

Health Policy & Performance Board Priority Based Report

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

1.0 Introduction

This report provides an overview of issues and progress against key service area objectives and milestones and performance targets, during the second quarter of 2019/20 for service areas within the remit of the Health Policy and Performance Board. These areas include:

- Adult Social Care (including housing operational areas)
- Public Health

2.0 Key Developments

There have been a number of developments within the second quarter which include:

Adult Social Care:

Care Homes

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

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

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

Halton Day Services

... and in other news:

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

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

Public Health

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

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

3.0 Emerging Issues

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

Adult Social Care

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

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

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

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

Public Health

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

4.0 Risk Control Measures

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

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

5.0 Progress against high priority equality actions

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





6.0 Performance Overview


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

Commissioning and Complex Care Services

Adult Social Care

Key Objectives / milestones

Ref	Milestones	Q2 Progress
1A	Monitor the effectiveness of the Better Care Fund pooled budget ensuring that budget comes out on target	
1B	Integrate social services with community health services	
1C	Continue to monitor effectiveness of changes arising from review of services and support to children and adults with Autistic Spectrum Disorder.	
1D	Continue to implement the Local Dementia Strategy, to ensure effective services are in place.	
1E	Continue to work with the 5Boroughs NHS Foundation Trust proposals to redesign pathways for people with Acute Mental Health problems and services for older people with Mental Health problems.	No data available

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

Supporting Commentary

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

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

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


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

1E. No data available

1F. No data available

3A. No data available





Key Performance Indicators





Older People:						
Ref	Measure	18/19 Actual	19/20 Target	Q2	Current Progress	Direction of travel
ASC 01	Permanent Admissions to residential and nursing care homes per 100,000 population 65+ <i>Better Care Fund performance metric</i>	623.31	TBC	TBC		N/A

ASC 02	Delayed transfers of care (delayed days) from hospital per 100,000 population. Better Care Fund performance metric	479 May 19	TBC	403 May 19		
ASC 03	Total non-elective admissions in to hospital (general & acute), all age, per 100,000 population. Better Care Fund performance metric	4952	TBC	4952		
ASC 04	Proportion of Older People (65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services (ASCOF 2B) Better Care Fund performance metric	85%	TBC	N/A	N/A	N/A

Adults with Learning and/or Physical Disabilities:

ASC 05a	Percentage of items of equipment and adaptations delivered within 5 working days (HICES)	N/A Merge d data in 18/19	97%	98%		
ASC 05b	Percentage of items of equipment and adaptations delivered within 7 working days (VI/DRC/HMS)	N/A Merge d data in 18/19	97%	44%		
ASC 06	Proportion of people in receipt of SDS (ASCOF 1C – people in receipt of long term support) (Part 1) SDS	78%	78%	72%		
ASC 07	Proportion of people in receipt of	36%	45%	34%		

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

	themselves as homeless, who approached the LA housing advice service, and for whom housing advice casework intervention resolved their situation (the number divided by the number of thousand households in the Borough)					
Safeguarding:						
ASC 15	Percentage of individuals involved in Section 42 Safeguarding Enquiries	N/A	88%	52%	N/A	N/A
ASC 16	Percentage of existing HBC Adult Social Care staff that have received Adult Safeguarding Training, including e-learning, in the last 3-years (denominator front line staff only).	61%	56%	61%		
ASC 17	The Proportion of People who use services who say that those services have made them feel safe and secure – Adult Social Care Survey (ASCOF 4B)	89%	82%	N/A	N/A	N/A
Carers:						
ASC 18	Proportion of Carers in receipt of Self Directed Support.	100%	99%	72%		
ASC 19	<i>Carer reported Quality of Life (ASCOF 1D, (this</i>	7.6%	9%	N/A	N/A	N/A

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

Supporting Commentary:

Older People:

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

ASC 02 No data available

ASC 03 No data available

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

Adults with Learning and/or Physical Disabilities:

ASC 05a Target exceeded in Q2

ASC 05b No commentary provided.

ASC 06 We are on track to meet this target.

ASC 07 We are on track to meet this target.

ASC 08 We are on track to meet this target.

