



Health Policy and Performance Board

**Tuesday, 27 November 2018 at 6.30 p.m.
Council Chamber - Town Hall, Runcorn**

A handwritten signature in black ink, appearing to read "David W. R.", is positioned over a white rectangular area on a blue background. The background features a large, stylized graphic element consisting of a green curve on top and a white curve below it, both set against a blue gradient.

Chief Executive

BOARD MEMBERSHIP

Councillor Joan Lowe (Chair)	Labour
Councillor Sandra Baker (Vice-Chair)	Labour
Councillor Marjorie Bradshaw	Conservative
Councillor Lauren Cassidy	Labour
Councillor Mark Dennett	Labour
Councillor Eddie Dourley	Labour
Councillor Charlotte Gerrard	Labour
Councillor Margaret Horabin	Labour
Councillor Chris Loftus	Labour
Councillor June Roberts	Labour
Councillor Pauline Sinnott	Labour

**Please contact Ann Jones on 0151 511 8276 or e-mail
ann.jones@halton.gov.uk for further information.**

The next meeting of the Board is on Tuesday, 26 February 2019

**ITEMS TO BE DEALT WITH
IN THE PRESENCE OF THE PRESS AND PUBLIC**

Part I

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1. MINUTES	1 - 6
2. DECLARATIONS OF INTERESTS (INCLUDING PARTY WHIP DECLARATIONS)	
Members are reminded of their responsibility to declare any Disclosable Pecuniary Interest or Other Disclosable Interest which they have in any item of business on the agenda, no later than when that item is reached or as soon as the interest becomes apparent and, with Disclosable Pecuniary interests, to leave the meeting during any discussion or voting on the item.	
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In accordance with the Health and Safety at Work Act the Council is required to notify those attending meetings of the fire evacuation procedures. A copy has previously been circulated to Members and instructions are located in all rooms within the Civic block.

HEALTH POLICY AND PERFORMANCE BOARD

At a meeting of the Health Policy and Performance Board held on Tuesday, 18 September 2018 at Council Chamber - Town Hall, Runcorn

Present: Councillors J. Lowe (Chair), Baker (Vice-Chair), M. Bradshaw, Dennett, Gerrard, Horabin, C. Loftus, June Roberts, Sinnott and D. Wilson

Apologies for Absence: None

Absence declared on Council business: None

Officers present: S. Wallace-Bonner, S. Shepherd, A. Jones, L Wilson and M. Lynch

Also in attendance: Dr Andrew Davies & L. Thompson – NHS Halton CCG and C. Scales & L. Carter – Bridgewater Community Healthcare NHS Foundation Trust

**ITEMS DEALT WITH
UNDER DUTIES
EXERCISABLE BY THE BOARD**

	<i>Action</i>
HEA12 MINUTES	
	The Minutes of the meeting held on 19 June 2018 having been circulated were signed as a correct record.
HEA13 PUBLIC QUESTION TIME	
	It was confirmed that no public questions had been received.
HEA14 HEALTH AND WELLBEING MINUTES	
	The minutes of the Health and Wellbeing Board from its meeting on 28 March 2018 were presented to the Board for information.
	RESOLVED: That the minutes be noted.
HEA15 STRENGTHS BASED APPROACHES	
	The Board received an introduction to ‘strengths based approaches’ which was referred to at a presentation that was given at the last PPB meeting, ‘ <i>Everyone Early Help Strategy 2018-2021</i> ’. Members requested additional information on this approach so a report and presentation had been prepared to explain this.

It was reported that the Care Act 2014, statutory guidance for Adult Social Care, required local authorities to '*consider the person's own strengths and capabilities, and what support might be available from their wider support network or within the community to help*', in considering '*what else other than the provision of care and support might assist the person in meeting the outcomes they wanted to achieve.*' It was said that in order to do this the assessor should lead to an approach that looked at a person's life holistically, considering their needs in the context of their skills, ambitions and priorities.

Local authorities should therefore identify the individual's strengths – personal, community and social networks – and maximise those strengths to enable them to achieve their desired outcomes, thereby meeting their needs and improving or maintaining their wellbeing.

The presentation further outlined the strengths based approach to care which was received well by Members. The consensus of the Board was that the concept was good and people would be seen for who they were and what they were about, as opposed to just being service users. It was also noted that if the approach led to strengthening communities and prevention of ill health then this would form an important element of the Early Help Strategy.

RESOLVED: That the presentation be received.

Councillor Gerrard declared a Disclosable Other Interest in agenda items 5 (a), 5 (b) and 5 (e) as she was employed as a Social Worker for Cheshire West and Chester Council.

HEA16 NAMED SOCIAL WORKER PILOT

The Board received a report from the Strategic Director – People, which advised them that Halton was awarded £92,827 from the Department of Health (DoH), as one of six sites taking part in Phase 2 of the Named Social Worker Pilot (NSWP), which had been delivered within the Transition Team, between September 2017 and April 2018.

Members were advised that the Named Social Worker Pilot had been initiated by the DoH in response to the 2015 consultation 'No voice unheard, no right ignored', which sought views on strengthening the rights of people with learning disabilities, autism and mental health conditions to enable them to live more independently. It was noted that the DoH funded the Innovation Unit (a social enterprise) and the Social Care Institute for Excellence

(SCIE) to support local areas, co-ordinate the pilot and evaluate the scheme.

Officers advised that the project had built up an understanding on how having a named social worker could contribute to individuals with learning disabilities achieving better outcomes; specifically that they and their family were in control of decisions about their own future; and were supported to live with dignity and independence. The Pilot had been about trying something different, piloting new ideas and generating early and indicative evidence as to their impact.

Phases one and two of the Pilot were discussed in detail and the adoption of the Halton model. It also explained the impact of the programme had had on young people and provided case studies in appendices 1 and 2 of the report. A presentation was made to the Board which told the story of 'Peter', one of the clients of the Pilot, showing the positive effect it had made on his life. Members were advised that a review document had been developed which was attached at appendix 3.

Following Members' questions the following points were noted:

- The programme currently catered for 17 people who were distributed between 5 staff. It was noted that the social workers were not dedicated to this programme alone; it was just a part of their jobs;
- As the benefits of the NSWP were proven, one of the next steps would be to gain support for it so that it could continue. The NSWP report would be shared with the Health and Wellbeing and One Halton Boards;
- Adult Social Care was part of a housing forum that met once a month so that priority cases could be discussed;
- A named social worker would stay with and guide the young person through the process until they reached adulthood.

The Chair thanked the Officer for presenting the item and requested that an update be provided to the Board in the future.

RESOLVED: That the Board notes the report and comments made on a future Named Social Worker Pilot approach with complex cases.

HEA17 URGENT CARE CENTRES

The Board received a report which provided an update on the review of the two Urgent Care Centres (UCC's) and subsequent actions taken by NHS Halton CCG to transform these centres into Urgent Treatment Centres (UTCs), as part of the One Halton transformation of health provision in Halton. The meeting was attended by Dr Andrew Davies and Leigh Thompson from NHS Halton CCG, who presented the item.

It was reported that Urgent and Emergency Care (UEC) was one of the national service improvement priorities. In addition it was also one element of the UEC section of the NHS Five Year Forward View (FYFV) which includes the roll out of standardised new 'Urgent Treatment Centre specification.' The two UCCs in Halton were commissioned in 2015 and both providers had been delivering services based on an agreed service delivery model. It was agreed by the CCG to re-specify the services required to meet the national requirements of the proposed UTC Guidance and undertake a number of actions. These actions were explained in paragraph 3.1.1 of the report.

The report presented the case for change from the current UCC model and the proposed UTC specification. It also provided details of the interim arrangements in place from 1 October 2018 to 1 March 2019 in respect to the GP element of the Service.

Members discussed the proposals and agreed, in principle, to the changes proposed subject to the final specification being shared with the Board when it was available. It was confirmed by the NHS Halton CCG Officers that in the interim both current UCC's would have a GP service available between the hours of 12 noon and 6pm, 7 days a week.

It was agreed that another paper would come to the Board in February with an update.

RESOLVED: That the Board

- 1) notes the initial findings of the review;
- 2) notes the progress and timeline associated with the procurement process towards UTCs; and
- 3) notes and agrees the proposal in principle, to improve the consistency of GP cover at both sites, rationalising the medical cover to a specified number of hours during the times of peak demand.

HEA18 BRIDGEWATER COMMUNITY FOUNDATION TRUST: UPDATE

The Board received an update in relation to Quality Surveillance occurring at Bridgewater Community Healthcare NHS Foundation Trust (FT), as requested following the previous presentation in June 2018. The meeting was attended by Colin Scales and Lynne Cater, from Bridgewater Community Health Care NHS FT Trust, who presented the item.

It was noted that the Board received assurance in June 2018 concerning the Quality Surveillance timeline from January 2018 through to June 2018, and were aware that NHS Halton CCG undertook both a monthly contract review meeting and a clinical quality performance meeting as part of NHS Standard Contractual requirements, alongside system surveillance.

Members were provided with a specific update in relation to the Paediatric Services at Woodview Child Development Centre, which had been taking place as part of the Quality Surveillance work.

The following additional information was noted by Members:

- There was a long wait for services; this was explained;
- Communication with parents had been difficult leading to a problem in keeping them up to date;
- A total of 143 families had now been consulted with;
- All families now had a care co-ordinator; and
- A new administration co-ordinator was now in place;

Mr Scales advised the Board that he would be happy to return with a further report in the future, to present the outcome of the CQC review.

RESOLVED: That the Board receive and note the contents of the report.

HEA19 ADULT SOCIAL CARE PERFORMANCE 2017/18

The Board received a report that presented information on the Adult Social Care performance data for 2017-18.

It was reported that the Adult Social Care Outcomes Framework measures were developed by the Department of

Health and Social Care (DHSC), the Association of Directors of Adult Social Services (ADASS), and the Local Government Association (LGA).

It was noted that the Adult Social Care Outcomes Framework (ASCOF) was used both locally and nationally to set priorities for care and support, measure progress and strengthen transparency and accountability. The key roles of the ASCOF were outlined in the report and Members were referred to the ASCOF measures in Appendix 1.

It was reported that the 2017-18 data had yet to be published, however benchmarking data was collated on a quarterly basis and utilised by NWADASS sector lead improvement board to benchmark North West authorities, Appendix 3 showed the Q4 comparison for Halton for 2017-18. Appendix 2 provided the estimated benchmark information for 2017-18 and how Halton performed in comparison with other North West Authorities.

RESOLVED: That the Board notes the report and appendices.

**HEA20 PERFORMANCE MANAGEMENT REPORTS, QUARTER 1
2018/19**

The Board received the Performance Management Reports for Quarter 1 of 2018-19.

Members were advised that the report introduced, through the submission of a structured thematic performance report, the progress of key performance indicators, milestones and targets relating to health in Quarter 1, which included a description of factors which were affecting the service.

The Board considered the progress and performance information provided and was happy to receive this, noting that the projected overspend in the Complex Care Pool budget was £1m. Members received assurances, particularly from NHS Halton CCG, that there would be a balanced budget on the pooled budget by the end of the financial year.

RESOLVED: That the Quarter 1 priority based performance management reports be received.

Meeting ended at 8.15 p.m.

REPORT TO: Health Policy & Performance Board

DATE: 27 November 2018

REPORTING OFFICER: Strategic Director, Enterprise, Community & Resources

SUBJECT: Public Question Time

WARD(s): Borough-wide

1.0 PURPOSE OF REPORT

- 1.1 To consider any questions submitted by the Public in accordance with Standing Order 34(9).
- 1.2 Details of any questions received will be circulated at the meeting.

2.0 RECOMMENDED: That any questions received be dealt with.

3.0 SUPPORTING INFORMATION

- 3.1 Standing Order 34(9) states that Public Questions shall be dealt with as follows:-

- (i) A total of 30 minutes will be allocated for dealing with questions from members of the public who are residents of the Borough, to ask questions at meetings of the Policy and Performance Boards.
- (ii) Members of the public can ask questions on any matter relating to the agenda.
- (iii) Members of the public can ask questions. Written notice of questions must be given by 4.00 pm on the working day prior to the date of the meeting to the Committee Services Manager. At any one meeting no person/organisation may submit more than one question.
- (iv) One supplementary question (relating to the original question) may be asked by the questioner, which may or may not be answered at the meeting.
- (v) The Chair or proper officer may reject a question if it:-
 - Is not about a matter for which the local authority has a responsibility or which affects the Borough;
 - Is defamatory, frivolous, offensive, abusive or racist;
 - Is substantially the same as a question which has been put at a meeting of the Council in the past six months; or

- Requires the disclosure of confidential or exempt information.
- (vi) In the interests of natural justice, public questions cannot relate to a planning or licensing application or to any matter which is not dealt with in the public part of a meeting.
- (vii) The Chair will ask for people to indicate that they wish to ask a question.
- (viii) **PLEASE NOTE** that the maximum amount of time each questioner will be allowed is 3 minutes.
- (ix) If you do not receive a response at the meeting, a Council Officer will ask for your name and address and make sure that you receive a written response.

Please bear in mind that public question time lasts for a maximum of 30 minutes. To help in making the most of this opportunity to speak:-

- Please keep your questions as concise as possible.
- Please do not repeat or make statements on earlier questions as this reduces the time available for other issues to be raised.
- Please note public question time is not intended for debate – issues raised will be responded to either at the meeting or in writing at a later date.

4.0 POLICY IMPLICATIONS

None.

5.0 OTHER IMPLICATIONS

None.

6.0 IMPLICATIONS FOR THE COUNCIL'S PRIORITIES

- 6.1 **Children and Young People in Halton** - none.
- 6.2 **Employment, Learning and Skills in Halton** - none.
- 6.3 **A Healthy Halton** – none.
- 6.4 **A Safer Halton** – none.
- 6.5 **Halton's Urban Renewal** – none.

7.0 EQUALITY AND DIVERSITY ISSUES

7.1 None.

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

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

REPORT TO: Health Policy and Performance Board

DATE: 27 November 2018

REPORTING OFFICER: Chief Executive

SUBJECT: Health and Wellbeing minutes

WARD(s): Boroughwide

1.0 PURPOSE OF REPORT

- 1.1 The minutes of the Health and Wellbeing Board meeting held on 4 July 2018 are attached at Appendix 1 for information.

2.0 RECOMMENDATION: That the Minutes be noted.

3.0 POLICY IMPLICATIONS

- 3.1 None.

4.0 OTHER IMPLICATIONS

- 4.1 None.

5.0 IMPLICATIONS FOR THE COUNCIL'S PRIORITIES

5.1 Children and Young People in Halton

None

5.2 Employment, Learning and Skills in Halton

None

5.3 A Healthy Halton

None

5.4 A Safer Halton

None

5.5 Halton's Urban Renewal

None

6.0 RISK ANALYSIS

6.1 None.

7.0 EQUALITY AND DIVERSITY ISSUES

7.1 None.

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

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

HEALTH AND WELLBEING BOARD

At a meeting of the Health and Wellbeing Board on Wednesday, 4 July 2018 at Halton Suite, Halton Security Stadium

Present: Councillors Polhill (Chair) and Wright and N. Atkin, P. Cooke, R. Cooper, G. Ferguson, L Gardner, E. O'Meara, L. Maloney, A. McIntyre, D. Nolan, B. Page, K. Parker, D. Parr, S. Semoff, R. Strachan, L. Thompson, C. Williams and S. Yeoman.

Apologies for Absence: Councillors T. McInerney and Woolfall and Dr D. Lyons, M. Pickup, S. Ellis, A. Fairclough, M. Larking, A. Williamson and T. Hemming.

Absence declared on Council business: None

Also in attendance: Councillor Wall and one member of the public.

ITEM DEALT WITH UNDER DUTIES EXERCISABLE BY THE BOARD

	<i>Action</i>
HWB1 MINUTES OF LAST MEETING	<p>The Minutes of the meeting held on 28th March 2018 having been circulated were signed as a correct record.</p>
HWB2 ONE HALTON PREVENTION FRAMEWORK AND MODEL	<p>The Board considered a report of the Director of Public Health, which provided Members with a final version of the One Halton Population Health Framework and Model. The Framework had been developed in conjunction with Cheshire and Merseyside Health and Care Partnership Prevention Board, Public Health England (PHE), Halton Borough Council, NHS Halton CCG, NHS providers, the voluntary sector and third sector and sought to support the delivery of the prevention challenge.</p> <p>Arising from the discussion, it was suggested that application and grant processes for all public funded community programmes should include a requirement for the organisation to adhere to basic safeguarding requirements for children and young people and vulnerable adults. This should include consideration of the inclusion of</p>

the cost of safeguarding training in the funding requirement.

It was noted that Safeguarding Boards could provide basic self-audit tools and signpost organisations to appropriate Safeguarding Procedure and Policy guidance templates; as well as access to e-learning resources and local Safeguarding Boards training provision.

RESOLVED: That the One Halton Framework and Model be endorsed.

HWB3 ONE HALTON TRANSFORMATIONAL POPULATION HEALTH PROGRAMMES 2018

The Board considered a report which provided details of the six transformational population health programmes. The six programmes would support delivery of the One Halton Health and Wellbeing Strategy 2017-2022 and inform collaborative action for the Council, NHS, Social Care, Public Health and other key partners as appropriate.

It was noted that action plans for the six programmes would be developed and brought back to the Board.

Director of Public Health

RESOLVED: That the proposed transformational population health programmes be noted.

HWB4 EVERYONE EARLY HELP STRATEGY 2018-2021

The Board received a report from the Strategic Director – People, which presented the new *Everyone Early Help Strategy* that combined children, adults and public health. The draft document was appended to the report.

It was reported that services to support children, families and vulnerable adults were facing unprecedented challenges. It was clear that early help and prevention services should make up the cornerstone of any delivery model. If low-level needs could be prevented from developing into more serious or acute needs, then this was advantageous to both the provider and service user. It was noted that effective early help and prevention could not only increase independence, improve outcomes and the quality of life for individuals, but also provide a financial return to the Local Authority in the form of cost avoidance and a reduction in the use of more expensive, acute resources.

