Directorate Performance Overview Report –Adult Social Care / Public Health

Directorate: People Directorate

Reporting Period: Quarter 3 – Period 1st October – 31st December 2018

1.0 Introduction

1.1 This report provides an overview of issues and progress within the Directorate that have occurred during the third quarter 2018/19.

2.0 Key Developments

2.1 There have been a number of developments within the Directorate during the third quarter which include:

Adult Social Care:

Developing the use of the Mental Health Resource Centre in Vine Street, Widnes: following the provision of capital funding from the Borough Council, NHS Halton Clinical Commissioning Group and the North West Boroughs Mental Health NHS Trust, the Mental Health Resource Centre in Vine Street has been redesigned and remodelled. Originally intended as a multi-purpose resource centre for people with complex mental health needs, this service for some time was underused. Following the works that have taken place, the ground floor of the building is now occupied by the North West Boroughs Assessment and Home Treatment Service, with the potential to offer a 24-hour crisis support service on site (this is currently being explored). Upstairs, the existing Mental Health Outreach Team and the Community Bridge Building Team have now been joined by social workers and the mental health carers assessor. This is creating a new and more integrated service for the borough's residents, which will make it easier and faster for people to get the help that they need across social care and health services.

Public Health

Halton Public Health Service is working closely with Halton NHS CCG to align evidence and intelligence against commissioning intentions. A key priority for the CCG is prevention and self care.

The NHS Long Term Plan has just been released and One Halton is working to determine how we can best deliver it.

Halton Stop Smoking Service has seen an increase in maternal referrals and an increase in pregnant smokers quitting so far this year compared to the same period last year.

Public health England are providing training to health visitors in Halton on Speech, language and communication, as part of a pilot programme. The aim of this work is to improve child development, through speech and language, which is one of the areas that child development scores are lower in Halton.

3.0 Emerging Issues

Adult Social Care

Oak Meadow manages 19 Intermediate Care Beds. The service is funded through the pooled budget with NHS Halton Clinical Commissioning Group (HCCG) as part of the Intermediate Care services. The upstairs floor of the building was closed as a bed-based service a couple of years ago, due to an excess of beds in the Borough at that time. The upstairs floor is currently utilised as office space for Adult Social Care services.

NHS England have allocated capital funding to STHK hospital; to fund additional beds for the winter period.

Discussions have taken place with the Director of Adult Social Services (Halton) and the Chief Executive of STHK Hospital to consider funding refurbishment of the upstairs floor at Oak Meadow to open an additional 11 beds.

Social Work Matters Forum

The 'Social Work Matters Forum' has been running in Halton for three years and continues to thrive. Led by social work professionals within the Council the forum provides a valuable feedback and feed forward mechanism for both local and national issues related to social work. The quarterly meetings, chaired by the Adults' Principal Social Worker, involves input from internal teams as well as hosting external speakers. Content is focussed on best practice and information sharing and has involved case study examples, updates on project work and legislative changes. The Forum is well attended with dates for the year being set in advance. The recent meeting looked at:-

- Teaching Partnership – Presentation from Sam Walsh, Practice Manager for Social Work Professional Development
- Carer's Centre – Rose Belair – Adult Carers Support Worker
- Channel – process and interventions - Bev Hurst, Prevent Co-ordinator, Merseyside and Cheshire Police

Community Connectors

There two Community connector posts 12 month pilot continues until April 2019. The pilot is now subject to review and evaluation. They have focused on connecting local people to their neighbourhood and communities. They are a single, local point of contact in an agreed area and proactively seek out vulnerable people who may benefit from a local area connector approach.

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

They have identified a number of community based services and have been working closely with social workers and social care staff to aid awareness of aware of alternative services and opportunities available to people.

The Halton Autism Action Alliance (HAAA) continues to meet on a Bi monthly basis with a focus on ensuring that the All Age Autism Strategy Delivery plan continues to make progress. The recruitment process for the partnership chair role of this group is now underway with advertisements being circulated across a range of areas

The Autism self-assessment now has been completed, approved and submitted and we now await the analysis and publication of data and outcomes from this piece of work.