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

Homelessness:

ASC 10 No data available

ASC 11 No data available

ASC 12 No data available

ASC 13 No data available

ASC 14 No data available

Safeguarding:

ASC 15 New measure, targets to be confirmed

ASC 16 No data available

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

Carers:

ASC 18 On target to meet this measure

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

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

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
















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


Public Health

Key Objectives

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

PH 05a-c	Continue to provide a wide range of services that promote positive mental health, encourage positive attitudes to mental health conditions and reduce the stigma attached to those experiencing them.
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Ref	Milestones	Q2 Progress
PH 01a	Increase the uptake of smoking cessation services and successful quits among routine and manual workers and pregnant women.	
PH 01b	Work with partners to increase uptake of the NHS cancer screening programmes (cervical, breast and bowel).	
PH 01c	Work with partners to continue to expand early diagnosis and treatment of respiratory disease including Lung Age Checks, and improving respiratory pathways.	
PH 01d	Increase the number of people achieving a healthy lifestyle in terms of physical activity, healthy eating and drinking within recommended levels.	
PH 02a	Facilitate the Healthy child programme which focusses on a universal preventative service, providing families with a programme of screening, immunisation, health and development reviews, and health, well-being and parenting advice for ages 2½ years and 5 years.	
PH 02b	Maintain and develop an enhanced offer through the 0-19 programme for families requiring additional support, For example: teenage parents (through Family Nurse Partnership), Care leavers and support (when needed) following the 2 year integrated assessment.	
PH 02c	Maintain and develop an offer for families to help their child to have a healthy weight, including encouraging breastfeeding, infant feeding support, healthy family diets, physical activity and support to families with children who are overweight.	
PH 03a	Continue to develop opportunities for older people to engage in community and social activities to reduce isolation and loneliness and promote social inclusion and activity.	
PH 03b	Review and evaluate the performance of the integrated falls pathway.	
PH 03c	Work with partners to promote the uptake and increase accessibility of flu and Pneumonia vaccinations for appropriate age groups in older age.	
PH 04a	Work in partnership to reduce the number of young people (under 18) being admitted to hospital due to alcohol.	
PH 04b	Raise awareness within the local community of safe drinking recommendations and local alcohol support services through delivering alcohol awareness campaigns, alcohol health education events across the borough and ensuring key staff are trained in alcohol identification and brief advice (alcohol IBA).	
PH 04c	Ensure those identified as having an alcohol misuse problem can access effective alcohol treatment services and recovery support in the community and within secondary care.	
PH 05a	Work with schools, parents, carers and children's centres to improve the social and emotional health of children.	
PH 05b	Implementation of the Suicide Action Plan.	

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

PH 01a Supporting commentary

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

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

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

Intermediate training has been delivered to Pharmacies during Quarter 1.

PH 01b

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

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

PH 01c Supporting commentary

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

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

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

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

PH 01d Supporting commentary

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

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

PH 02a Supporting commentary

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

PH 02b Supporting commentary

The Family Nurse Partnership service continues to be fully operational with a full caseload and works intensively with first time, teenage mothers and their families.

PH 02c Supporting commentary

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

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

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

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

PH 03a Supporting commentary

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

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

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

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

PH 03b Supporting commentary

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

PH 03c Supporting commentary

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

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

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

PH 04a Supporting commentary

Data for 2015/16-2017/18 shows the Halton rate for alcohol admissions in the under 18s has decreased slightly from the previous period.

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

PH 04b Supporting commentary

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

We are working with partner organisations to influence government policy and initiatives around alcohol: 50p minimum unit price for alcohol, restrictions of all alcohol marketing, public health as a fifth licensing objective.

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

PH 04c Supporting commentary

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

PH 05a Supporting commentary

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

PH 05b

We are in the process of analysing the first year's data from the Real Time Surveillance system, which we will assess against the 2018 Suicide Audit when completed (currently underway). The suicide prevention action plan is continuously driven forward by the suicide prevention partnership board. The plan links closely with the Cheshire and Merseyside No More Suicides strategy. A real time surveillance intelligence flow is in place which will enable faster identification of potential trends and clusters. The suicide prevention pathway for children and young people has been developed and is currently in the process of being signed off by relevant partners and boards. Champs have been successful in their C&M NHSE funded self-harm and suicide prevention application, with work due to focus on those who have died by suicide who previously self-harmed; the recently completed self-harm audit across the Champs foot print will be used to inform this new piece of work. Champs have also undertaken a bereavement service audit to identify any gaps in provision across the Champs footprint.