Members were advised that this transformation in thinking was about undertaking a whole system review of the approach to early help and prevention, with a focus on

increasing the resilience of communities and their potential to help themselves, supported by a planned prioritisation of resources, integration, collaboration and understanding the benefits that early help could have on a wide range of longer term outcomes for everyone involved.

The report advised of Halton's approach to early help and prevention where there had been a long standing commitment across all agencies and strategic partners. It was noted that the Council had restructured in 2016-17 to combine the adult and children directorates to create the People Directorate. Following this it was agreed to create a new joint early help strategy that would sit across the new People Directorate. The report continued discussing the five key aims of the Strategy, and then the three priorities within the Strategy that all agencies would work towards to help further embed early help principles.

Arising from the discussion it was agreed that the details of a clinician representative for the Early Intervention Partnership Board would be forwarded to the Council.

L. Thompson

RESOLVED: That the Board support the implementation of the Strategy.

HWB5 PERSONS/PEOPLE IN A POSITION OF TRUST (PIPOT)

The Board considered a report of the Director of Adult Social Services, which advised that The Care Act 2014 required that partner agencies and their commissioners of services should have clear recordings and information sharing guidance, set explicit time timescales for action and were aware of the need to preserve evidence. The North West Policy for managing concerns around people in positions of trust with adults who have care and support needs, had been previously circulated to Members of the Board and built upon existing relevant statutory provision. The document provided an overarching policy for the North West region and was ratified by the North West ADASS Regional Safeguarding Group.

RESOLVED: That the Policy be noted and adopted.

HWB6 WORK PLACE HEALTH & TIME TO CHANGE EMPLOYER PLEDGE

The Board considered a report of the Director of Public Health, which provided an update on work undertaken across the Borough to improve workplace health, and to encourage the Council to sign up to the "Time

to Change" Employer Pledge.

The Board was advised that over the past eighteen months, the Health Improvement Team had rolled out a comprehensive Workplace Health Programme (the Programme) to local businesses across Halton. Depending on the needs of individuals and businesses, a tailored package of support for businesses, including a review of health policies, health checks, smoking cessation and health awareness events, was established. It was reported that the next phase of the Programme would be to work with local businesses to further improve their mental health offer and support them to undertake the "Time to Change" Employer's Pledge.

Time to Change was the leading national social movement aimed at improving public attitudes and behaviour towards people with mental health problems. Time to Change provided support to employers to develop an action plan to get employees to talk about mental health. An action plan for Halton Borough Council would provide support in a number of key areas, as detailed in the report. It was proposed that a small working group be established to develop and drive the Time to Change Employer Pledge action plan. It was noted that an example of some key actions were set out in Appendix 1, attached to the report.

RESOLVED: That

- 1) the report be noted; and
- 2) the Board approve participation in the Time to Change Employer Pledge.

HWB7 ADULT SOCIAL CARE FUNDING – IMPROVED BETTER CARE FUND (IBCF) ALLOCATION 2018/19

The Board considered a report of the Director of Adult Social Services regarding Adult Social Care Funding allocation 2018/19.

In the Spring 2017 budget, the Chancellor announced an additional £2 billion of new funding for Councils in England, over a three year period, to spend on adult social care services. This was recognised as an important step towards closing the gap in Government funding for adult social care ahead of the expected publication of the Green Paper on future sustainability of the sector.

The report set out details of the proposed allocations

for Board approval, many of which commenced in 2017/18 and were expected to continue into 2018/19. It was reported that due to the short term nature of this additional funding, the schemes would be kept under review in respect of the outcomes and financial impact achieved.

RESOLVED: That the Board notes the contents of the report and supports the allocations as outlined in the report.

HWB8 CARE QUALITY COMMISSION (CQC) - LOCAL SYSTEM REVIEW (LSR) OF HEALTH & SOCIAL CARE IN HALTON: ACTION PLAN FINAL UPDATE

The Board was advised that following the Care Quality Commission (CQC) – Local System Review (LSR) of Health and Social Care in Halton, an Action Plan had been developed. Members received an update on the Action Plan and noted that any ongoing actions were being managed through existing governance structures.

RESOLVED: That the contents of the report and associated appendix be noted.

Meeting ended at 2.45 pm

REPORT TO: Health Policy and Performance Board

DATE: 27th November 2018

REPORTING OFFICER: Strategic Director, People

PORTFOLIO: Health and Wellbeing

SUBJECT: Dementia - Alzheimer's Society

WARD(S) Borough-wide

1.0 PURPOSE OF THE REPORT

- 1.1 To provide the Board with an awareness of dementia, its impact on people's lives and the provision provided by the Alzheimer's Society in Halton.

2.0 RECOMMENDATION: That:

- i) The report and presentation be noted

3.0 SUPPORTING INFORMATION

- 3.1 The term 'dementia' describes a set of symptoms which include loss of memory, mood changes, and problems with communication and reasoning. These symptoms occur when the brain is damaged by certain diseases, including Alzheimer's disease and damage caused by a series of small strokes. There are over 100 sub types of dementia.
- 3.2 Although dementia can affect adults at any age, it is most common in older people becoming more prevalent with increasing age. However, this does not mean it is a natural part of the ageing process or inevitable for all older people.
- 3.3 According to the Alzheimer's Society, there are over 800,000 people in the UK with dementia. One in three people over the age of 65 will develop dementia, and two thirds of people with dementia are women. It is estimated that by 2021, the number of people with dementia in the UK will have increased to around 1 million.
- 3.4 Current estimates show that in Halton approximately 70% of the people estimated to have dementia have been diagnosed. In 2009/10 this figure stood at less than half of people estimated to be living with dementia having a diagnosis (46%). Improvements in diagnosis rates have been reached through concerted efforts from all stakeholders to increase awareness, prioritise diagnosis within primary care and improvements in post diagnosis care and support encouraging people who are concerned about their memory to come forward.

- 3.5 Dementia is a progressive disease and there is currently no cure; however a diagnosis may enable care and support to be put in place to manage symptoms or even slow the progression for certain types of dementia. People, and their families, can be supported make informed decisions about future care and support needs whilst they have capacity, and can be enabled to live well with dementia for as long as possible.
- 3.6 People in Halton with a diagnosis of dementia are supported by the 'Post Diagnosis Dementia Community Pathway'. Halton Alzheimer's Society are the lead provider.
- 3.7 Alzheimer's Society work with key stakeholders, including Age UK Mid Mersey, Halton Carers' Centre and Admiral Nurse service, to provide a range of community based information, activities and navigation support in line with the NHS North West Coast Strategic Clinical Network for Dementia 'community pathway model'.

Key features of the pathway:

- 3.8 **A single point of access** that includes a comprehensive assessment of need that identifies an appropriate route through the pathway for the individual and their family/carers.
- 3.9 **A named Dementia Care Advisor/Support Worker** so that people know who to contact if they require information on what support and activities are available, and how to access them. The advisor/support worker provides navigation support through the health and social care system and the universal and dementia specific voluntary sector support.
- 3.10 **Ongoing, regular review, or follow up if the service is not taken up at the point of diagnosis.** People have their needs assessed at regular intervals, and pathway support plans updated to meet their changing needs. People who are not actively engaged in the pathway know that they can access the pathway support at a time that suits them
- 3.11 Alzheimer's Society manages the pathway with a focus being on easy access to a seamless support service for people living with dementia, and their carers. They oversee the quality of provision along the pathway from pre-diagnosis right the way through to end of life, to ensure that services meet the needs of people living with dementia, and their carers, to enable them to live well with dementia in the community.

4.0 POLICY IMPLICATIONS

- 4.1 Halton's Post Diagnosis Community Pathway is consistent with recommendations from the NHS North West Coast Strategic Clinical Network for Dementia, which advises CCGs/Local Authorities on best / evidence based practice models.
- 4.2 The pathway 'offer' to Halton residents is also reflective of NICE guidelines for support for people living with dementia, and their carers.

5.0 OTHER/FINANCIAL IMPLICATIONS

- 5.1 None identified at this time.

6.0 IMPLICATIONS FOR THE COUNCIL'S PRIORITIES

6.1 Children & Young People in Halton
None identified

6.2 Employment, Learning & Skills in Halton
None identified

6.3 A Healthy Halton

The provision of community services to enable people to live well with dementia in the community has a direct impact on the health and wellbeing outcomes of people with a dementia diagnosis, and their families and carers.

6.4 A Safer Halton

Information and support provided through the pathway provision may impact on people's ability to live safely within the community.

6.5 Halton's Urban Renewal
None identified

7.0 RISK ANALYSIS

- 7.1 None identified at this time

8.0 EQUALITY AND DIVERSITY ISSUES

- 8.1 None identified

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

- 9.1 None under the meaning of the Act.

The Dementia Challenge

Page 20

Michael Chick

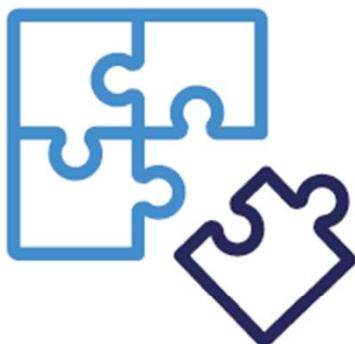
Regional Public
Affairs and
Campaigns
Manager



What is dementia?



Dementia is caused by
diseases of the brain



Dementia is not just about
losing your memory. It can
affect the way you think,
behave, speak, perceive
things and feel



People can still **live well**
with dementia

65
↓

Dementia is not a natural
part of ageing. Over 40,000
people under 65 in the UK
have dementia

Key statistics on dementia



One in three people born today will develop dementia



Every three minutes someone in the UK develops dementia



By 2021, **one million people** will be living with dementia in the UK



Dementia is now the **UK's biggest killer**

What is the impact of dementia?



Every year, dementia costs the UK an eye watering **£26.3 billion** – nearly twice that of cancer

40% of people with dementia felt lonely recently and **34%** do not feel part of their community

How quickly dementia progresses depends on the individual. Each person is unique and experiences dementia in their own way.

The way people experience dementia depends on many factors, including physical make-up, emotional resilience and the support available to them.

What does Alzheimer's Society do?

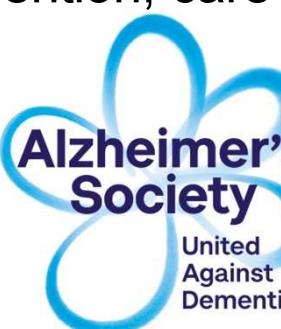
5

Alzheimer's Society is the UK's leading support and research charity for people with dementia, their families and carers.

The Society:

- Provides information and support to people with dementia and the carers through publications, National Dementia Helpline, website and around 3,000 local services.
- Campaigns for better quality of life for people living with dementia and their carers and a greater understanding of dementia.
- Supports health and social care professionals by delivering high quality education, resources and training.
- Funds innovative research in the areas of cause, prevention, care and cure.

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What does Alzheimer's Society do in Halton?

In Halton Alzheimer's Society provides a comprehensive Dementia Support Service:

- Expert dementia advisers offer information and practical guidance on dementia.
- Helps people to cope with day-to-day challenges.
- Provides information on how to prepare for the future.
- The service is over the phone or face to face.
- Service users are referred into the service by Memory Assessment Centres.

Fix Dementia Care



Findings

- People face catastrophic costs for their care and support, which they wouldn't be expected to pay if they had another medical condition.
- People struggle to access the vital care they need.
- Once people affected by dementia get support, their care is often poor quality.

Campaign calls to Government

- **Cost** - The cost of extra care charges for a health condition such as dementia must be covered by the state.
- **Quality** - All health and social care workers must be given the training and support they need to deliver quality dementia care.
- **Access** - Everyone with dementia should have a care navigator to support access to timely, preventative and integrated support.

How can Alzheimer's Society help to reach more people?

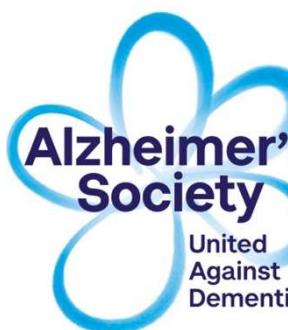
8

Alzheimer's Society's mission is to transform the landscape of dementia forever. In our new strategy, the New Deal on Dementia, we want to be available to every person who receives a diagnosis.

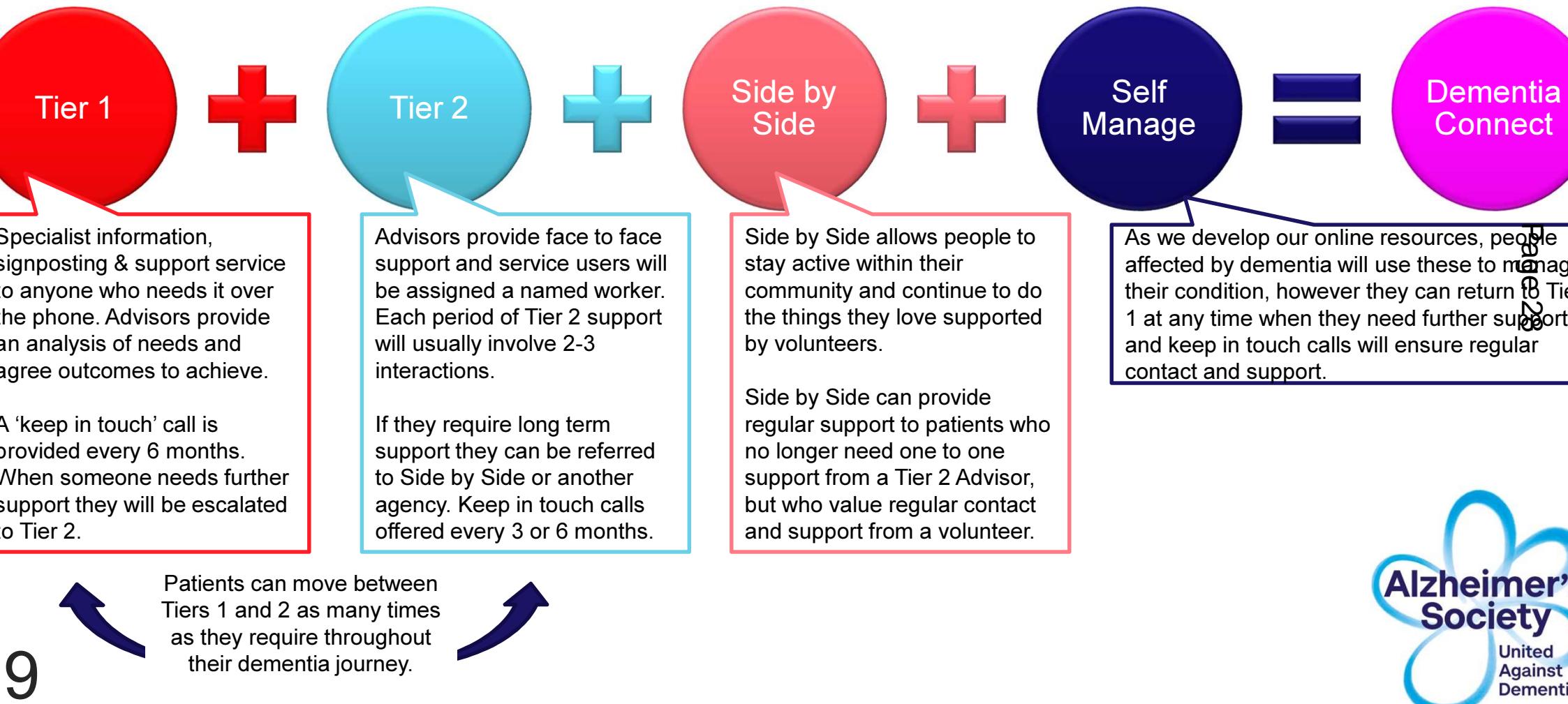
We want everyone affected by dementia to know that, whatever you are going through wherever you are, you can turn to Alzheimer's Society for support, help and advice.

Until we find a cure, we will strive to create a society where those affected by dementia are supported, accepted and able to live in their community without fear or prejudice.

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What is Dementia Connect?



Thank you

For more information please contact

Michael Chick

Regional Public Affairs and Campaigns Manager
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Services Manager

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REPORT TO: Health Policy & Performance Board

DATE: 27th November 2018

REPORTING OFFICER: Strategic Director, People

PORTFOLIO: Physical Environment

SUBJECT: Fortunatus Housing

WARD(S) Borough-wide

1.0 PURPOSE OF THE REPORT

1.1 To advise the Board about Fortunatus Housing and their work in Halton.

2.0 RECOMMENDATION: That:

i) The Board note the contents of the report and associated presentation

3.0 SUPPORTING INFORMATION

3.1 Fortunatus Housing is a Northwest based registered charity providing supported accommodation for vulnerable adults with mental health problems and/or learning disabilities who are unable to access social housing.

They currently accommodate and support 41 people in tenancies in Halton, and they have a further 6 people on their waiting list.

3.2 Fortunatus have a robust referral assessment process, with all referrals coming from health and social care services.

As part of their assessment, Fortunatus consider a number of factors including:

- Vulnerabilities, support needs and social history
- Ongoing support needed to maintain their tenancy
- How they can support the individual to give them a better quality of life
- Accommodation requirements, type of property, location including any areas to be avoided
- Their capacity to support the individual

3.3 Fortunatus supply good quality accommodation. They have a professionally qualified Property and Lettings Manager who quality assures all tenancies and undertakes safety checks including gas, electric, energy efficiency and ensures smoke alarms fitted.

She also undertakes annual housing maintenance visits. This has recently been completed for all Halton tenancies.

Fortunatus have an out of hours service to make properties safe and secure, other calls received via this service will be referred to the relevant duty team and followed up by Support Workers the following day.

- 3.4 All tenants receive person centred support, and receive weekly visits from their designated Support Worker. Tenants also have designated Maintenance Officers to ensure consistency, make every contact count and to allow relationships to be established.

4.0 POLICY IMPLICATIONS

- 4.1 None

5.0 OTHER/FINANCIAL IMPLICATIONS

- 5.1 None, funding is through housing benefit.