The operational lead for Autism is taking forward the actions relating to training of front facing HBC staff in the, ensuring that mandatory equality and diversity training references autism awareness training and that this is publicised and available to all Halton staff. In addition work is being undertaken with the Human Resources team to identify suitable training to meet the need for more specialist training (particularly for social work staff) that goes beyond the current training available via eLearning and face to face in the Borough.

The group will continue to feedback via the Strategic Action and Commissioning Group."

Transition Team

Towards the end of 2016 a review took place looking at local processes and procedures in place to support young people with health and social care needs and their families/carers going through transition. This review involved consultation with families and it revealed that: It also became clear that transition arrangements were not fit for purpose.

In early 2017, action was taken to address this; a dedicated Transition Team was established, supported by a new Multi-Agency Transition Protocol, to ensure that in future young people would experience transition that is planned from an earlier stage with effective joint working between professionals and taking into account the wishes and needs of young people and their families.

The Transition Team was established in February 2017 comprising one Social worker from Children's Services and two Social Workers from Adult Social Care with Principal Manager support from Adult Social Care. Close working links were also established, aided by physical co-location, with the Positive Behaviour Support Service and the Continuing Health Care Complex Needs Children's Nurse (employed by the CCG). The aim of the team is to have a joined up approach to transition from education, health and social care with increased and targeted co-ordination and communication from all agencies from a younger age. The team works with young people aged from 14 to 25 years (or until appropriate to transfer into generic adult services), depending on complexity and how much support they will require to go through the transition process.

In September 2017, the Transition Team was awarded £92,827 from the Department of Health (now the Department of Health & Social Care – DHSC) following a bid to be involved with the national 'Named Social Worker' pilot, which ran until April 2018. The aim of the pilot was to support sites to make changes to social work practice and wider system conditions that will improve outcomes and experiences for individuals with learning disabilities, autism and mental health conditions, and for the people around them.

In practice, the model varied from one place to another but the ambition was for all the sites to:

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

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

Halton took part in the overall evaluation of the pilot on a national level and a cost-benefit analysis was completed by York Consultancy. The cost-benefit analysis revealed a Financial Return on Investment of 5.14 which means a £5.14 saving for every £1 spent on NSW support.

One of the cases from Halton's pilot became a case study shared nationally as part of the positive outcomes of the NSW approach (Peter's story). This demonstrated the costs savings that can be realised by the wider system as a result of the NSW model.

Following on from the Evaluation, Halton Borough Council are working with partners across Health and Education to secure further funding to retain the additional resources and continue to work within the Named Social Worker model.

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

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

In January 2019, The Transition Team and the 'The preparing for Adulthood' service from Education within Halton Borough Council, are working in partnership, with the National Development Team, commissioned by the Department of Education to review the process and audit of, 'Education and Health Care Plans', and how these can be reviewed and improved.
A new Audit tool is being developed by the group and Halton will be a pilot site, before the final version is rolled out nationally.

Review of the Mental Health Act 1983: this national review took place throughout 2018, with a consultation which received a response from this Council. The final outcome of the review has now been published and is being considered by the government. It is likely that this will lead to a full revision of the current mental health legislation in 2019/ 20.

The review has made 154 recommendations, and these will be considered by central government to form the basis of a Green Paper, to be followed by a White Paper which will in turn lead to legislation. A number of key principles are put forward in the review:

- Choice and autonomy: ensuring that patients have more choice in decision-making
- That the Act should be used in the least restrictive way
- Services should be delivered for therapeutic benefit, reducing the need for detention
- Treating each person as an individual

Two key recommendations have already been accepted in full by central government:

- The development of a Statutory Advanced Choice Document, so that people can make choices about their treatment whilst they have the capacity to do that
- Changing the definition of "nearest relative" to "nominated person", a decision which must again take place whilst the person has the mental capacity to make the decision. This will remove a problem in the existing legislation where people who have abused family members can still have the right to determine what happens to them.

Further updates will be made available as the process continues.

National Workforce Plan for Approved Mental Health Professionals (AMHPs): this national plan has been developed by the national AMHP leads and has been submitted to the Association of Directors of Adult Social Services for approval. This will support the delivery of effective workforce planning for this essential but complex role, and its local implementation will be considered in future months in Halton.

