed to meet the 75% target for flu vaccination uptake amongst those aged 65+, there was an improvement of 2.5% on the 2016/17 vaccination uptake.

ADULT SOCIAL CARE DEPARTMENT

Revenue Budget as at 31 March 2018

	Annual Budget £'000	Actual Spend £'000	**Variance** (Overspend) £'000
Expenditure			
Employees	13,761	13,407	354
Other Premises	392	424	(32)
Supplies & Services	1,366	1,364	2
Aids & Adaptations	113	106	7
Transport	207	209	(2)
Food Provision	195	182	13
Contracts & SLAs	495	498	(3)
Emergency Duty Team	95	95	0
Other Agency	749	750	(1)
Payments To Providers	1,467	1,478	(11)
Contribution to Complex Care Pool	20,647	20,647	0
Total Expenditure	**39,487**	**39,160**	**327**
Income			
Sales & Rents Income	-306	-315	9
Fees & Charges	-741	-640	(101)
Reimbursements & Grant Income	-1,102	-1,090	(12)
Transfer From Reserves	-375	-375	0
Capitalised Salaries	-177	-177	0
Government Grant Income	-854	-853	(1)
Total Income	**-3,555**	**-3,450**	**(105)**
Net Operational Expenditure	**35,932**	**35,710**	**222**
Recharges			
Premises Support	517	517	0
Asset Charges	347	347	0
Central Support Services	3,352	3,352	0
Internal Recharge Income	-2,189	-2,189	0
Transport Recharges	497	517	(20)
Net Total Recharges	**2,524**	**2,544**	**(20)**
Net Department Expenditure	**38,456**	**38,254**	**202**

Comments on the above figures

In overall terms, the Net Department Expenditure was £202,000 below budget.

Employee costs were underspent by £354,000. This was due to savings being made on vacancies within the department. The bulk of the staff savings were made in the Care Management and Initial Assessment teams. These services have undergone a review, a permanent savings target of £100,000 resulting from the deletion of a number of vacant posts has been incorporated into the 2018/19 budget

Fees & Charges income was under-achieved by £100,000. This was primarily due to the Community Meals income target built into the 2017-18 base budget. The impact of the shortfall in

budgeted income has been reviewed as part of the process in setting the 2018/19 base budget, and a permanent reduction of £65,000 has been applied to the target.

Capital Projects as at 31th March 2018

	2017-18 Capital Allocation £'000	Actual Spend £'000	Total Allocation Remaining £'000
Upgrade PNC	6	6	0
ALD Bungalows	199	0	199
Bredon Reconfiguration	56	73	(17)
Grangeway Court Refurbishment	0	12	(12)
Vine Street Development	100	67	33
Purchase of 2 Adapted Properties	520	0	520
Total	881	158	723

Comments on the above figures:

The £6,000 funding relating to the upgrading of the PNC represents the unspent capital allocation carried forward from the previous financial year to enable the scheme's completion. The total scheme has now completed, with residual payments to match this allocation.

Building work on the ALD Bungalows has been deferred to 2018/19. Approval has been granted by the Operational Director Finance to carry-forward the funding to the new financial year to allow the scheme's completion.

The Bredon Reconfiguration project is funded from previous year's Adult Social Care capital grant. The scheme, which commenced in 2016/17 with a total project budget of £343,000 has now been completed. The £17,000 overspend has been funded by savings from other capital schemes.

The £12,000 expenditure on Grangeway Court Refurbishment relates to unexpected residual costs following the scheme's completion in 2016/17. These costs are to be met from an underspend on capital costs relating to the Vine Street Development.

The Vine Street Development project relates to the adaptation of the Mental Health Resource Centre in Widnes in order to better meet service user's needs. Construction is now substantially completed, with the final payments due in the early part of the 2018/19 financial year.

The £520,000 capital allocation for the purchase of 2 adapted properties relates to funding received from the Department Of Health under the Housing & Technology for People with Learning Disabilities Capital Fund The funding is to be used for the purchase and adaptation of two properties to meet the particularly complex and unique needs of two service users. The scheme is anticipated to be completed during the 2018/19 financial year, and approval has been granted by the Operational Director of Financial Services to carry the funding forward to the new financial year.