6.0 IMPLICATIONS FOR THE COUNCIL'S PRIORITIES

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

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

- 6.3 **A Healthy Halton**
Fortunatus work with an ethos of mindfulness, wellbeing and positive thinking. They have established links with health and social care services in Halton.

- 6.4 **A Safer Halton**
Fortunatus provide good quality accommodation for vulnerable adults who cannot be accommodated within social housing provision, and work closely with partner agencies including the police to sustain people in their tenancies.

- 6.5 **Halton's Urban Renewal**
None.

7.0 RISK ANALYSIS

- 7.1 None.

8.0 EQUALITY AND DIVERSITY ISSUES

- 8.1 None identified.

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

9.1 None under the meaning the Act.

Fortunatus Housing Solutions



CHARITY NO: 1144246

Who are we?

- A registered charity founded in 2011
- A housing provider that does over and above a ‘normal’ landlord
- Funded by Housing Benefits in line with specified accommodation regulations (will continue beyond 2020)
- Housing Related Support (Intensive Housing Management)
- Team of Housing Support Staff and Maintenance Engineers
- Management Team
- Board of Trustees

Funding

- Funded by Housing Benefits as long as criteria are met (expand)
- Core Rent + Eligible Service Charge
- Funded by 8 local authorities in the North West
- Referrals for housing received by NHS Mental Health Teams and ASCH (work with other teams in some LAs) – the diagnosis and need for help comes from the referrer
- Our robust referral form will pick up:
 - Vulnerability
 - Lack of alternative accommodation
 - Need of tenancy support ongoing (not short-term) to successfully live in the community
 - History of failed tenancies
 - History of damaged to properties and often excluded from general social housing

Changes to Funding

- Was going to be administered by Universal Credit
- Lengthy consultation has reversed this decision
- Will still be administered by Housing Benefit Managers
- Maybe an accreditation framework? I have suggested this nationally
- Maybe a change to eligible service charges?
- All up for discussion prior to 2021

What are we doing?

- Value for Money Data to inform decision-making in Local Authorities and borough wide, to produce reports and data for both Fortunatus and Local Authorities
- From 2018 -Recording of Income Maximisation amongst tenants
- Work with Housing Benefit Teams, ASCH and Mental Health Teams in 8 Local Authorities
- Work with Police in all areas (expand)
- Work with councilors (expand)
- Work with neighbours and communities (expand)

Contact Details

- www.fortunatushousing.co.uk
- office@fortunatus.co.uk
- 01925 575601
- Fortunatus Housing Solutions, 9 Colville Court, Winwick Quay, Warrington. WA2 8QT

REPORT TO: Health Policy & Performance Board

DATE: 27th November 2018

REPORTING OFFICER: Strategic Director, People

PORTFOLIO: Health & Wellbeing

SUBJECT: Stroke Service

WARD(S) Borough-wide

1.0 PURPOSE OF THE REPORT

1.1 To update the Board on the status of the realignment of Stroke services across the Mid-Mersey health economy

2.0 RECOMMENDATION: That:

- i) The Board note that phase 1 of the service reconfiguration has been implemented successfully; and
- ii) Phase 2, to transfer all stroke cases to St Helens and Knowsley Hospital has been delayed, until capacity has been confirmed to ensure patients can be managed effectively.

3.0 SUPPORTING INFORMATION

3.1 Phase 1 of the reconfiguration has been implemented and all patients who are still within the window of opportunity for thrombolysis, within 4 hours of onset, are conveyed to St Helens and Knowsley Hospital for treatment. Patients who are post 4 hours from onset and not suitable for thrombolysis will be conveyed to their local hospital.

3.2 The clinical teams have agreed four elements of the clinical pathways;

- Hyperacute (HASU) – to be based at Whiston Hospital
- Acute rehabilitation (ASU) – provided by both St Helens and Knowsley Hospitals and Warrington and Halton Hospitals
- Intermediate care – provided both with both acute providers and in community facilities
- Community care – provided by Bridgewater Community

There is an agreed principle that the HASU phase should be completed within 72 hours and patients should be transferred to ASU, with up to an additional 48 hours for complex patients.

- 3.3 The service was aiming to go live with the phase 2 element of the service from October 2018, but this has been delayed as the requirements for additional capacity is confirmed for both units and the ambulance service. A report is being prepared for the Mid Mersey CCG Joint Committee to present the case for investment in capacity.
- 3.4 The ability of the Trusts to ring-fence stroke beds has been a problem due to the level of demand for medical admissions. Both Trusts are working on solutions to be prepared for the increased pressure of the winter period.
- 3.5 After the implementation of Phase 2 and the transfer of all new stroke patients to the hyperacute unit at Whiston, Warrington Hospital will be able to focus their provision on providing acute rehabilitation to any patients repatriated to their unit following the hyperacute element of their care.

4.0 POLICY IMPLICATIONS

- 4.1 The delay in the implementation of Phase 2 for the programme has not disrupted the longer term plan for a single stroke service for the Mid-Mersey economy with beds and staff being managed across the two sites collaboratively.

5.0 OTHER/FINANCIAL IMPLICATIONS

- 5.1 There is an expectation that there will be a requirement for additional beds at both sites and additional patient transport capacity in order to fully implement the reconfiguration.
- 5.2 The cost of the additional capacity will need to be considered in context to the affordability and the clinical benefits for the system.

6.0 IMPLICATIONS FOR THE COUNCIL'S PRIORITIES

- 6.1 **Children & Young People in Halton** – none anticipated
- 6.2 **Employment, Learning & Skills in Halton** – none anticipated
- 6.3 **A Healthy Halton** – following the reconfiguration of service any patients experiencing a stroke will have equal access to a high quality stroke service to improve their chances of survival, recovery and rehabilitation
- 6.4 **A Safer Halton** – none anticipated
- 6.5 **Halton's Urban Renewal** – none anticipated

7.0 RISK ANALYSIS

- 7.1 The risks to the system for the reconfiguration is being managed within the Mid-Mersey Stroke Board and are being assessed and mitigated before and service changes are made.

8.0 EQUALITY AND DIVERSITY ISSUES

- 8.1 An equality and diversity assessment has previously been undertaken as part of the wider engagement programme for the reconfiguration.

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

- 9.1 None under the meaning of the Act.

REPORT TO: Health Policy & Performance Board

DATE: 27th November 2018

REPORTING OFFICER: Chief Commissioner, NHS Halton CCG

PORTFOLIO: Commissioning

SUBJECT: IAPT update

WARD(S) Borough-wide

1.0 PURPOSE OF THE REPORT

- 1.1 To update the Board on the status of the delivery and performance of NHS Halton IAPT Service/ Think Wellbeing Service

2.0 RECOMMENDATION: That:

- i) The Board note the contents.

3.0 SUPPORTING INFORMATION

- 3.1 One in four people in England are affected by common mental health problems such as anxiety and depression. There is considerable evidence for the use of psychological therapies as an effective treatment for many mental health problems.

Improving access to psychological Therapies (IAPT) is a national NHS programme being rolled out across England. The 5 Year Forward View for Mental Health outlines the stretched targets for access.

The aim of the programme is to develop local talking therapy services that offer treatments for depression and anxiety disorders, as per the guidance from the National Institute for Health and Clinical Excellence (NICE), across England.

Staffing consists of High Intensity Therapist (HITS) and Psychological Wellbeing Practitioners (PWPs) who deliver NICE – approved interventions to people with depression and/or anxiety disorders in a system of stepped care.

IAPT offers increased access to NICE approved treatments for people with depression and anxiety disorders by delivering:

- Trained, competent workforce;
- Implementing quality standards (recovery, choice, equity);
- Routine monitoring of patient reported outcome measures;
- Defined care pathways in a stepped care model

3.2 Update

There is a national requirement to increase the numbers of people accessing IAPT compliant therapies year on year to an eventual target of 25% of the eligible population in 2021 (the one in four). The main targets for the service are:

- Treatment starts within 6 weeks of referral for 75% of clients;
- Treatment starts within 18 weeks for 100% of clients;
- 50% of clients achieve recovery (as determined by scores on GAD 7 and PHQ9 questionnaires);
- Prevalence target of 19% of eligible population accessing support to be achieved in 2018/19, 22% in 2019/20, 25% in 2020/21

The local service was re-procured and the tender awarded to North West Boroughs Foundation Mental Health Trust in August 2014. The service has further developed their service model as from October 2017 in order to ensure sufficient capacity is available to meet the demand for timely intervention by the service.

At the same time the service changed its name to Halton Think Wellbeing Service as this was a better indicator of what the service was about and trying to deliver, rather than Halton IAPT which had little relevance for local people.

The service now offers longer initial face to face assessments to better understand the issues facing clients so they can better identify the types of therapy that will be most beneficial. This longer initial face to face assessment has reduced the Did Not Attend (DNA) rates within the service. Therapies are offered at Step 2 and Step 3 levels. Step 4 IAPT is part of the secondary care provision in mainstream mental health services. The Step 2 programme usually lasts for 6 sessions and the Step 3 programme 12 sessions although this is not a rigid figure.

All clients are offered the opportunity to engage in group based therapies or an online programme (Silver cloud) initially. If a group based intervention is not appropriate e.g. if a person presents with social anxieties, does not have English as a first language etc. then individual one to one therapy is available. Clients who complete the Step 2 programme but who have not reached recovery can then be offered Step 3 interventions which are always on a one to one basis. The groups are held on a rolling programme basis at venues across the borough in both Widnes and Runcorn which enables clients to be booked into a group within 3-4 weeks of their initial appointment. If a specific venue/time slot or one to one therapy is required the waiting time can be longer. Recovery is defined by achieving a specific score on the assessment questionnaires. However many people whilst not achieving 'recovery' as per the definition still achieve reliable improvements in their mental health and the service achieves an average of 67% reliable improvement.

The service moved to a self-referral model in 2017 to make access to support easier and service users do not need to go to their GP first.

Performance

The access and prevalence targets are closely monitored via NHS England and achievement of the targets forms part of the Assurance Framework for the CCG. There are regular monthly contract meetings when the service is discussed and any operational issues identified. There is a comprehensive performance framework which is updated monthly for the contract meeting.

The service has delivered on the access and recovery targets for 2016/17 and 2017/18. The stretched access target for 2018/19 remains a challenge for the service and so in order to increase capacity they have entered into a working arrangement with Well Being Enterprises CIC who also provide a programme of group based/wellbeing interventions which are IAPT compliant and it is anticipated that this additional capacity and availability via a third sector organisation will help achieve the overall target.

Works is ongoing with primary care to source clients and facilitate access to support by placing IAPT/Think Wellbeing therapists within General Practice. The service is also working with the Diabetes Education programme provider to become part of the education programme as it is acknowledged that people with long term condition often have associated mental health issues. The service

also works with the Pulmonary Rehabilitation Programme and the Cardiac Rehabilitation Programme to ensure people with long term conditions know about the service and can access support.

The service is subject to seasonal variation which brings challenges to service delivery and so monitoring of the targets is continuous. The prevalence target has been broken down into 3 month rolling quarters and there is an expectation that the final rolling quarter of Jan-March 2018 will deliver the required access figure of 786 clients accessing the service which equates to 4.75%.

The service has managed to achieve the required targets for the rolling quarters up to September when the latest data was available. However the target remains a challenge given that there will be the Christmas and New Year holidays when groups may not be held – or DNA rates increase due to the holiday period. The service is trying to factor in these seasonal variations and have produced an action plan which is monitored at the regular contract meetings.

4.0 POLICY IMPLICATIONS

4.1 None.

5.0 OTHER/FINANCIAL IMPLICATIONS

5.1 There is a possibility that the CCG will need to invest into the service in 2019/20 and/or 2020/2021 to enable the service to meet the stretched targets

6.0 IMPLICATIONS FOR THE COUNCIL'S PRIORITIES

6.1 Children & Young People in Halton – none anticipated

6.2 Employment, Learning & Skills in Halton – none anticipated

6.3 A Healthy Halton – none anticipated

6.4 A Safer Halton – none anticipated

6.5 Halton's Urban Renewal – none anticipated

7.0 RISK ANALYSIS

7.1 The topic is on the CCG Risk Register.

- 8.0 **EQUALITY AND DIVERSITY ISSUES**
- 8.1 An equality and diversity assessment has previously been undertaken as part of the wider engagement programme for the reconfiguration.
- 9.0 **LIST OF BACKGROUND PAPERS UNDER SECTION 100D OF THE LOCAL GOVERNMENT ACT 1972**
- 9.1 None under the meaning of the Act.

REPORT TO: Health Policy & Performance Board

DATE: 27th November 2018

REPORTING OFFICER: Strategic Director – People

PORTFOLIO: Health & Wellbeing

SUBJECT: Safeguarding

WARD(S) Borough-wide

1.0 PURPOSE OF THE REPORT

- 1.1 To update the Board and highlight key issues with respect to Safeguarding and the work of Halton's Adult Safeguarding Board (HSAB).

2.0 RECOMMENDATION: That:

The report be noted.

3.0 SUPPORTING INFORMATION

- 3.1 A specialist unit aimed at protecting victims of stalking and managing perpetrators has launched in Cheshire. Only the second in the country - and the first of its kind in the North West - the Integrated Anti-Stalking Unit (IASU) is being run by Cheshire Police in partnership with North West Boroughs Healthcare NHS Foundation Trust and the Suzy Lamplugh Trust.
- 3.2 All agencies are working together to help stalking victims and the risk caused by perpetrators through a range of interventions. The unit will operate from a base in Warrington and will initially focus on those affected by stalking in the Warrington and Halton areas.
- 3.3 It will involve an experienced and dedicated team of police officers and mental health professionals and outreach workers along with victim advocates who provide practical support, safety planning and advice for stalking victims regardless of whether the stalker's identity is known.
- 3.4 Halton Safeguarding Adult Board have provided a free multi agency training programme to all partners across Halton working or caring for adults. The topics included Safeguarding basic awareness, The Mental Capacity Act basic awareness, Making Safeguarding Personal and Raising a Care Concern. A 6 month evaluation of the programme has indicated that the training was accessed by a range of external agencies including the voluntary sector, care homes, and domiciliary care providers. The training was well received and

respondents requested more training in the future to include Modern Day Slavery, a safeguarding annual conference, and practice learning events.

- 3.5 The Cheshire Anti Slavery Network (CASN) has been operational for several years and published a Pan Cheshire Modern Slavery Strategy 2017 – 19 which has ensured wide spread awareness raising of issues associated with Modern Day Slavery. However, due to the increase in complexity of the intelligence received they have decided to split into two groups in order to ensure the continued focus of the work.
- 3.6 Patricia Preston, Principal Manager Housing Solutions, will attend the Operational Group and Shelah Semoff, Partnerships Officer will attend the Strategic group with a member of the Adult Safeguarding Unit.
- 3.7 Making Safeguarding Personal (MSP) determines the way safeguarding assessments are undertaken with an emphasis on being person centred and outcome focused. ADASS has requested that an outcomes framework is developed so that practice can be compared and outcomes measured.
- 3.8 Halton has agreed to be part of pilot which will trial the framework. The current practice of completing an experience survey has been replaced with a set of specific questions which builds on the survey approach giving greater depth to the questions asked and will help to build a culture of person centred, strengths and rights based practice going forward.
- 3.9 In July 2018, the Government published a Mental Capacity (Amendment) Bill, which if passed in law will reform the Deprivation of Liberty Safeguards (DoLS) and replace them with a scheme known as the Liberty Protection Safeguards (LPS). The key features are :
- Like DoLS they start at 18 years
 - Deprivations will have to be authorised in advance by the responsible body. For hospitals, be they NHS or private, the responsible body will be the hospital manager
 - For arrangements under Continuing Health Care outside a hospital, the responsible body will be the local CCG
 - In all other cases – such as care homes, supported living schemes (including self funders) the responsible body will be the local authority.
 - Where there is a potential deprivation of liberty in a care home, the Bill suggests the care home managers should lead on the assessments of capacity, and the judgment of necessity and proportionality, and pass their findings to the local authority as

the responsible body. This aspect of the Bill has generated some negative comment, with people feeling that there is insufficient independent scrutiny of the proposed care arrangements.

- Safeguards once a deprivation is authorised include regular reviews by the responsible body and the right to an appropriate person or an IMCA to represent a person and protect their interests.
- As under DoLS, a deprivation can be for a maximum of one year initially. Under LPS, this can be renewed initially for one year, but subsequent to that for up to three years.
- Again, as under DoLS, the Court of Protection will oversee any disputes or appeals.

It remains unclear when the Bill may pass into law, and then when it may be implemented.

3.10

Total No of safeguarding referrals in Q1	207
Male	79
Female	128
18 - 64	73
65 - 74	20
75 - 84	55
85+	59

- 62% of the victims were female
- The majority of abuse (47%) is located in a person's own home
- 55% of the people knew the perpetrator who was either a carer or a family member
- 38% of the people abused had a physical disability.

4.0 POLICY IMPLICATIONS

4.1 None identified

5.0 OTHER/FINANCIAL IMPLICATIONS

5.1 None identified

6.0 IMPLICATIONS FOR THE COUNCIL'S PRIORITIES

6.1 Children & Young People in Halton

Safeguarding Adults Board (SAB) membership includes a Manager from the Children and Enterprise Directorate, as a link to the Local Safeguarding Children Board. Halton Safeguarding Children Board membership includes adult social care representation. Joint

protocols exist between Council services for adults and children. The SAB chair and sub-group chairs ensure a strong interface between, for example, Safeguarding Adults, Safeguarding Children, Domestic Abuse, Hate Crime, Community Safety, Personalisation, Mental Capacity & Deprivation of Liberty Safeguards.

6.2 Employment, Learning & Skills in Halton

None identified

6.3 A Healthy Halton

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

6.4 A Safer Halton

To ensure that Making Safeguarding Personal is at the forefront of any Statutory Section 42 Safeguarding Enquiry made by Adult Social Care. This will ensure that Adult's at risk from abuse are listened to, their wishes respected and he rights protected.

6.5 Halton's Urban Renewal

None identified

7.0 RISK ANALYSIS

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

8.0 EQUALITY AND DIVERSITY ISSUES

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

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

None under the meaning of the Act.