Public Health

There continues to be separate work streams in care homes specifically around the rates of falls and whether more can be done to reduce the number of falls. Equally there is a separate work stream looking at 5 particular wards within the borough that have above the national average incidents of falls. The outcomes of both of these work streams will be fed up to the appropriate boards.

4.0 Risk Control Measures

Risk control forms an integral part of the Council's Business Planning and performance monitoring arrangements. During the development of the 2018/19 Business Plan, the service was required to undertake a risk assessment of all key service objectives with high risks included in the Directorate Risk Register.

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

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.

Adult Social Care

Key Objectives / milestones

Ref	Milestones	Q1 Progress
1A	Monitor the effectiveness of the Better Care Fund pooled budget ensuring that budget comes out on target	✓
1B	Integrate social services with community health services	✓
1C	Continue to monitor effectiveness of changes arising from review of services and support to children and adults with Autistic Spectrum Disorder.	
1D	Continue to implement the Local Dementia Strategy, to ensure effective services are in place.	✓
1E	Continue to work with the North West 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 Systems in place to continue to monitor the budget.

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

1C Information currently unavailable..

1D During Q3 the Mental Health and Dementia Delivery Group have agreed to develop a dementia dashboard pulling together local data in relation to diagnosis rates, primary care dementia care plan reviews, dementia carers assessments and types of adult social care support people living with dementia are accessing through HBC. The Post Diagnosis Community Pathway contract options paper was presented to the Operational Operating Committee in December 2018, with proposals for the delivery of the pathway post March 2019. It was proposed that a waiver be applied for, to extend the existing contract by 6 months, whilst further consideration is given to the community offer. Halton Dementia Action Alliance network continues to share local, regional and national dementia news, learning and good practice, along with links to resources for people living with dementia, carers and professionals, via the HDAA webpage.

1E Considerable work has taken place across the Clinical Commissioning Group, the borough council and the NW Boroughs to develop and clarify the pathways for people with a full range of mental health needs within the Borough. Local services within social care have been redesigned to increasingly provide support at an earlier stage in people's conditions, and thereby to reduce the likelihood of them needing more complex interventions. The works at the Mental Health Resource Centre in Vine Street have been completed and the North West Boroughs Assessment and Home treatment Team has moved in there, providing more convenient links for Widnes residents and allowing a much greater level of contact between NHS and borough council services.

1F Information currently unavailable.

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

Key Performance Indicators

Older People:						
ASC 01	Permanent Admissions to residential and nursing care homes per 100,000 population 65+ ***Better Care Fund performance metric***	623.31	635	338.09	✓	↓
ASC 02	Delayed transfers of care (delayed days) from hospital per 100,000 population. ***Better Care Fund performance metric***	604	5147	1145 v plan 860.1	✗	↑
ASC 03	Total non-elective admissions in to hospital (general & acute), all age, per 100,000 population. ***Better Care Fund performance metric***	3290	13,289	3217 v plan 3274	✓	↓
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 into reablement/rehabilitation services (ASCOF	78%	75%	N/A	N/A as no target	N/A

	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	94%	97%	73%	U	
ASC 07	Proportion of people in receipt of SDS (ASCOF 1C – people in receipt of long term support – include brief definition) (Part 1)	65.76%	78%	71.5%	NA	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	32.85%	44%	29.4%	NA	N/A
ASC 09	Proportion of adults with learning disabilities who live in their own home or with their family (ASCOF 1G)	86.62%	87%	89.7%	✓	
ASC 10	Proportion of adults with learning disabilities who are in Employment (ASCOF 1E)	5.30%	5%	4.7%	✓	
ASC 11	Out of Borough Placements – number of out of borough residential placements	NYA	30	N/A	N/A	N/A
People with a Mental Health Condition:						
ASC 12	Percentage of adults accessing Mental Health Services, who are in employment.	0.49%	N/A	0.43%	N/A	N/A
ASC 13 (A)	Percentage of adults with a reported health condition of Dementia who are receipt of services.	44.44%	TBC	45.2%	N/A	N/A
ASC 13 (B)	Percentage of Carers who receive services, whose cared for person has a reported health condition of Dementia.	11.02%	TBC	15.15%	N/A	N/A
Homelessness:						
ASC 14	Homeless presentations made to the Local Authority for assistance In accordance with Homelessness Act 2002.	117	500	N/A	N/A	N/A
ASC 15	Homeless Households dealt with under homelessness provisions of Housing Act 1996 and LA accepted statutory duty	10	100	N/A	N/A	N/A
ASC 16	Number of households living in Temporary Accommodation	6	17	N/A	N/A	N/A
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	1.64%	6.00%	N/A	N/A	N/A