Pooled Budget Capital Projects as at 31st March 2018

	2017-18 Capital Allocation £'000	Actual Spend £'000	Total Allocation Remaining £'000
Disabled Facilities Grant	896	893	3
Stair lifts (Adaptations Initiative)	300	296	4
RSL Adaptations (Joint Funding)	250	240	10
Millbrow Residential Home	935	785	150
Madeline McKenna Residential Home	450	314	136
Total	**2,831**	**2,528**	**303**

Comments on the above figures:

Total DFG capital funding was allocated across schemes for DFG adaptations, Stairlifts, and joint-funded Residential Social Landlord adaptations. Total spend across all three projects was marginally below the funding allocation. The above total allocation includes an additional £147,000 DFG awarded in January 2018.

The £450,000 allocated for the purchase of the Madeline McKenna residential home included an allowance of £150,000 for the refurbishment of the premises. The purchase was completed in November 2017, and the establishment is now managed by Halton Borough Council's Adult Social Care department. The refurbishment of the premises is ongoing, and approval has been granted from the Operational Director Finance to carry forward the unspent capital funding to the 2018/19 financial year to ensure the completion of the required works

Similarly, Millbrow Residential Home was purchased in December 2017, and is now managed by Halton Borough Council's Adult Social Care Department. Again, the capital programme included an allocation for refurbishment (£200,000), and the unspent balance has been approved by the Operational Director Finance for carry- forward into the new financial year to allow the completion of the required works.

COMPLEX CARE POOL

Revenue Budget as at 31st March 2018

	Annual Budget £'000	Actual Spend £'000	Variance (overspend) £'000
Expenditure			
Intermediate Care Services	4,005	3,995	10
End of Life	194	195	(1)
Sub-Acute	1,734	1,734	0
Urgent Care Centres	815	784	31
Joint Equipment Store	815	1,053	(238)
CCG Contracts & SLA's	1,165	1,159	6
Intermediate Care Beds	687	687	0
BCF Schemes	1,700	1,698	2
Carers Breaks	434	270	164
Madeline McKenna Home	259	200	59
Millbrow Home	474	462	12
Contribution to Capital Costs	525	525	0
Adult Health & Social Care Services:			
Residential & Nursing Care	20,873	20,885	(12)
Domiciliary & Supported Living	14,084	14,097	(13)
Direct Payments	7,785	7,813	(28)
Day Care	458	473	(15)
Total Expenditure	**56,007**	**56,030**	**(23)**
Income			
Residential & Nursing Income	-5,876	-5,863	(13)
Domiciliary Income	-1,653	-1,618	(35)
Direct Payments Income	-458	-450	(8)
BCF	-9,661	-9,661	0
Improved Better Care Fund	-2,974	-2,974	0
CCG Contribution to Pool	-13,224	-13,224	0
ILF	-699	-699	0
Income from other CCG's	-113	-113	0
Madeline McKenna fees	-70	-85	15
Millbrow fees	-74	-54	(20)
Transfers from Reserves	-256	-201	(55)
All other income	-302	-299	(3)
Total Income	-35,360	-35,241	(119)
Net Expenditure	**20,647**	**20,789**	**(142)**
Overspend liability as per Joint Working Agreement:			
HCCG (38%)		-53	53
HBC (62%)		-89	89
Net Department Expenditure	**20,647**	**20,647**	**0**

Comments on the above figures:

The overall position for the Complex Care Pool budget is £142,000 over budget at the end of the financial year (including the HCCG liability share). Halton Borough Council's liability share is £89,000.

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 2017/18 this was 62% HBC and 38% HCCG. However agreement will be sought from the Complex Care Executive Partnership Board to carry this overspend forward to 2018/19 and be met by efficiencies in year

Intermediate Care Services is under budget by £10,000 due to a small number of staffing vacancies.

The End of Life Service delivered 14,551 hours at a cost of £195,000, marginally over the approved budget.

The Urgent Care Centre includes payments for the Rapid Clinical Assessment Team (RCAT) scheme which ended partway through the year, therefore this resulted in a £31,000 underspend at the end of the financial year.

The Joint Equipment out-turn spend is £238,000 over budget. There has been an unprecedented increase in demand for equipment, during the year, the main reason being due to increasing service users with complex needs now residing in their own homes. Bridgewater NHS Trust who provides the service has installed a new software system which should enable close monitoring of this budget in the next financial year.

The Carer's Breaks budget underspent by £163,000 due to the cessation of a couple of contracts. Also social work teams spent less than usual in this financial year on Direct Payment Carer's Breaks.

The council purchased Madeline McKenna Residential Home in November 2017 and Millbrow Residential Home in December 2017. As acquisition was only part year it was difficult to predict the budget required with the actual spend being £71,000 less than estimated. These budgets will be realigned in 2018/19 as necessary.