REPORT TO: Health Policy & Performance Board

DATE: 27 November 2018

REPORTING OFFICER: Strategic Director – People

PORTFOLIO: Health and Wellbeing

SUBJECT: Care Home and Domiciliary Care Update

WARD(S) Borough-wide

1.0 PURPOSE OF THE REPORT

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

2.0 RECOMMENDATION: That:

- i) The report be noted.

3.0 SUPPORTING INFORMATION

- 3.1 It is a key priority for Halton Borough Council to ensure the provision of a range of good quality services to support Adults requiring commissioned care in the Borough. The Care Act 2014 has put this on a statutory footing through a choice of diverse high quality services that promote wellbeing.
- 3.2 The care home market in Halton consists of 25 registered care homes which provide 757 beds operated by 14 different providers. The capacity within the care homes ranges from homes with 66 beds to smaller independent homes with 6 beds.
- 3.3 The Council purchased care homes in both November 2017 and December 2017 from the private sector taking it to 3 Council owned care homes (including Oak Meadow intermediate care unit).
- 3.4 Domiciliary care is commissioned by one lead provider who is working closely with the council to transform provision utilising a Reablement first model. They have a sub contractual arrangement with two other local agencies.
- 3.5 Direct Payment offers choice of provision with a register of over 30 other organisations experienced in providing a range of services.
- 3.7 The Care Quality Commission (CQC) is responsible for the registration, inspection and assessment of all registered providers. However, the Care Act 2014 places the duty of securing the quality of care in Halton on the council itself.
- 3.8 The CQC assessment process enables all registered care providers to be classified into one of four categories following an appraisal which asks 5 key questions:

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

3.9 The four award categories are:

- Inadequate
- Requires improvement
- Good
- Outstanding

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

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

NW ADASS now publish a series of dashboards which summarises the CQC quality ratings for Care Homes and Community providers of Adult Social Care in the North West and can be found at Appendix 1. It allows a comparison across the region and highlights key themes and trends in respect of Halton.

In Halton the residential homes perform better than the larger nursing homes. Halton performs above the regional average for care homes in the categories of caring, effective and safe
In October there was one home in Halton which was identified as inadequate overall. This home has now been regraded by CQC as good across all areas.

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

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

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

3.13 CARE HOMES

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

HBC Rating 18/19 Q2	CQC Rating 18/19 Q2	
Green	21	Good
Amber	2	Requires Improvement
Red	2	Inadequate
Not Yet Rated	0	Not Yet Visited

- 3.10 Two Providers have not yet been rated as there has been a change of their registration. Some common themes across care homes have been identified as:

- Poor leadership and governance
- Recruitment and retention
- Low staffing levels and staff culture
- Medication management
- Reporting notifiable incidents

3.11 DOMICILIARY CARE

For Quarter 2 the Quality Assurance Team and CQC domiciliary care provider rating is;

HBC Rating 18/19 Q2	CQC Rating 18/19 Q2	
Green	0	Good
Amber	0	Requires Improvement
Red	0	Inadequate
Not Yet Rated	1	Not Yet Visited

The Council currently have 1 lead provider who covers Runcorn and Widnes and they sub-contract to 2 providers who also cover Runcorn. These agencies provide approximately 520 people with commissioned packages of care.

For Quarter 2, the Quality Assurance Team has been working with the provider on the development of a range of performance metrics which inform the monthly contract monitoring meeting. In addition quarterly 'in depth' monitoring of the lead provider will be undertaken from Q3. This will also be undertaken on sub-contractors bi-annually

The provider registered a new office within the borough in February 2018 and CQC have not yet rated the provider.

- 3.12 Some common pressures across the domiciliary care sector:

- Recruitment and retention/rota management – a workforce strategy is in development with Skills for Care

- Medication management – HCCG are leading on a project to improve systems and quality of medication management.

4.0 POLICY IMPLICATIONS

4.1 None identified

5.0 OTHER/FINANCIAL IMPLICATIONS

5.1 None identified

6.0 IMPLICATIONS FOR THE COUNCIL'S PRIORITIES

6.1 Children & Young People in Halton

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

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

6.2 Employment, Learning & Skills in Halton

None identified

6.3 A Healthy Halton

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

6.4 A Safer Halton

None identified

6.5 Halton's Urban Renewal

None identified

7.0 RISK ANALYSIS

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

8.0 EQUALITY AND DIVERSITY ISSUES

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

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

None under the meaning of the Act.



North West ADASS Monthly CQC Data Update

October 2018 Edition

Produced by the North West ADASS Programme Office



Introduction

The following document contains a series of dashboards, which aims to summarise the CQC quality ratings for Care Homes and Community Providers of Adult Social Care in the North West.

Historically, the North West has been below the national average in terms of care home beds rated 'Outstanding' or 'Good', so it is hoped that this document provides useful benchmarking information with the aim of achieving quality improvements.

Quality of the care market has been one of North West ADASS's strategic priorities for the past two years.

The data used within this report is all sourced from the published CQC data, which can be found here:

<http://www.cqc.org.uk/about-us/transparency/using-cqc-data>

Publication Dates

To coincide with a monthly Delayed Transfers of Care report, this CQC report will be circulated at the same time, so therefore the update will be circulated in line with when the NHS publish DToC figures.

Therefore, you can expect an update on the dates below (or within a day or two):

- > 8th November 18
- > 13th December 18
- > 10th January 19
- > 14th February 19
- > 14th March 19

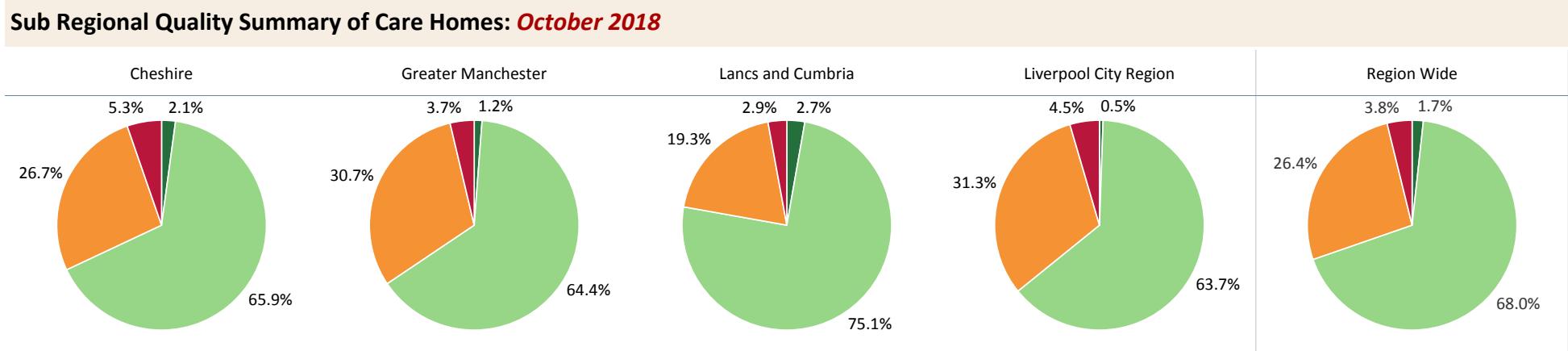
Care Home Summary



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- Slides 5 - 8: Cheshire and Liverpool City Region
- Slides 9 - 11: Greater Manchester
- Slides 12 - 14: Lancashire and Cumbria
- Slide 15: Registered Managers Summary

% of Beds Rated 'Good' or 'Outstanding' in the North West in October		
Cheshire	Cheshire East	63.8%
	Cheshire West and Chester	74.2%
	Warrington	68.0%
Greater Manchester	Bolton	73.6%
	Bury	90.1%
	Manchester	42.8%
	Oldham	72.4%
	Rochdale	75.3%
	Salford	52.7%
	Stockport	66.4%
	Tameside	54.1%
	Trafford	57.7%
Lancs and Cumbria	Wigan	75.8%
	Blackburn with Darwen	84.8%
	Blackpool	88.6%
	Cumbria	79.6%
Liverpool City Region	Lancashire	75.0%
	Halton	61.3%
	Knowsley	58.0%
	Liverpool	63.3%
	Sefton	68.8%
	St. Helens	75.3%
	Wirral	58.8%



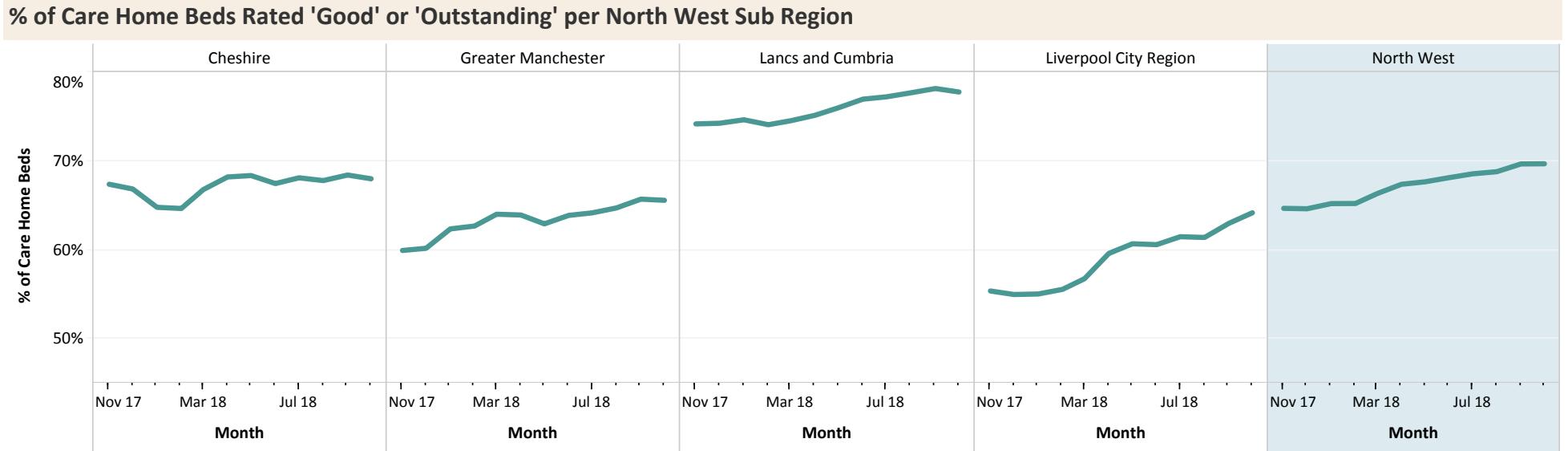
Key

Outstanding

Good

Requires improvement

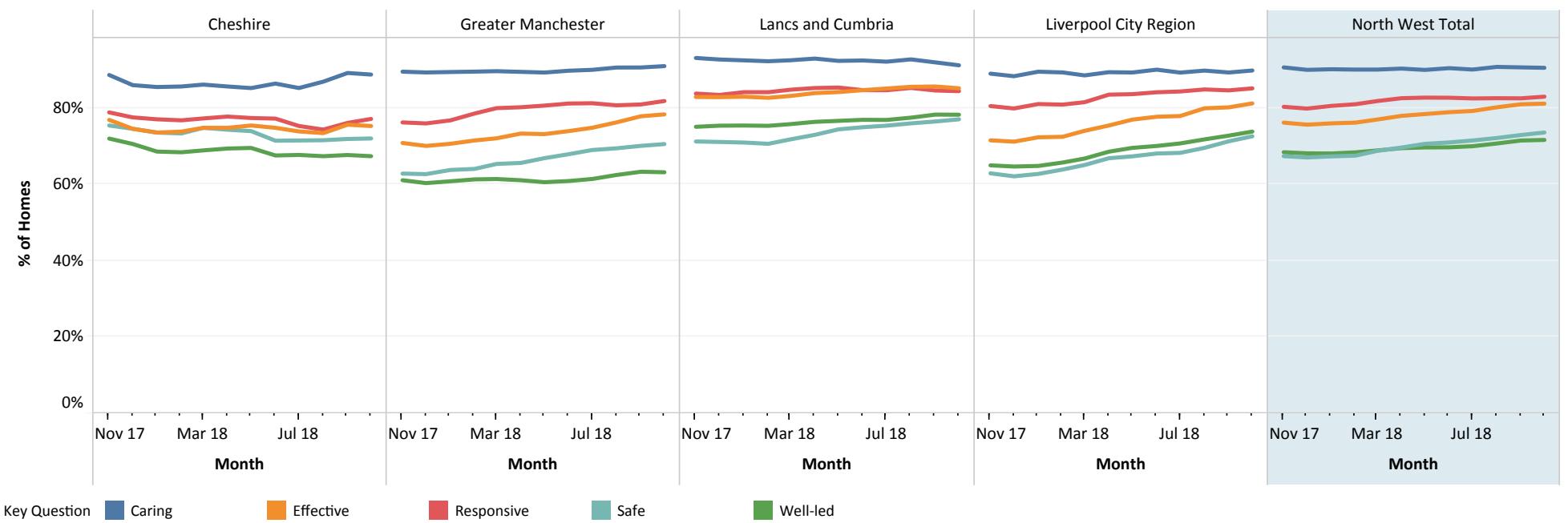
Inadequate



Overview of the Five Key Questions that CQC Rate as Part of their Care Home Inspections per North West Sub Region

Chart Displays the % of Homes Rated 'Good' for Each Question

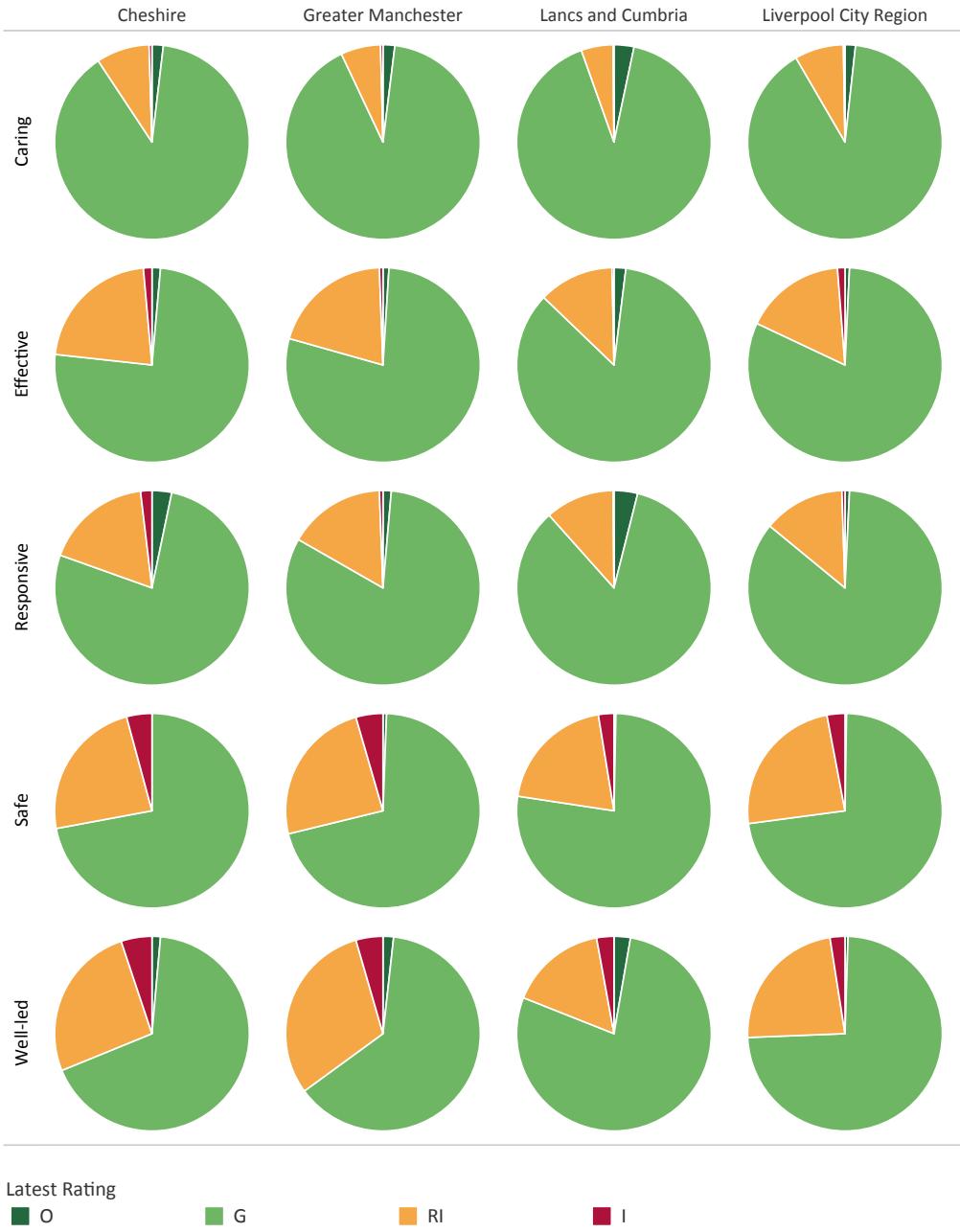
This is based on Number of Homes rather than Number of Beds



Care Homes Rated 'Good' or 'Outstanding' per Sub Region for Each Key Question: October