	of thousand households in the Borough)					
Safeguarding:						
ASC 18	Percentage of VAA Assessments completed within 28 days	74.49%	88%	69%	?	
ASC 19	Percentage of existing HBC Adult Social Care staff that have received Adult Safeguarding Training, including e-learning, in the last 3-years (denominator front line staff only).	61%	56%	66%	✓	
ASC 20 (A)	DoLS – Urgent applications received, completed within 7 days.	N/A	80%	N/A	N/A	N/A
ASC 20 (B)	DoLS – Standard applications received completed within 21 days.	N/A	80%	N/A	N/A	N/A
ASC 21	The Proportion of People who use services who say that those services have made them feel safe and secure – Adult Social Care Survey (ASCOF 4B)	95.57%	82%	N/A	N/A	N/A
Carers:						
ASC 22	Proportion of Carers in receipt of Self Directed Support.	99.27%	TBC	98.4%	N/A	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)*	8.1% 2016/17	9	N/A	N/A	N/A
ASC 24	*Overall satisfaction of carers with social services (ASCOF 3B)*	48.9% 2016/17	50	N/A	N/A	N/A
ASC 25	The proportion of carers who report that they have been included or consulted in discussions about the person they care for (ASCOF 3C)	76.6% 2016/17	80	N/A	N/A	N/A
ASC 26	Do care and support services help to have a better quality of life? (ASC survey Q 2b) ***Better Care Fund performance metric***	93.30% 2016/17	93%	N/A	N/A	N/A

Supporting Commentary

Older People:

ASC 01 The permanent admissions are lower than those as at the end of Q3 in 17/18. (lower figures are better for this measure).

ASC 02 The full Q3 data is not available, the data reported here relates to October and November.
The nationally reported figures are 1145 delayed days, however Warrington Trust have informed us of an administrative error which overstated the number of delayed days. Once this error has been taken into account the number of delayed days reduces to 1094. Whilst this remains above plan the number of delayed days is below that reported in the same period in 2017/18 (1275)
There has been a large increase in the number of delays attributed to patients awaiting care in their own home, this has increased from 82 to 361 in the comparable periods.

ASC 03 The CCG is in line to achieve the plan set with NHS England for non-elective activity, however Year-on-year growth is around 7% and an additional 889 emergency admissions have been witnessed. Increases are driven almost exclusively by St Helens trust (+974, +16%) with a small reduction at Warrington (-85, -2%) The CCG is working with MIAA and the trusts to understand the reasons behind the number of very short stay admissions and emergency readmissions with a view to developing alternatives.

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

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

Adults with Learning and/or Physical Disabilities:

ASC 06 Data does not include HMS as this information has not yet been received, this is being followed up by the performance team.

ASC 07 We are looking at the recording and calculation of this measure due to the low percentage against the target.

ASC 08 While the figure appears low in relation to the target, we perform well in relation to the North West and neighbouring authorities.

ASC 09 We have exceed the target for this measure and have now moved the process in-line with the SALT Guidance

ASC 10 Performance very slightly less compared to same quarter last year.

ASC 11 Information currently unavailable.

People with a Mental Health Condition:

ASC 12 This target is close to being achieved. This is an area which will receive further attention with the continued development of the local strategic planning approach in mental health.

ASC 13 (A) When compared with last year, this performance indicator does not look as if it will achieve the same levels as last year. However, locally there is work going on within primary care to improve the number of care plan reviews for people with dementia, and this is likely to lead to an increase in referrals for services.

ASC 13 (B) When compared with last year, this figure has improved so far. The Halton Carers Centre has a specific carers worker for people with dementia and this is supporting

the delivery of this performance indicator.