The Adult Health and Social Care outturn was £124,000 over budget for the financial year. It was recognised early on in the year that this budget was under significant pressure and a recovery working group was set up to address the issues. Some of these pressure areas are analysed below:-

Residential & Nursing Care

Continuing Health Care (CHC) and Joint Funded Care (JFC) packages has seen an increased spend in 2017.18 as an increasing number of people are deemed eligible for CHC. These service users are also receiving care for longer periods of time than previously. A number of these care packages were transitionally funded placements which had not been assessed within the 28 day timescale. As part of the recovery plan, the CHC team targeted these and there has been a marked improvement in the number of reviews being completed on time. Some of these packages have also been deemed not eligible for CHC and should therefore generate some additional income from client contributions. The focus on these will continue into the new financial year. CHC is being looked at nationally by NHS England

The recovery group will also continue to focus on high cost packages of care and out of borough placements.

Count and Spend:
The total number of clients receiving a permanent residential care package has decreased from 599 clients in April to 548 clients in March. The average weekly cost of a permanent residential package of care increased from £586 to £606 for the same period.

Domiciliary & Supported Living
A number of service users that are in residential homes but receiving extra 1 to 1 support have cost approximately an additional £336,000 in 2017.18. Some of these packages have been reviewed and reduced during the year and will continue to be reviewed in the new financial year. The 1 to 1 block contract with St Luke's has now ended and service users will be assessed on a case by case basis.

Count and Spend:
The total number of clients receiving a domiciliary care package decreased by 12.4% from 788 clients in April to 690 clients in March. However, the average cost of a domiciliary care package has increased by 9.5% from £299 in April to £326 in March.

Direct Payments
Service users that were previously in long term hospital settings funded via Health are now in receipt of services provided by the council. Those clients are now receiving joint funded Direct Payments. Halton CCG has contributed £256,000 towards this additional cost but it is still an ongoing pressure on the authority's budget.

Count and Spend:
The total number of clients receiving a Direct Payment (DP) has increased by 7% from 470 clients in April to 503 clients in March. The average cost of a DP package has remained the same at £323.

Contingency budget from the CCG minimum contribution to the Better Care Fund and Additional Better Care Fund monies have been utilised to offset budget pressures mentioned above and which have been reported during the course of 2017/18. The financial recovery action plan has already been implemented by the Pool Manager to look at reducing adult health and social care costs and this will continue into 2018/19 to ensure a balanced budget is achieved at year end. This will be particularly important given the Additional Better Care Fund monies used to help reduce the scale of the overspend position will be significantly reduced in 2018.19 and again in 2019.20.

PUBLIC HEALTH & PUBLIC PROTECTION DEPARTMENT

Revenue Budget as at 31st March 2018

	Annual Budget £'000	Actual Spend £'000	**Variance** (Overspend) £'000
Expenditure			
Employees	3,255	3,186	69
Other Premises	5	5	0
Supplies & Services	249	253	(4)
Contracts & SLA's	6,792	6,792	0
Transport	8	8	0
Other Agency	18	17	1
Transfer to Reserves	209	209	0
Total Expenditure	**10,536**	**10,470**	**66**
Income			
Other Fees & Charges	-105	-78	(27)
Reimbursements & Grant Income	-238	-212	(26)
Government Grant	-10,457	-10,457	0
Transfer from Reserves	-652	-652	0
Total Income	**-11,452**	**-11,399**	**(53)**
Net Operational Expenditure	**-916**	**-929**	**13**
Recharges			
Premises Support	126	126	0
Central Support Services	1,253	1,253	0
Transport Recharges	21	19	2
Internal Recharge Income	-94	-94	0
Net Total Recharges	**1,306**	**1,304**	**2**
Net Department Expenditure	**390**	**375**	**15**

Comments on the above figures

In overall terms the Net Departmental Expenditure is £15,000 under budget at the end of the financial year.

Employee costs are £69,000 below budget at the year-end, due to savings being made on vacancies within the department. The majority of the vacancies have now been appointed to and it is not anticipated this under spend will continue in the new financial year.

Income underachieved by £53,000, Other Fees & Charges income by £27,000 and Reimbursements & Grant income by £26,000. This is due to income targets of £50,000 included in the Health & Wellbeing Division's budget not being achieved. Actual income has been received but in accordance with guidelines, income received from services funded through Public Health must be reinvested back into Public Health and not the Council's General Fund. The income target will be reviewed during the 2018/19 financial year.

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.*