	Caring	Effective	Responsive	Safe	Well-led	
Cheshire	Cheshire East	88.9%	71.1%	77.8%	64.4%	66.7%
	Cheshire West and Chester	91.8%	83.6%	86.3%	78.1%	74.0%
	Warrington	92.3%	76.9%	76.9%	76.9%	65.4%
	Sub Regional Ave	90.7%	76.7%	80.5%	72.1%	68.8%
Greater Manchester	Bolton	93.8%	85.4%	91.7%	79.2%	72.9%
	Bury	94.0%	80.0%	90.0%	88.0%	82.0%
	Manchester	89.6%	72.7%	70.1%	54.5%	55.8%
	Oldham	97.6%	92.7%	95.1%	75.6%	73.2%
	Rochdale	88.7%	83.0%	81.1%	77.4%	69.8%
	Salford	95.0%	72.5%	77.5%	77.5%	62.5%
	Stockport	97.0%	82.1%	85.1%	64.2%	50.7%
	Tameside	86.5%	67.6%	78.4%	59.5%	51.4%
	Trafford	90.7%	70.4%	79.6%	63.0%	57.4%
	Wigan	97.9%	89.4%	91.5%	85.1%	83.0%
Lancs and Cumbria	Sub Regional Ave	93.0%	79.4%	83.3%	71.2%	65.0%
	Blackburn with Darwen	91.2%	85.3%	91.2%	70.6%	82.4%
	Blackpool	98.5%	94.0%	91.0%	83.6%	89.6%
	Cumbria	95.5%	89.0%	90.9%	83.1%	85.1%
	Lancashire	93.9%	85.6%	86.8%	74.8%	78.0%
	Sub Regional Ave	94.6%	87.2%	88.4%	77.4%	81.0%
Liverpool City Region	Halton	94.7%	94.7%	84.2%	73.7%	73.7%
	Knowsley	75.0%	75.0%	83.3%	75.0%	70.8%
	Liverpool	90.1%	74.1%	77.8%	70.4%	69.1%
	Sefton	97.6%	88.0%	94.4%	82.4%	81.6%
	St. Helens	94.4%	88.9%	94.4%	86.1%	86.1%
	Wirral	88.4%	78.5%	81.0%	60.3%	67.8%
	Sub Regional Ave	91.6%	82.0%	86.0%	72.9%	74.4%
Total		93.0%	82.5%	85.4%	74.0%	73.5%

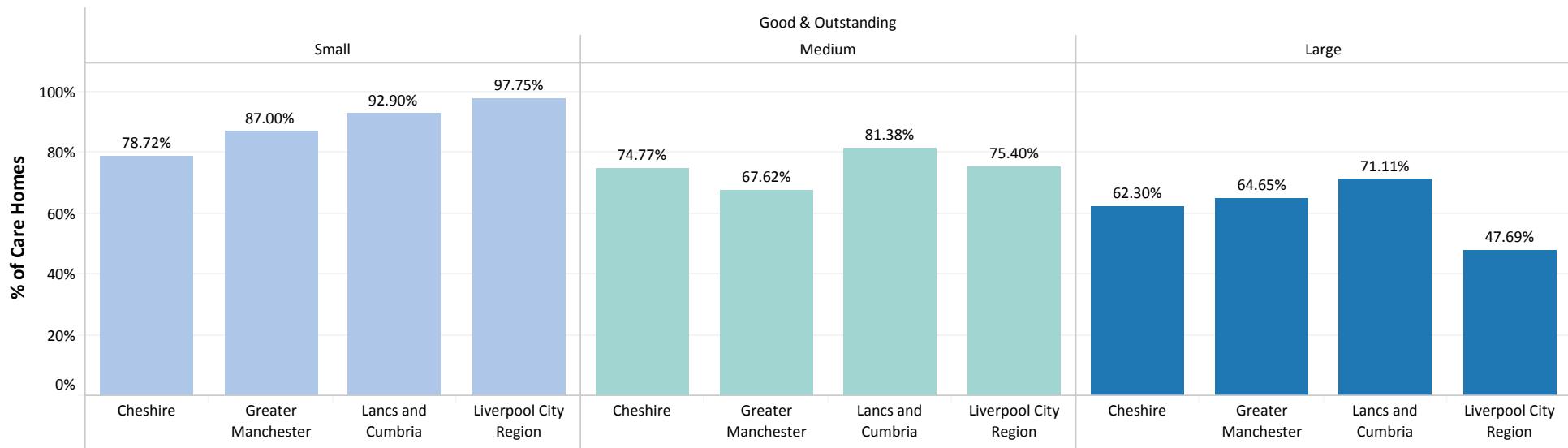
Sub Regional Overview of the Five Key Questions in October



Breakdown of Quality by Size of the Care Home per Sub Region and Home Type

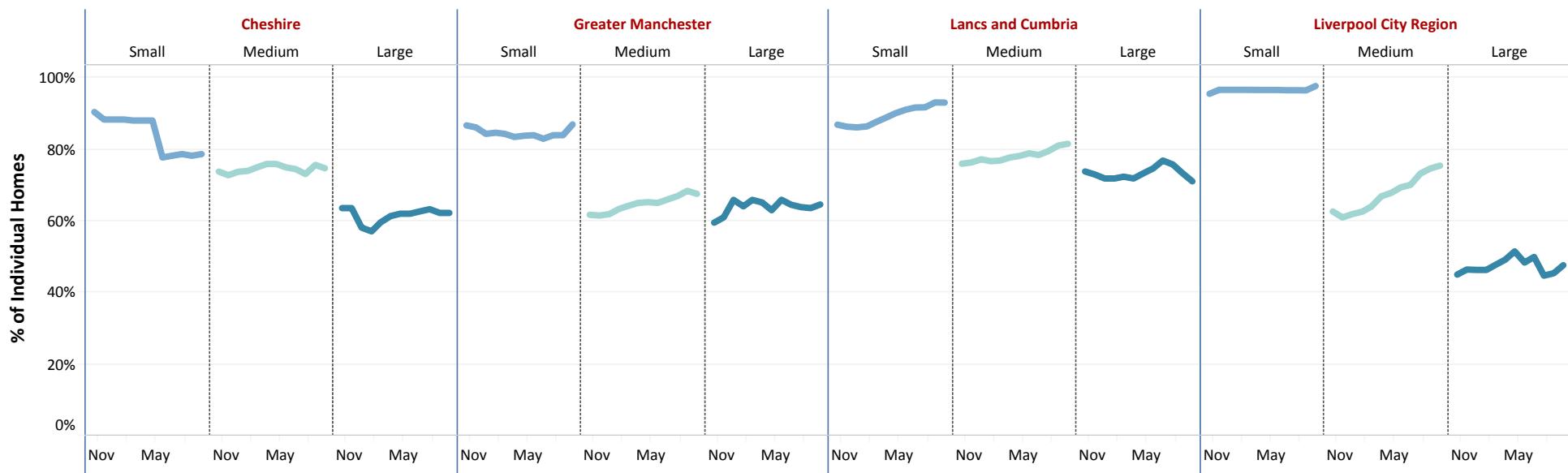
Chart shows % of Homes Rated 'Outstanding' or 'Good'

Small Home is 10 beds or less, Medium is between 11 and 49, Large 50+



Breakdown of Quality by Size of the Care Home over time, per Sub Region

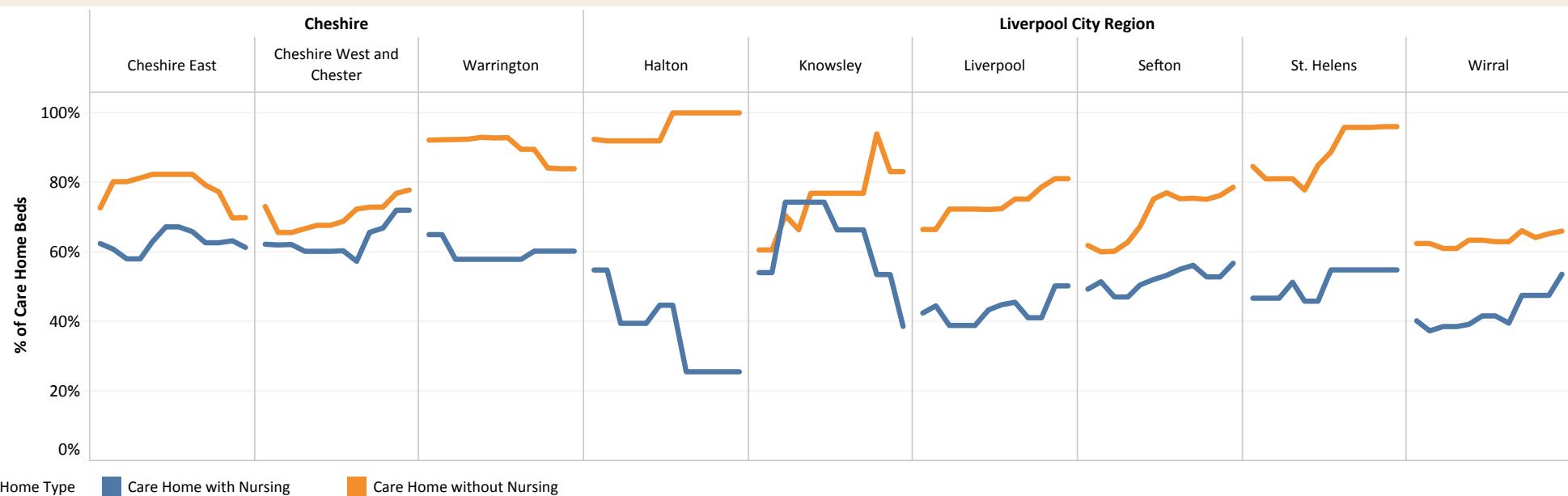
Methodology as above - Nov 17 to Present



% of Care Home Beds Rated 'Good' or 'Outstanding' in Cheshire & Liverpool City Region



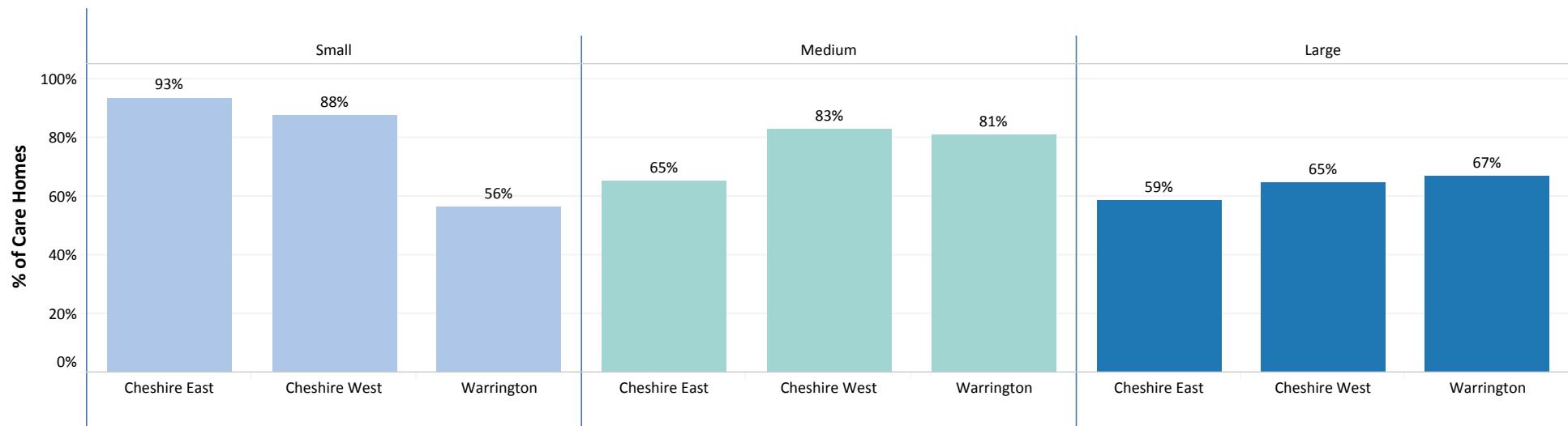
Data Split by Residential and Nursing Homes



Breakdown of Quality by Size of the Care Home: Cheshire

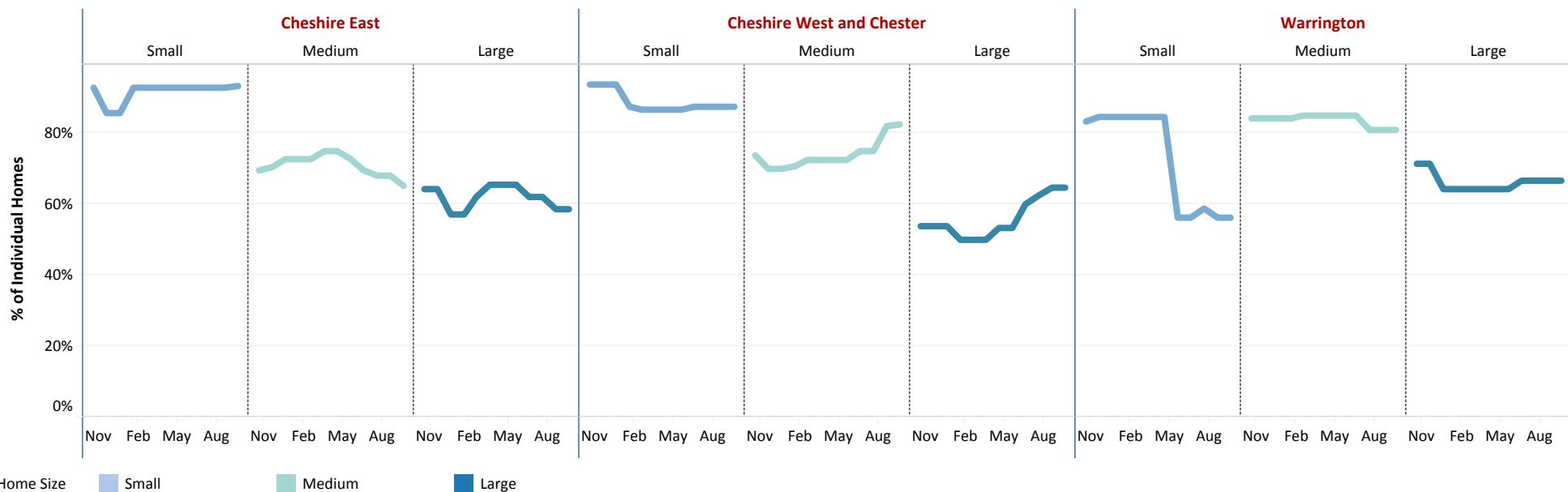
Chart shows % of Homes Rated 'Outstanding' or 'Good'

Small Home is 10 beds or less, Medium is between 11 and 49, Large 50+



Breakdown of Quality by Size of the Care Home: Cheshire

Methodology as above - Nov 17 to Present



Home Size

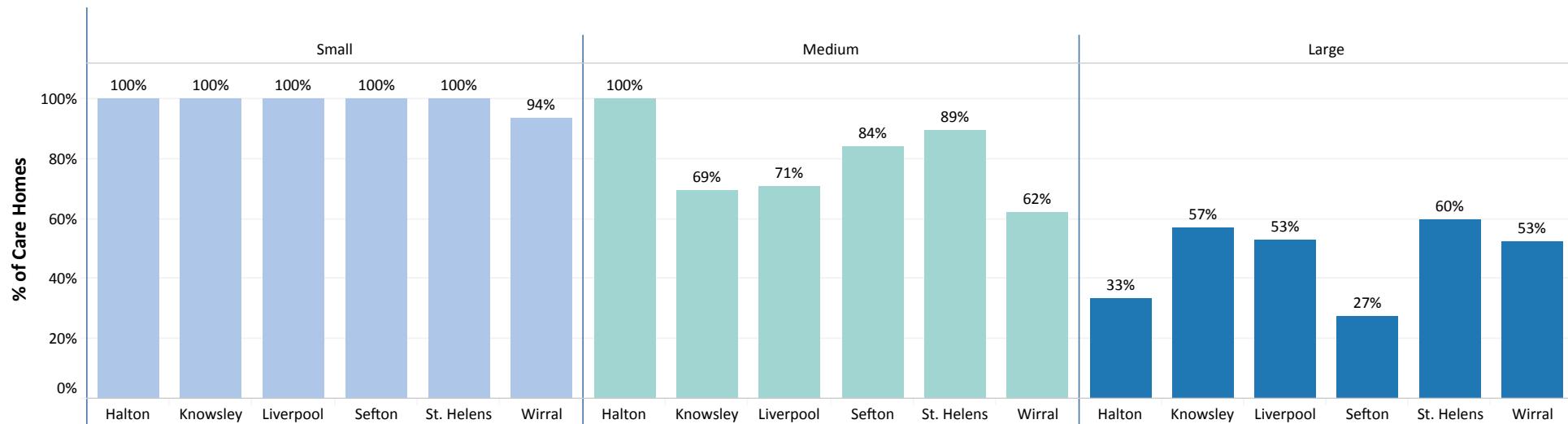
Small

Medium

Breakdown of Quality by Size of the Care Home: Liverpool City Region

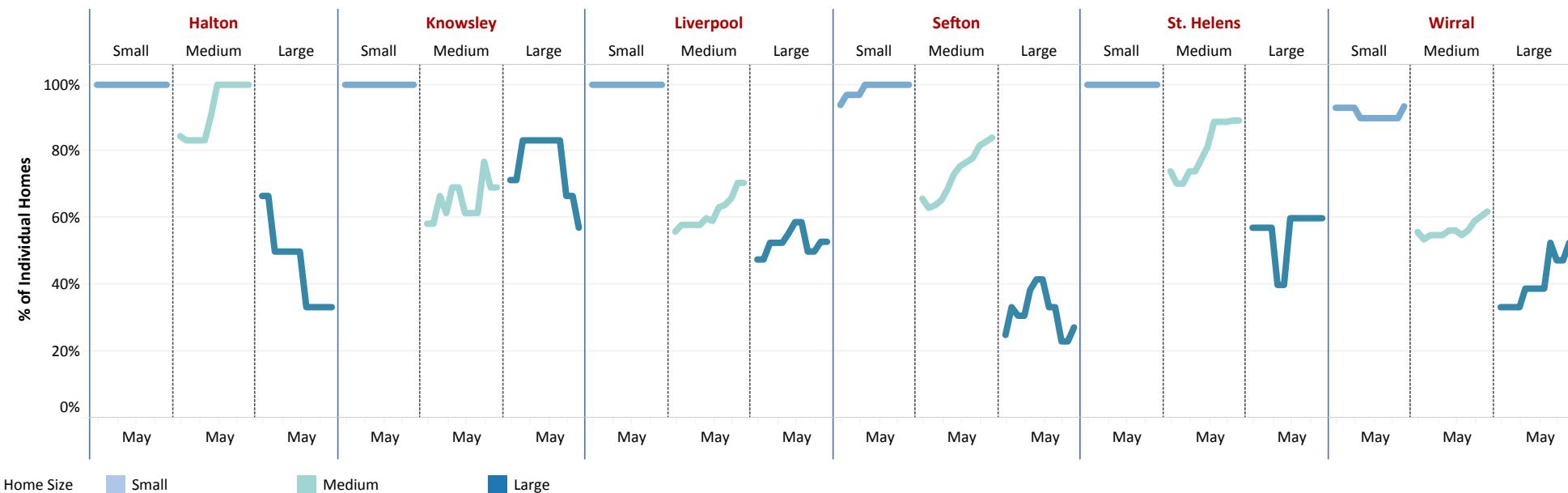
Chart shows % of Homes Rated 'Outstanding' or 'Good'