Homelessness:

ASC 14	Information currently unavailable
ASC 15	Information currently unavailable
ASC 16	Information currently unavailable
ASC 17	Information currently unavailable

Safeguarding:

ASC 18	This figure is around 6 per cent lower than as at the same period last year, this is generally due to loading on to the Carefirst system and is being addressed through caseload management and performance support workshops.
ASC 19	17/18 Data not available due to reporting issues which are being investigated.
ASC 20 (A)	17/18 Data not available due to reporting issues which are being investigated.
ASC 20 (B)	Annual collection only to be reported in Q4, (figure is an estimate).
ASC 21	Annual collection only to be reported in Quarter 4, (figure is an estimate).

Carers:

ASC 22	This figure is slightly lower than as at the same time last year, this could be due to a reduction in the number of informal carers that have been assessed and received a service
ASC 23	This is the Biennial Carers Survey which will commence in December 2018
ASC 24	This is the Biennial Carers Survey which will commence in December 2018
ASC 25	This is the Biennial Carers Survey which will commence in December 2018
ASC 26	This is the Biennial Carers Survey which will commence in December 2018

Public Health

Key Objectives / milestones

Ref	Milestones	Q3 Progress
PH 01a	Increase the uptake of smoking cessation services and successful quits among routine and manual workers and pregnant women	✓
PH 01b	Work with partners to increase uptake of the NHS cancer screening programmes (cervical, breast and bowel)	✓
PH 01c	Ensure Referral to treatment targets are achieved and minimise	U

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

PH 01a Halton is working closely with the Cheshire and Merseyside Cancer Prevention group to develop the C&M Cancer Alliance transformation funding for CURE (a secondary care based smoking cessation approach), while Halton hospitals were not successful in securing a place in the pilot, WHHT are very keen to replicate the approach and particpate in subsequent rounds; we are working closely to facilitate this.

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

The Stop Smoking Service has visited a total of 5 workplaces this quarter and delivered Lung Age readings in 4 workplaces and delivered cessation in one workplace for routine and manual groups to access support and products to quit smoking.

PH 01b We continue to work closely with the Cheshire and Merseyside Cancer Prevention Group in the development of proposals to support improvements in cancer screening uptake and awareness. Uptake of Bowel Screening continues to increase slowly though is still below target, while Cervical and Breast screening are currently achieving target there is a gradual local and national decline in uptake of these programmes.

PH 01c Data available up to the end of October identifies that the 2 week wait referral (percentage of those referred on a 2 week pathway are seen within 2 weeks) is below the target, achieving 91.4% year to date against a target of 93% Overall, year to date October 2018, we are achieving the target (85%) of individuals receiving first treatment within 62 days of referral, 86.64%.

PH 02a The Bridgewater health visitor, school nurse and Family Nurse Partnership (FNP) 0-19 service continues to deliver all the elements of the Healthy Child programme to families in Halton. Public health England are providing training to health visitors in Halton on Speech, language and communication, as part of a pilot programme. The aim of this work is to improve child development, through speech and language, which is one of the areas that child development scores are lower in Halton.

PH 02b The Family Nurse Partnership service continues to be fully operational with a full caseload and works intensively with first time, teenage mothers and their families. The annual FNP celebration event was held in December 2018, and was well attended by staff and clients. The programme has reach 112 families in the last 12 months, and undertaken 1276 visits.

PH 02c Progress has been made in many of the areas on the action plan, and an operational group is looking at refreshing the action plan to focus ensuring we achieve those areas that are ongoing, such as breastfeeding policies, social marketing campaigns and parent education sessions.

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

We are collaborating with many partners both in the community and within hospital settings to explore opportunities to develop new initiatives to improve screening for falls and promotion of preventative service.

We continue to promote and deliver the Age Well Awareness program to all front line staff which includes training on the use of the Falls Risk Assessment Tool and advising on the appropriate falls referral pathways. This training package is to be reviewed this quarter to see if it can provide more holistic information around falls as opposed to the focus of the FRAT. Work is continuing with the CCG to look at the opportunities to work closer with our Health colleagues for improving the promotion and the uptake of the Age Well exercise programme and focus more on Prevention.