PH 05c Supporting commentary

The following training is available to improve early detection of mental health conditions and improve mental health and wellbeing

Training for staff who work with adults:

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













Training for staff who work with children and young people:





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

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

Key Performance Indicators

Ref	Measure	18/19 Actual	19/20 Target	Q2	Current Progress	Direction of travel
PH LI 01	A good level of child development (% of eligible children achieving a good level of development at the end of reception)	64.5% (2017/18)	66.5% (2018/19)	Annual Data		
PH LI 02a	Adults achieving recommended levels of physical activity (% of adults aged 19+ that achieve 150+ minutes of moderate intensity equivalent per week)	62.8% (2017/18)	64.2% (2018/19)	Annual Data		
PH LI 02b	Alcohol-related admission episodes – narrow definition (Directly Standardised Rate per 100,000 population)	830.2 (2017/18)	827.7 (2018/19)	862.7 (2018/19) Provisional		
PH LI 02c	Under-18 alcohol-specific admission episodes (crude rate per 100,000 population)	57.6 (2015/16-17/18)	55.6 (2016/17-2018/19)	60.9 (2016/17-2018/19)		
PH LI 03a	Smoking prevalence (% of adults who currently smoke)	15.0% (2017)	14.8% (2018)	17.9% (2018)		
PH LI 03b	Prevalence of adult obesity (% of adults estimated to be obese)	33.7% (2017/18)	33.2% (2018/19)	Annual Data		
PH LI 03c	Mortality from cardiovascular disease at ages under 75 (Directly Standardised Rate per 100,000 population) <i>Published data based on calendar year,</i>	90.4 (2016-18)*	88.9 (2017-19)	85.1 (Q3 2016 – Q2 2019)		

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

	number of years a person would expect to live based on contemporary mortality rates) <i>Published data based on 3 calendar years, please note year for targets</i>					
PH LI 05b	Emergency admissions due to injuries resulting from falls in the over 65s (Directly Standardised Rate, per 100,000 population; PHOF definition)	2937.1 (2017/18)	2900.0 (2018/19)	2998.7 (2018/19) Provisional		
PH LI 05c	Flu vaccination at age 65+ (% of eligible adults aged 65+ who received the flu vaccine, GP registered population)	73.7% (2017/18)	75.0% (2018/19)	72.0% (2018/19)		

Supporting Commentary

PH LI 01 - Data is released annually.

PH LI 02a - Data is released annually.

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

PH LI 02c - Provisional data for 2016/17-2018/19 indicates that the target was not met for alcohol-specific admissions among those aged under 18. The rate of admissions exceeded the target and was higher than the rate seen in 2017/18.

Data is provisional; published data will be released later in the year

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

PH LI 03b – Data is released annually.

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

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

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

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

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

PH LI 04b - Data is released annually.

PH LI 05ai - Data is released annually.

PH LI 05aii – Data is released annually.

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

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

APPENDIX 1 – Financial Statements

ADULT SOCIAL CARE DEPARTMENT

Revenue Budget as at 30th September 2019

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

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

Comments on the above figures

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

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

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

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

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

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

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

Capital Projects as at 30th September 2019

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

Comments on the above figures:

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

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

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

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

COMPLEX CARE POOL

Revenue Budget as at 30th September 2019

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

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

Comments on the above figures:

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

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

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

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

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

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

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

Health & Social Care –

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

HBC

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

HCCG CHC & FNC

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

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

DIRECT PAYMENTS

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

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

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

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

Pooled Budget Capital Projects as at 30th September 2019

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

Comments on the above figures:

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

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

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

PUBLIC HEALTH & PUBLIC PROTECTION DEPARTMENT

Revenue Budget as at 30th September 2019

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

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

Comments on the above figures

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

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

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

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

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

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

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

APPENDIX 2 – Explanation of Symbols

Symbols are used in the following manner:

Progress

Objective

Performance Indicator

Green



Indicates that the objective is on course to be achieved within the appropriate timeframe.

Indicates that the annual target is on course to be achieved.

Amber



Indicates that it is uncertain or too early to say at this stage, whether the milestone/objective will be achieved within the appropriate timeframe.

Indicates that it is uncertain or too early to say at this stage whether the annual target is on course to be achieved.

Red



Indicates that it is highly likely or certain that the objective will not be achieved within the appropriate timeframe.

Indicates that the target will not be achieved unless there is an intervention or remedial action taken.

Direction of Travel Indicator

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

Green



*Indicates that **performance is better** as compared to the same period last year.*

Amber



*Indicates that **performance is the same** as compared to the same period last year.*

Red



*Indicates that **performance is worse** as compared to the same period last year.*

N/A

Indicates that the measure cannot be compared to the same period last year.