Small Home is 10 beds or less, Medium is between 11 and 49, Large 50+



Breakdown of Quality by Size of the Care Home: Liverpool City Region

Methodology as above - Nov 17 to Present



Home Size

Small

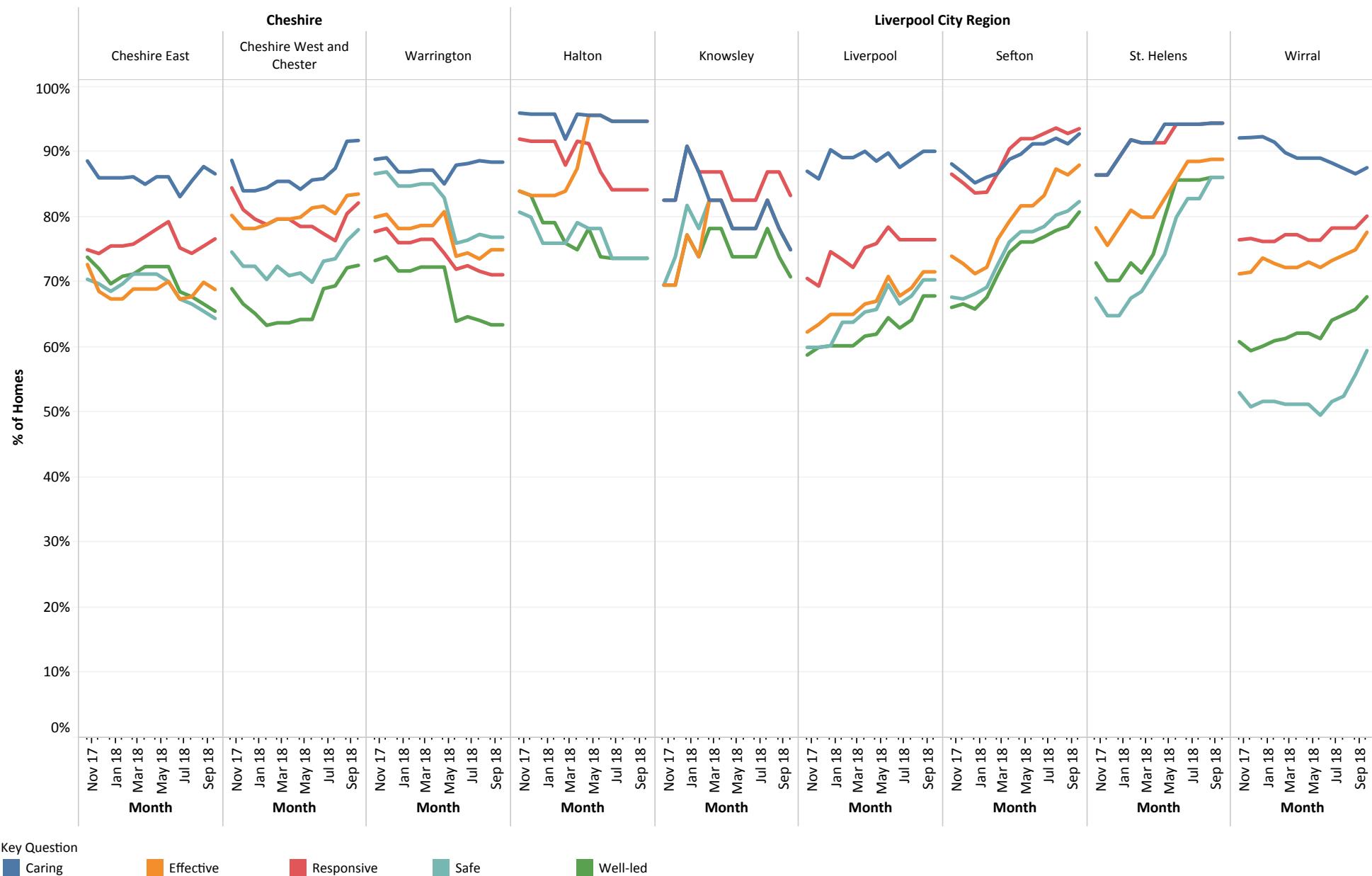
Medium

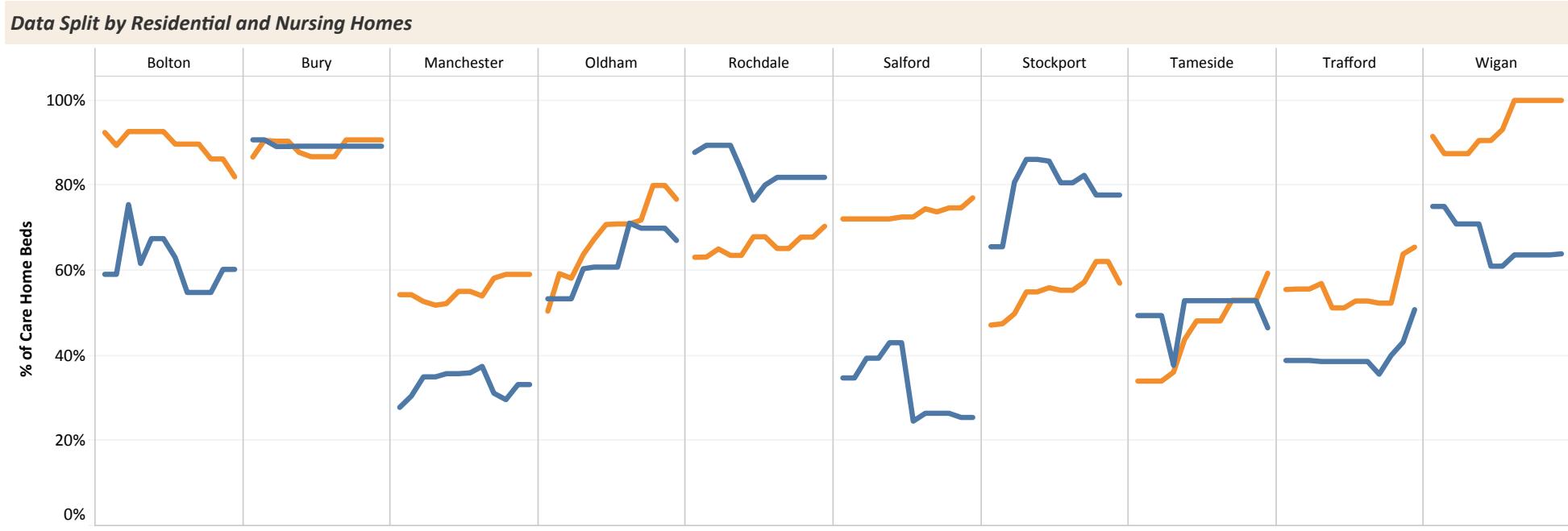
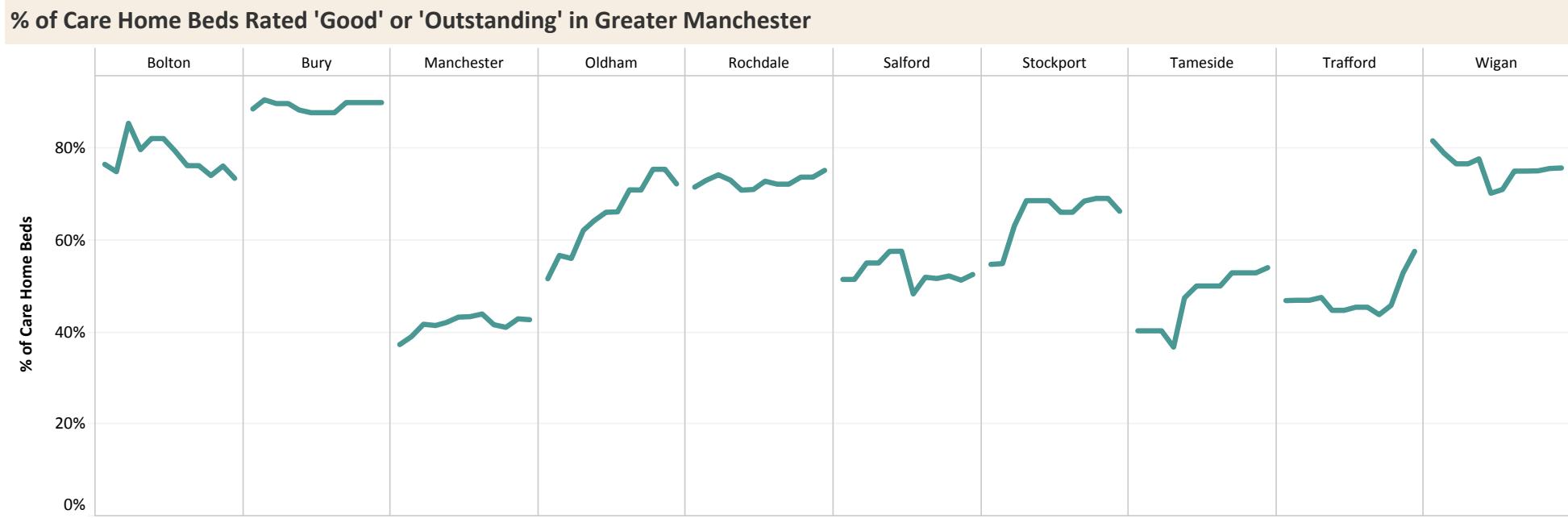
Large

Overview of the Five Key Questions that CQC Rate as Part of their Care Home Inspections - Cheshire & Liverpool City Region

Chart Displays the % of Homes Rated 'Good' for Each Question

This is based on Number of Homes rather than Number of Beds





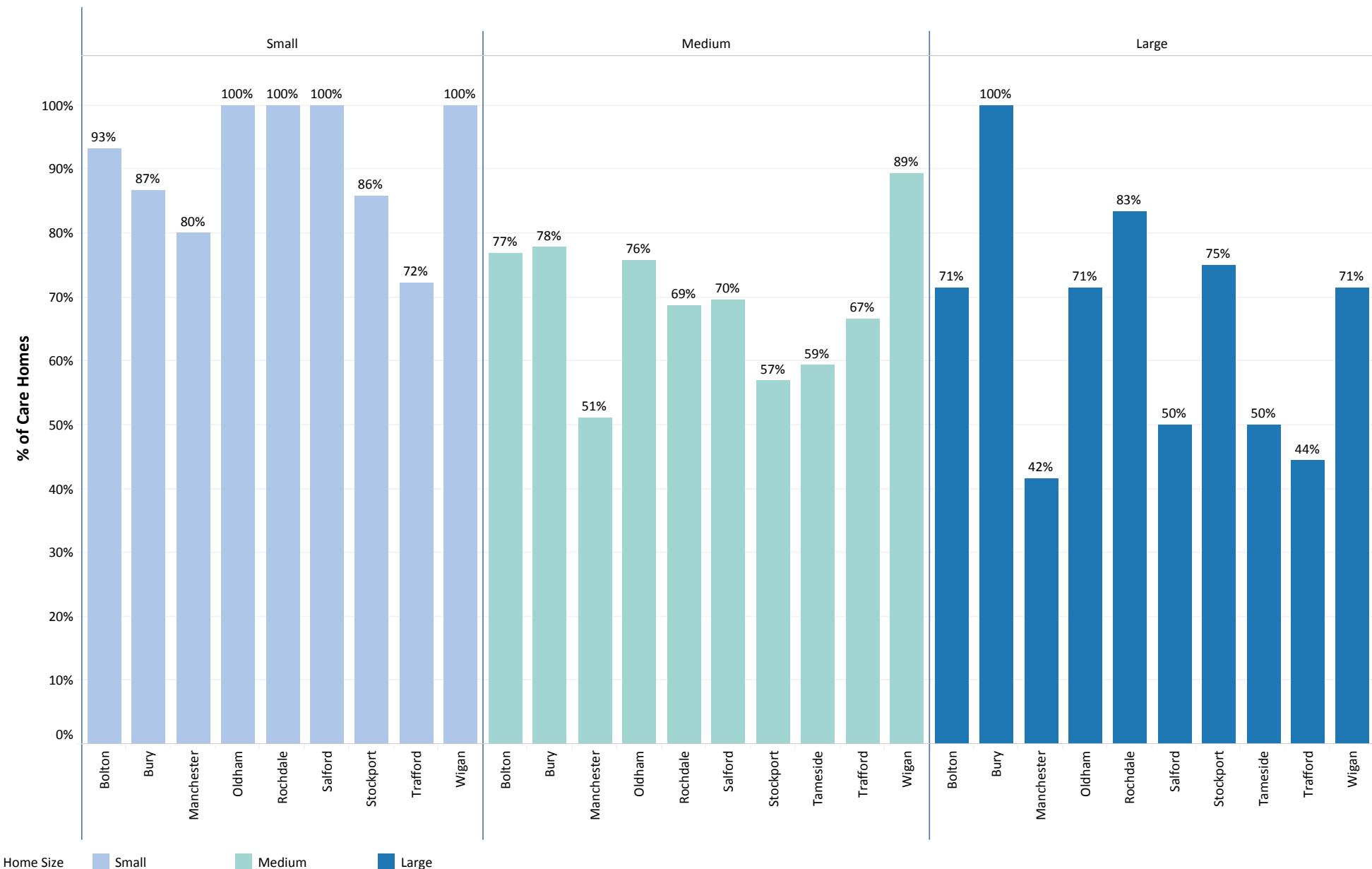
Home Type █ Care Home with Nursing

█ Care Home without Nursing

Breakdown of Quality by Size of the Care Home: Greater Manchester

Chart shows % of Homes Rated 'Outstanding' or 'Good'

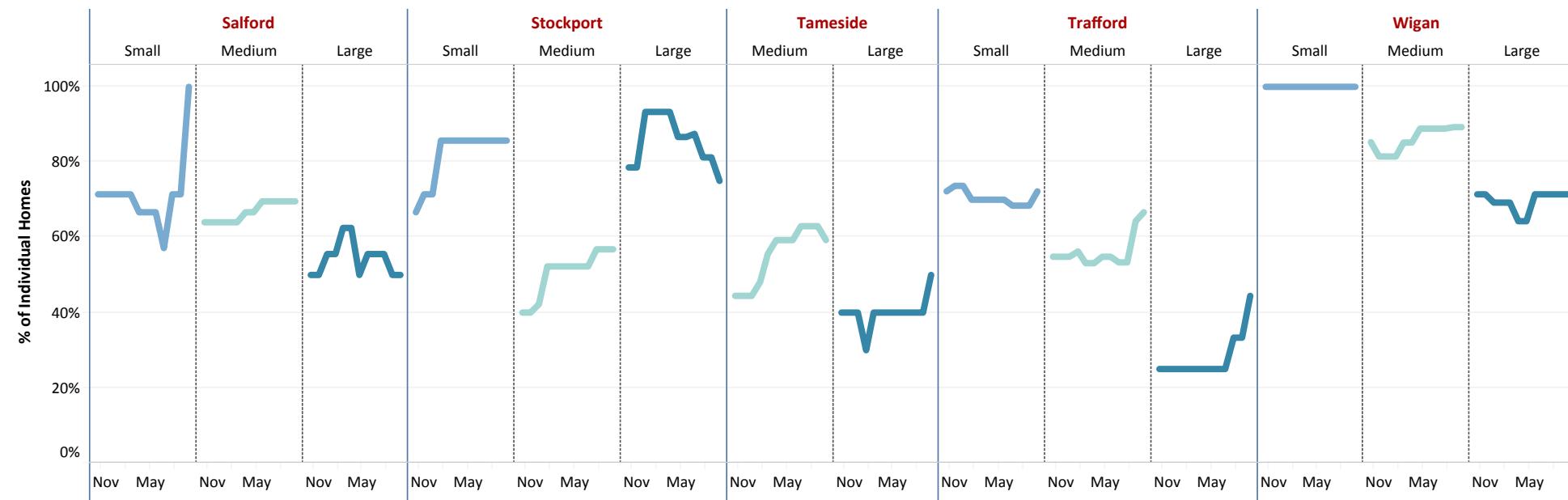
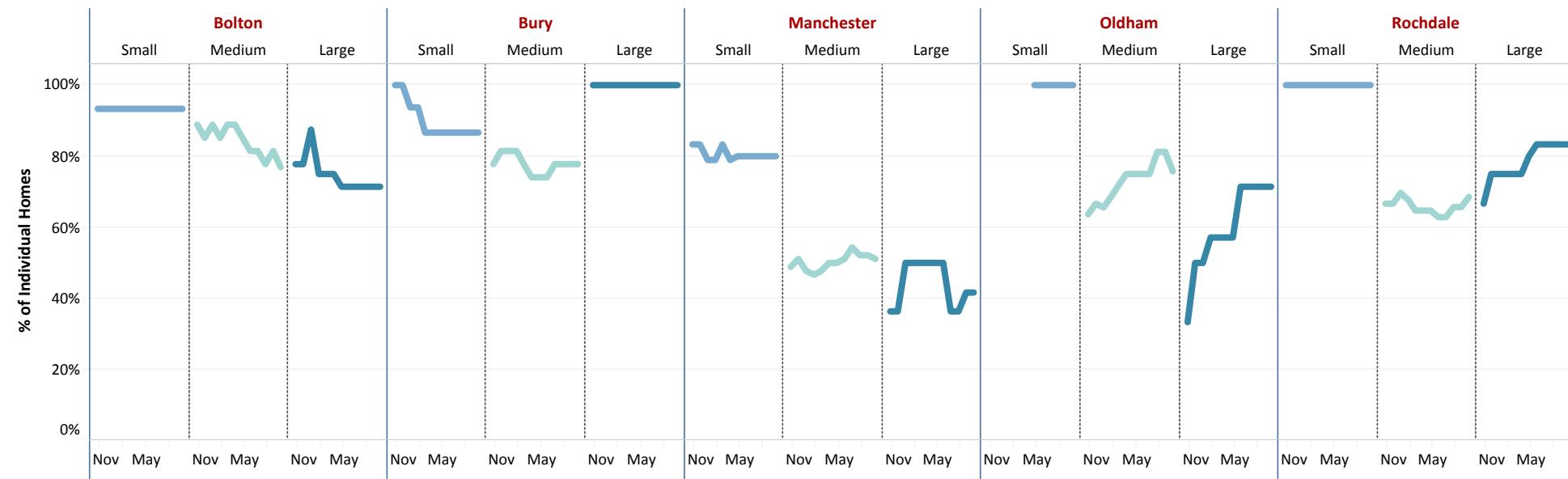
Small Home is 10 beds or less, Medium is between 11 and 49, Large 50+