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

PH 03b The 5 year strategy for Falls. 2018-2023 was presented the Older Peoples Reference Group. It will now be presented to Health and Wellbeing Board. We are continually looking at how we can streamline the referral pathway to the Falls Prevention Service with the hope to offer rehabilitative services to more people who have had a fall to prevent further falls and hospital admissions.

There continues to be separate work streams in care homes specifically around the rates of falls and whether more can be to reduce the number of falls. Equally there is a separate work stream looking at 5 particular wards within the borough that have above the national average incidents of falls. The outcomes of both of these work streams will be fed up to the appropriate boards.

We have made changes to the referral pathways for Adult Social Care staff. This has resulted in a significant increase in the number of potential referrals to the Age Well exercise Programme. Since June there have been 80 potential referrals for the Age Well service.
We have devised a new pathway with the Telehealth care team who respond to people who fall in our community. This has been activated in January 2019.

PH 04a We continue to make good progress in Halton, seeing long terms decline in the number of under 18s admitted to hospital as a result of alcohol. There is a strong partnership approach locally which is coordinating delivery of alcohol awareness campaigns, delivery of education sessions, and continuation of training for brief interventions to enable professionals to engage in alcohol interventions for people who need early help.

PH 04b Halton Health Improvement team continue to raise awareness of safe drinking recommendations and local alcohol support services within the local community through the delivery of integrated approachies, including the delivery of Audit C and alcohol brief intervention and advice through smoking cessation services, health checks and the Drink Less and Enjoy More campaign.

PH 04c We continue to monitor the delivery of the substance misuse service (CGL) in terms of outcomes and outputs with appropriate numbers of new referrals for alcohol and non-opiate related problems as well as those receiving post treatment recovery support.

PH 05a Further to the previous report, Halton continues to deliver its broad range of community and locality based programmes to promote health and wellbeing, reduce the stigma of mental health and provide training and advice on mental health and suicide. The Halton submission has been made for our application to become a Time to Change Hub and we have been successful in getting through the first round and will be making a presentation alongside our deivery partners Mind, in London later this month.

PH 05b We continue to implement the Suicide Prevention strategy and action plan

alongside our engaged partners across the Suicide Prevention Partnership. In addition we continue to engage with the wider footprint Zero Suicie work across Cheshire and Merseyside, in the process of populating the Stay Alive App with localised information as a tool for those experiencing crisis.

We are beginning the process of data collection for the 2018 Suicide audit which would be finalised within the next month or so.

Key Performance Indicators

Ref	Measure	17/18 Actual	18/19 Target	Q3	Current Progress	Direction of travel
PH LI 01	A good level of child development (% of eligible children achieving a good level of development at the end of reception)	60.9% (2016/17)	63.0% (2017/18)	Annual data only	U	
PH LI 02a	Adults achieving recommended levels of physical activity (% adults achieving 150+ minutes of physical activity)	65.2% (2016/17)	66.0% (2017/18)	Annual data only	U	
PH LI 02b	Alcohol-related admission episodes – narrow definition (Directly Standardised Rate per 100,000 population)	838.2 (2017/18) Provisional	836.0 (2018/19)	813.1 (Q3 '17/18 – Q2 '18/19) Provisional	U	
PH LI 02c	Under-18 alcohol-specific admissions (crude rate per 100,000 population)	57.8 (2015/16-2017/18) Provisional	57.0 (2016/17-2018/19)	56.6 (Q3 '16/17-Q2 '18/19) Provisional	U	
PH LI 03a	Smoking prevalence (% of adults who currently smoke)	16.6% (2016)	15.0% (2017)	15.0% (2017)	✓	
PH LI 03b	Mortality from cardiovascular disease at ages under 75 (Directly Standardised Rate per 100,000 population) *Published data*	93.6 (2015-17)	91.0 (2016-18)	89.9 (Q3 '15 – Q2 '18) Provisional	U	

	based on calendar year, please note year for targets					
PH LI 04a	Self-harm hospital admissions (Emergency admissions, all ages, directly standardised rate per 100,000 population)	337.9 (2017/18) Provisional	335.0 (2018/19)	324.3 (Q3 '17/18 – Q2 '18/19) Provisional	U	
PH LI 04b	Self-reported wellbeing: % of people with a low happiness score	12.2% (2016/17)	11.1% (2017/18)	Not yet available	U	
PH LI 05	Mortality from all cancers at ages under 75 (Directly Standardised Rate, per 100,000 population) *Published data based on calendar year, please note year for targets*	173.7 (2015-17) Provisional	173.0 (2016-18)	170.3 (Q3 '15 – Q2 '18) Provisional	U	
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 (2014-16)	17.5 (2016-18)	17.3 (2015-17) Provisional	U	
PH LI 06aii	**Female** Life expectancy at age 65 (Average number of years a person would expect to live based on contemporary mortality rates) *Published data based on 3 calendar years, please note year for targets*	19.1 (2014-16)	19.3 (2016-18)	19.2 (2015-17) Provisional	U	

PH LI 06b	Falls and injuries in the over 65s (Directly Standardised Rate, per 100,000 population; PHOF definition)	3014.9 (2017/18) Provisional	3000.0 (2018/19)	2940.8 (Q2 17/18 - Q1 18/19) Provisional	U	
PH LI 06c	Flu vaccination at age 65+ (% of eligible adults aged 65+ who received the flu vaccine, GP registered population)	74.0% (2017/18) Provisional	75.0% (2017/18)	Not yet available	U	
PH LI 07a	% of successful completions (drugs) as proportion of all treatment (18+) (Increase)	17.3% (2016/17)	Above NW average	20.8% (Nov '17 - Oct '18)		
PH LI 07b	Individuals re-presenting to drug services within 6 months of discharge (reduction)	8.9% (2016/17)	Below NW average	9.7% (Nov '17 - Oct '18)		

Supporting Commentary

PH LI 01 - Data is released annually.

PH LI 02a - Data is released annually.

PH LI 02b - Although based on provisional data, the rate to Q2 2018/19 has fallen from the end of year rate for 2017/18. Though we are below the target for the year, it is still too early to state whether the year-end target will be achieved.
Provisional figures are based on unverified data and as such caution is advised in their use.

PH LI 02c - Although based on provisional data, the rate to Q2 2018/19 has fallen from the end of year rate for 2017/18. Though we are below the target for the year, it is still too early to state whether the year-end target will be achieved.
Provisional figures are based on unverified data and as such caution is advised in their use.

PH LI 03a - Adult smoking prevalence has reduced once again and has met the target for 2017.
Data is available annually; 2018 target will be set for the Q1 2019/20 QMR.

PH LI 03b - Premature mortality from CVD has fallen to the 3-year period to the end of Q2 2018, however, it is currently too early to state whether the year-end target will be achieved.

Mortality indicators are now based on 3-year period

PH LI 04a - Although based on provisional data, the rate to Q2 2018/19 has fallen from the end of year rate for 2017/18. Though we are below the target for the year, it is still too early to state whether the year-end target will be achieved.
Provisional figures are based on unverified data and as such caution is advised in their use.

PH LI 04b - Data is available annually.

PH LI 05 - Too early to state whether the year-end target will be achieved.

Mortality indicators are now based on 3-year periods.

PH LI 06ai - Data is available annually.

PH LI 06aii - Data is available annually.

PH LI 06b - Although based on provisional data, the rate to Q2 2018/19 has fallen from the end of year rate for 2017/18. Though we are below the target for the year, it is still too early to state whether the year-end target will be achieved.
Provisional figures are based on unverified data and as such caution is advised in their use.

PH LI 06c - For 2017/18, Halton failed to meet the 75% target for flu vaccination uptake amongst those residents aged 65+. However, there was an increase in population flu vaccination coverage in this age group, from 71.5% (2016/17) to 73.7% (2017/18).

PH LI 07a - Successful completions (according to the NDTMS website) show good progress and are higher compared to the national (14.1%) and North West (14.8%) averages. The Halton percentage has increased from the same period the previous year.

PH LI 07b - Re-presentations within 6 months (according to the NDTMS website) are lower compared to the national (10.3%) and North West (10.5%) averages. However, the Halton percentage has increased from the same period the previous year.

APPENDIX: 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.*