Breakdown of Quality by Size of the Care Home over Time: Greater Manchester

Chart shows % of Homes Rated 'Outstanding' or 'Good'

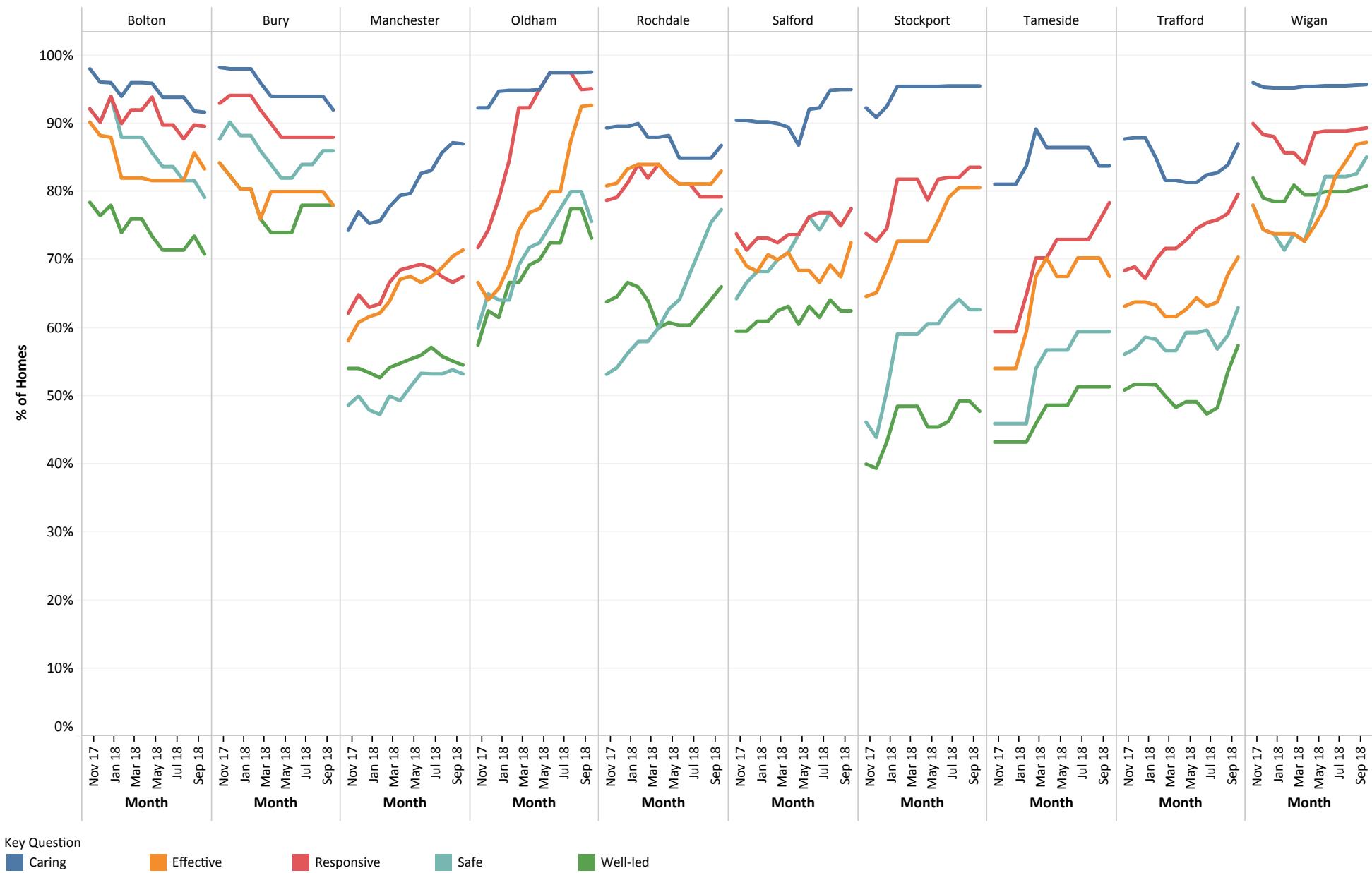
Small Home is 10 beds or less, Medium is between 11 and 49, Large 50+



Overview of the Five Key Questions that CQC Rate as Part of their Care Home Inspections - Greater Manchester

Chart Displays the % of Homes Rated 'Good' for Each Question

This is based on Number of Homes rather than Number of Beds



Key Question

Caring

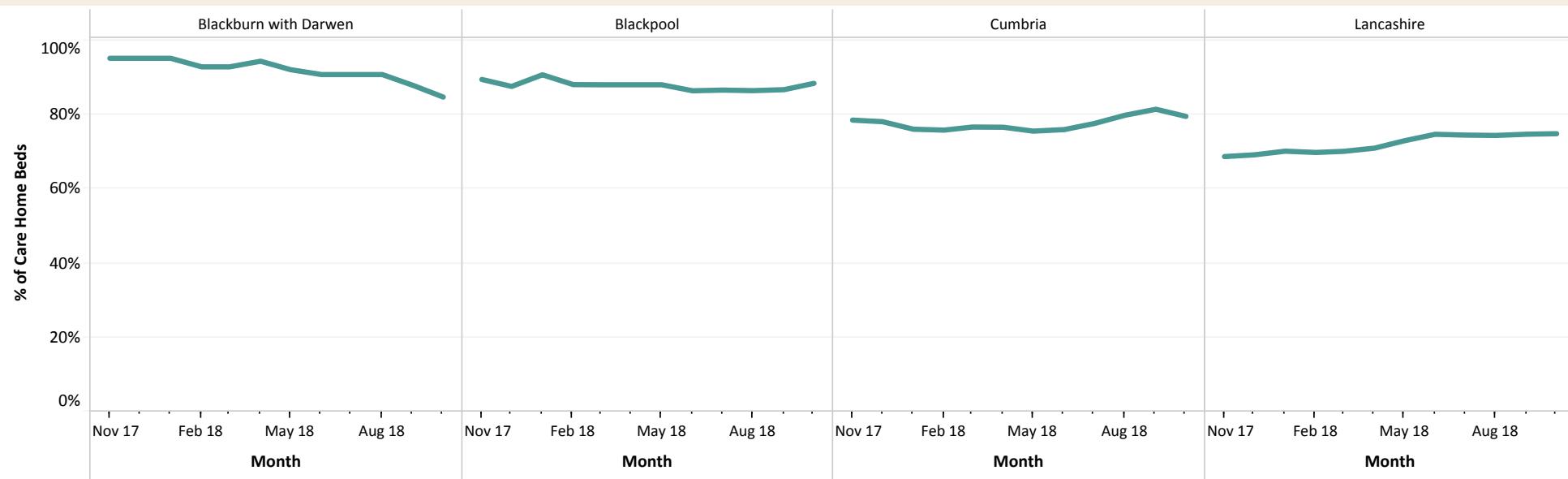
Effective

Responsive

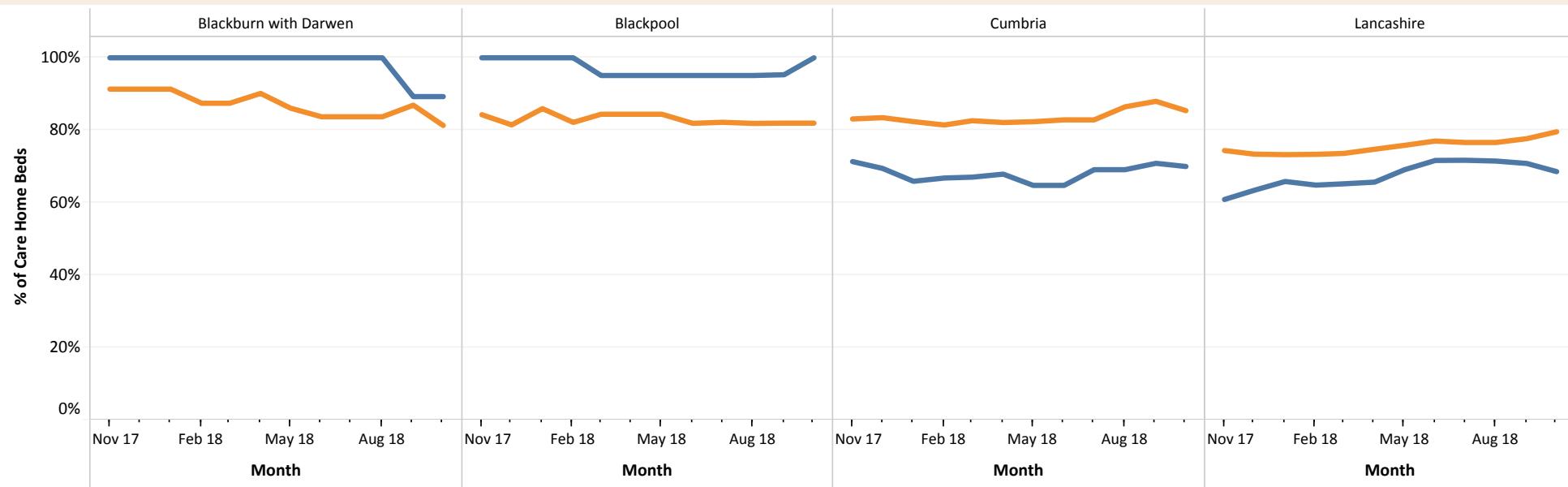
Safe

Well-led

% of Care Home Beds Rated 'Good' or 'Outstanding' in Lancs and Cumbria



Data Split by Residential and Nursing Homes



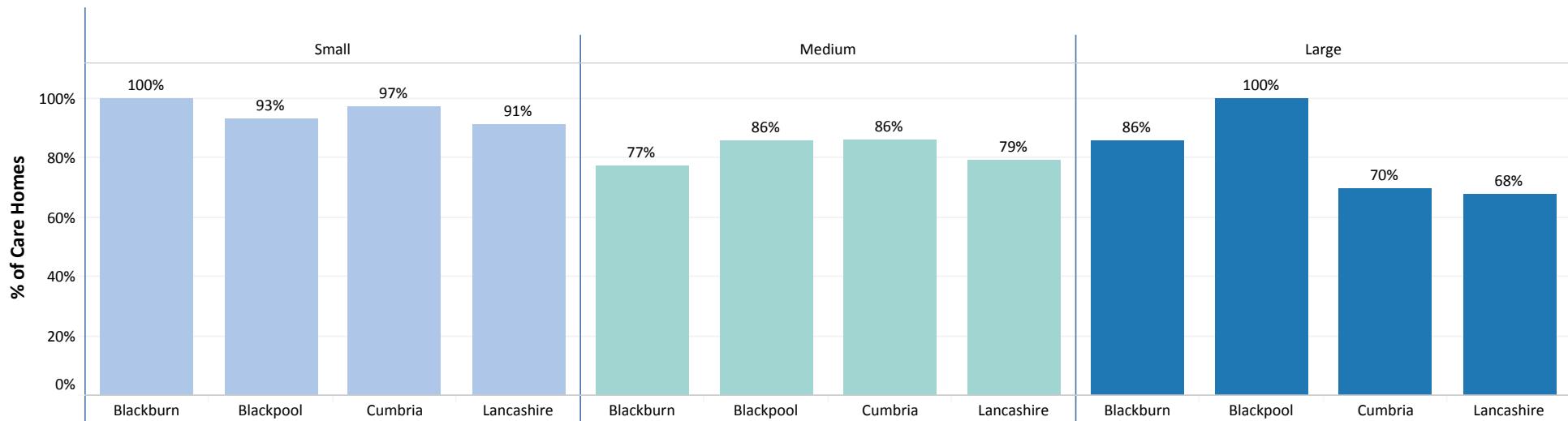
Home Type █ Care Home with Nursing

█ Care Home without Nursing

Breakdown of Quality by Size of the Care Home: Lancs and Cumbria

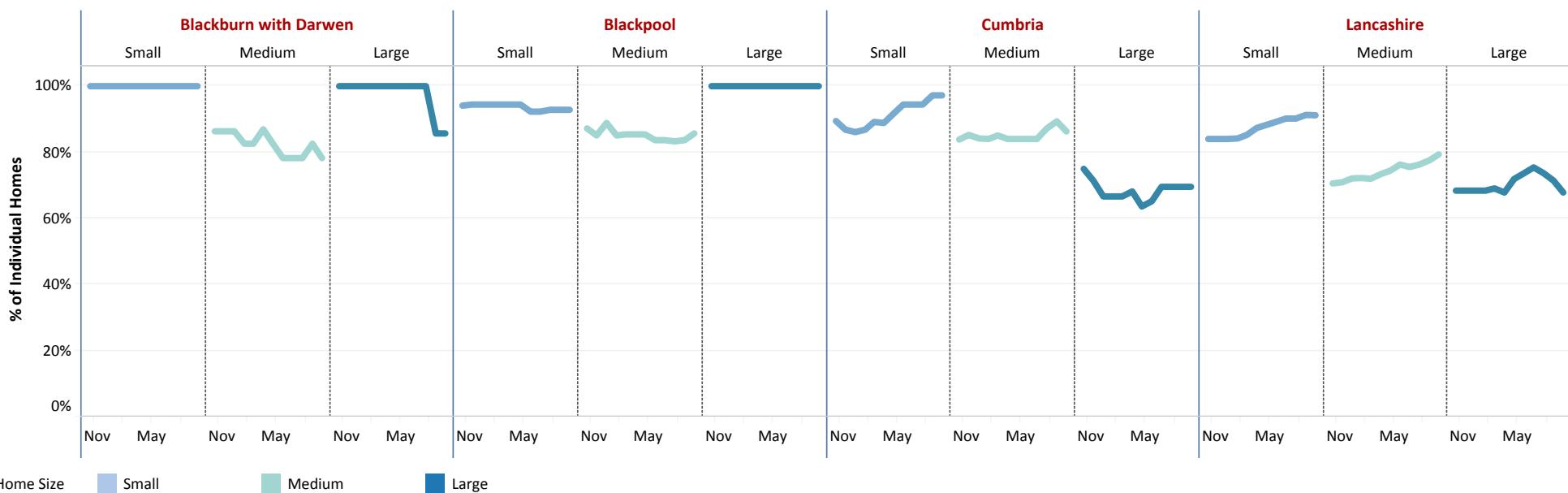
Chart shows % of Homes Rated 'Outstanding' or 'Good'

Small Home is 10 beds or less, Medium is between 11 and 49, Large 50+



Breakdown of Quality by Size of the Care Home: Lancs and Cumbria

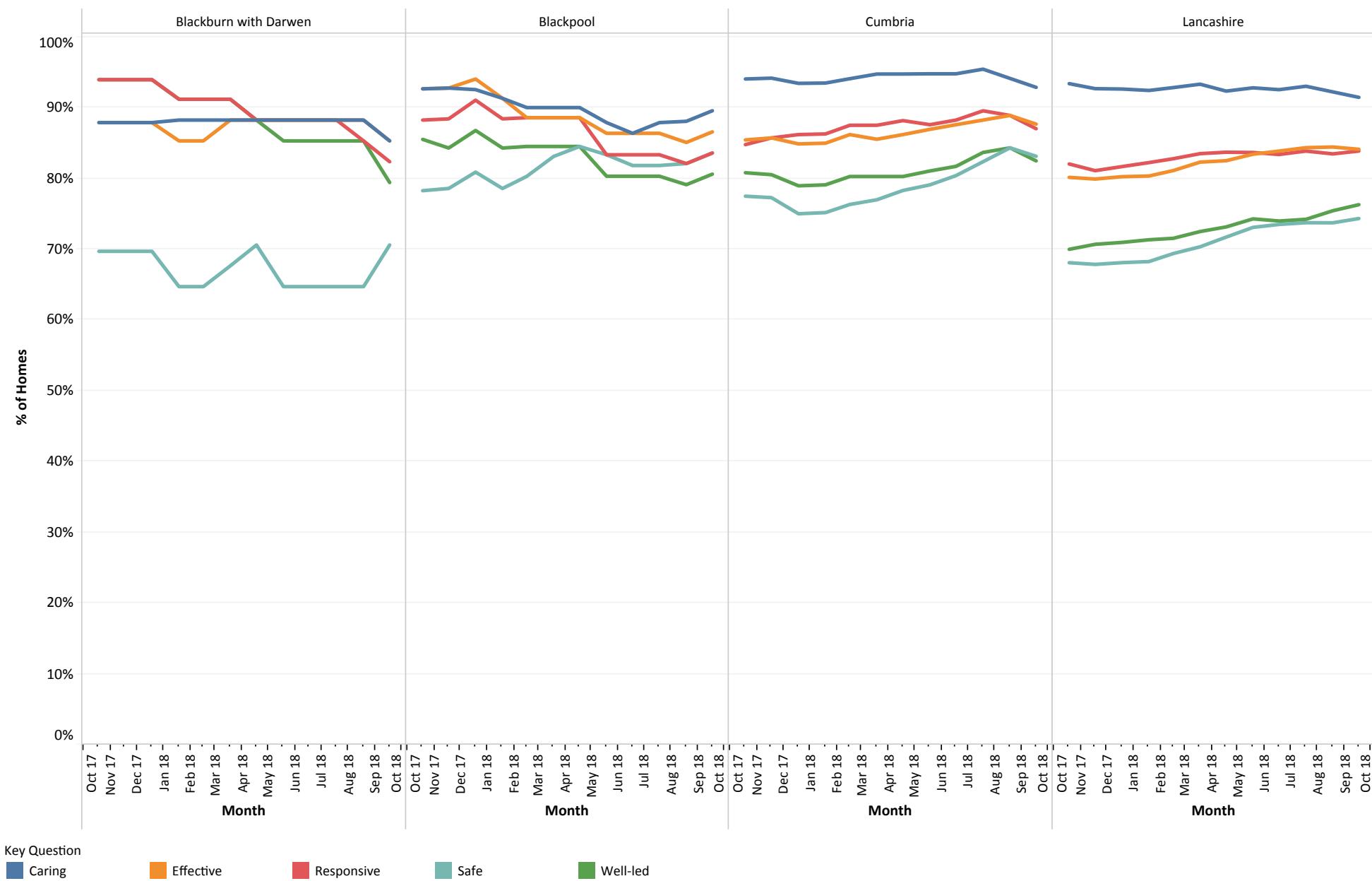
Methodology as above - Nov 17 to Present



Overview of the Five Key Questions that CQC Rate as Part of their Care Home Inspections - Lancs and Cumbria

Chart Displays the % of Homes Rated 'Good' for Each Question

This is based on Number of Homes rather than Number of Beds



Registered Managers Impact on Quality

Impact of Registered Manager Details on Quality in October (Table shows percentage of homes rated 'Outstanding' or 'Good')

		Registered Manager in Place	No Registered Manager
Cheshire	Cheshire East	75.0%	28.6% ●
	Cheshire West and Chester	85.7%	40.0% ●
	Warrington	75.0%	·
Greater Manchester	Bolton	87.8%	42.9% ●
	Bury	82.6%	100.0% ●
	Manchester	59.5%	·
	Oldham	73.7%	100.0% ●
	Rochdale	81.4%	60.0% ·
	Salford	70.3%	66.7% ●
	Stockport	67.3%	53.3% ●
	Tameside	58.8%	33.3% ●
	Trafford	69.4%	20.0% ●
	Wigan	90.0%	57.1% ●
Lancs and Cumbria	Blackburn with Darwen	87.5%	·
	Blackpool	88.1%	87.5% ●
	Cumbria	85.8%	92.3% ●
	Lancashire	81.9%	70.0% ●
Liverpool City Region	Halton	78.9%	·
	Knowsley	73.9%	·
	Liverpool	76.7%	25.0% ●
	Sefton	84.9%	50.0% ●
	St. Helens	85.7%	100.0% ●
	Wirral	73.1%	30.8% ●

Impact of Registered Manager Details on Quality in October



Key

● Good & Outstanding
● Requires improvement

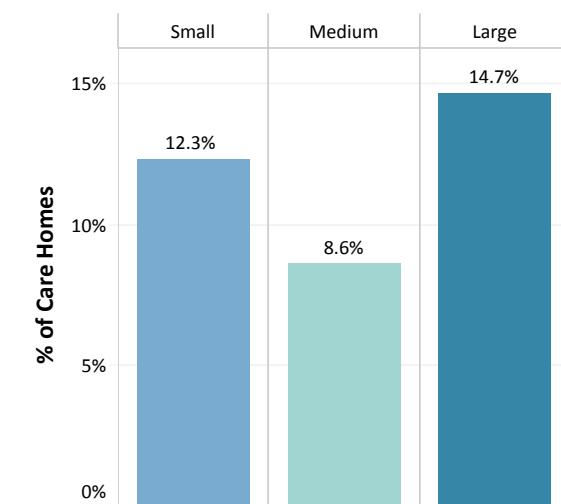
● Inadequate
● Not inspected

Summary of Care Homes with no Registered Manager

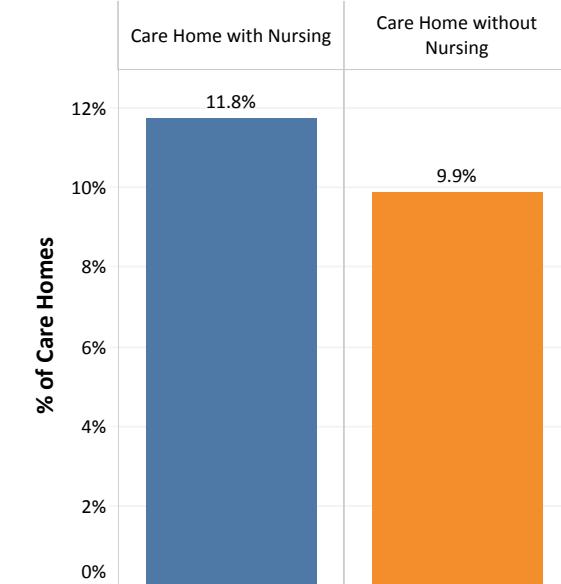
% of Care Homes where there are No Registered Manager Details

	February	March	April	May	June	July	August	September	October
Cheshire	9% ●	11% ●	12% ●	9% ●	10% ●	16% ●	14% ●	12% ●	14% ●
	10% ●	10% ●	11% ●	11% ●	12% ●	13% ●	11% ●	10% ●	14% ●
	13% ●	11% ●	9% ●	11% ●	9% ●	11% ●	13% ●	12% ●	8% ●
Bolton	10% ●	10% ●	15% ●	11% ●	13% ●	13% ●	13% ●	15% ●	15% ●
Bury	7% ●	9% ●	9% ●	11% ●	9% ●	9% ●	9% ●	9% ●	9% ●
Manchester	17% ●	18% ●	15% ●	10% ●	13% ●	13% ●	9% ●	10% ●	7% ●
Greater Manchester	9% ●	9% ●	9% ●	12% ●	9% ●	9% ●	9% ●	9% ●	9% ●
	18% ●	27% ●	27% ●	24% ●	20% ●	21% ●	18% ●	20% ●	18% ●
	7% ●	7% ●	7% ●	7% ●	14% ●	14% ●	16% ●	9% ●	9% ●
Salford	27% ●	24% ●	22% ●	19% ●	24% ●	25% ●	27% ●	24% ●	22% ●
Stockport	8% ●	8% ●	8% ●	8% ●	5% ●	8% ●	8% ●	8% ●	8% ●
Tameside	17% ●	21% ●	21% ●	17% ●	17% ●	13% ●	11% ●	10% ●	8% ●
Trafford	9% ●	9% ●	9% ●	7% ●	7% ●	9% ●	7% ●	9% ●	13% ●
Wigan	3% ●	3% ●	3% ●	3% ●	3% ●	6% ●	6% ●	9% ●	6% ●
Lancs and Cumbria	15% ●	14% ●	20% ●	19% ●	13% ●	14% ●	12% ●	12% ●	12% ●
	11% ●	12% ●	12% ●	10% ●	8% ●	10% ●	9% ●	8% ●	9% ●
	13% ●	14% ●	13% ●	13% ●	13% ●	12% ●	11% ●	12% ●	12% ●
Halton	4% ●	4% ●	7% ●	4% ●	7% ●				
Knowsley	15% ●	15% ●	15% ●	15% ●	12% ●	8% ●	4% ●	4% ●	4% ●
Liverpool	16% ●	14% ●	17% ●	14% ●	13% ●	17% ●	14% ●	12% ●	10% ●
Sefton	6% ●	6% ●	6% ●	6% ●	7% ●	9% ●	5% ●	4% ●	5% ●
St. Helens	10% ●	8% ●	8% ●	8% ●	5% ●	5% ●	5% ●	5% ●	3% ●
Wirral	7% ●	7% ●	7% ●	7% ●	7% ●	6% ●	10% ●	11% ●	10% ●

% of Care Homes with No Registered Manager, per Care Home Size Group (Region Wide): October



% of Care Homes with No Registered Manager, per Care Home Type (Region Wide): October



Focus on Inadequate Care Homes



directors of
adass
adult social services
North West

Background

The purpose of this section is to show the volume of 'Inadequate' care homes in the region. Each sub region has a one page summary with a list of homes who are inadequate (and what their rating is for each key question), a bar chart showing if the volume of inadequate is increasing or decreasing, and the size of the homes that make them up (small, medium or large).

Contents

- Slide 1: Cheshire
- Slide 2: Greater Manchester
- Slide 3: Lancashire and Cumbria
- Slide 4: Liverpool City Region

Cheshire Inadequate Homes Breakdown

Inadequate Care Homes in Cheshire in October

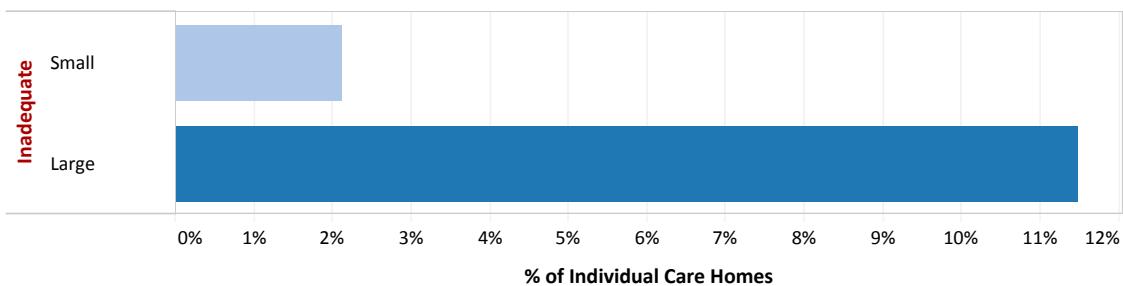
Graphic shows Rating for Each Key Question

		Caring	Effective	Responsive	Safe	Well-led	Overall Overall
Cheshire East	Brookfield House Care Home	● G	● RI	● RI	● I	● I	● I
	Cypress Court	● RI	● RI	● I	● I	● I	● I
	Lyme Green Hall	● I	● I	● I	● I	● I	● I
Cheshire West and Chester	Tabley House	● RI	● I	● I	● I	● I	● I
	Lostock Lodge Care Home	● RI	● RI	● RI	● I	● I	● I
	Willows Care Home	● RI	● RI	● RI	● I	● I	● I
Warrington	Winsford Grange Care Home	● RI	● RI	● I	● I	● I	● I
	Heath Lodge	● RI	● I	● RI	● I	● I	● I

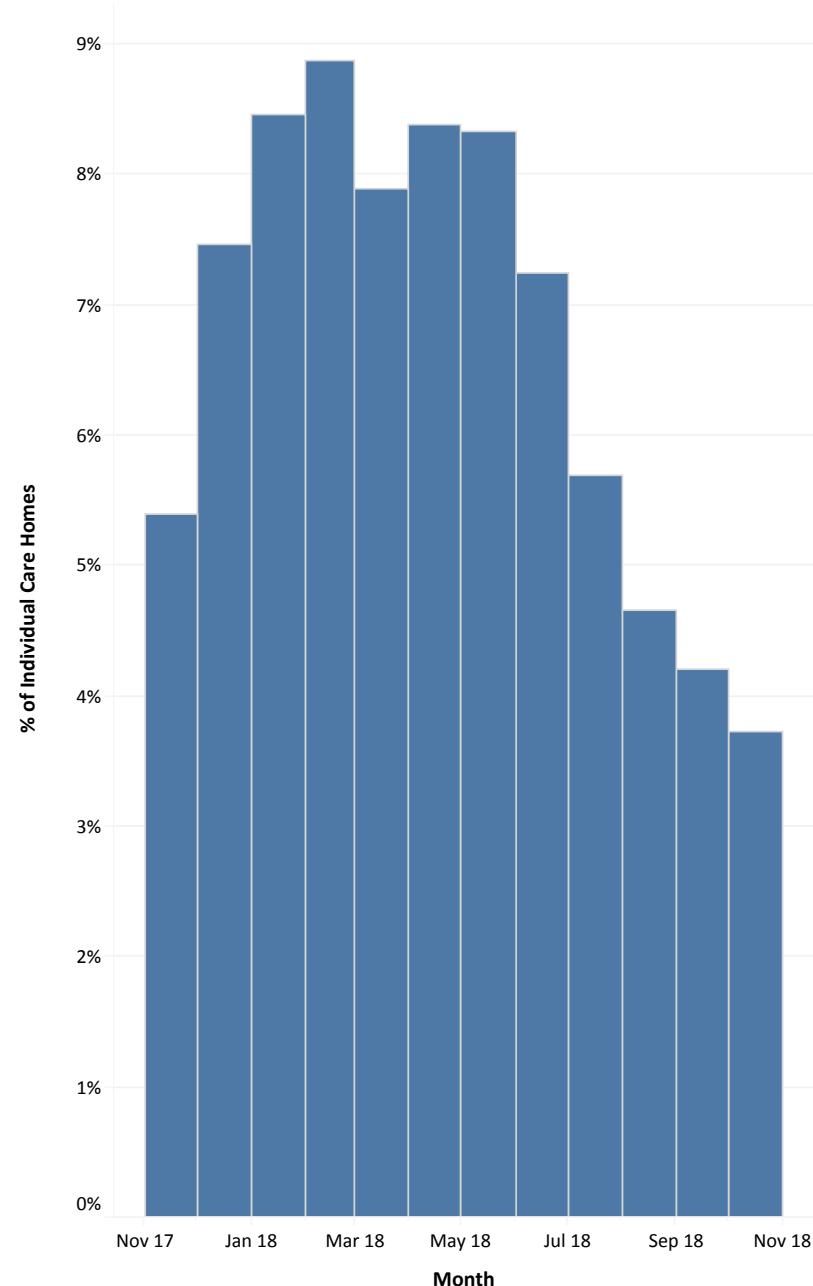
Latest Rating

● G ● I ● RI

% of all Homes that are Rated Inadequate in Cheshire, by Size of the Home



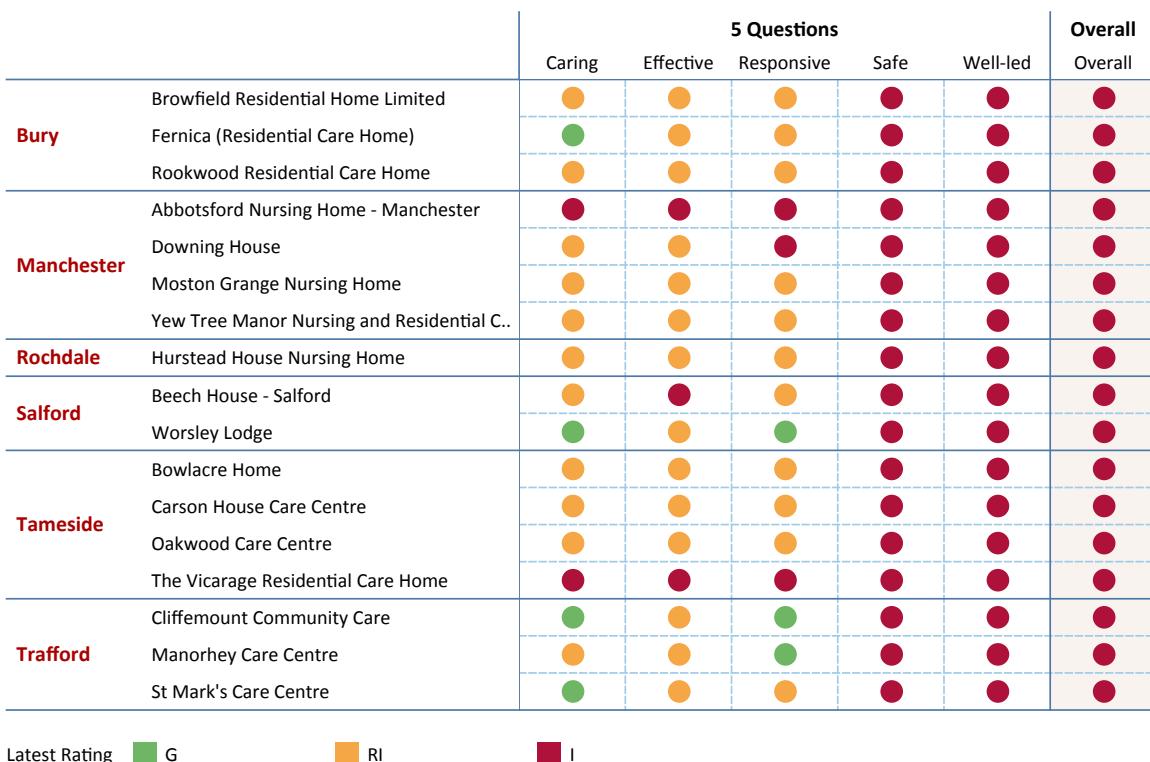
% of Homes in Cheshire rated Inadequate per Month



Greater Manchester Inadequate Homes Breakdown

Inadequate Care Homes in Greater Manchester in October

Graphic shows Rating for Each Key Question

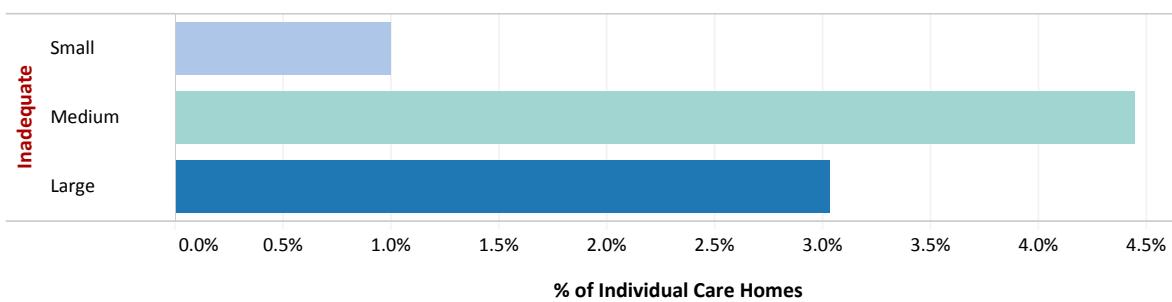


Latest Rating

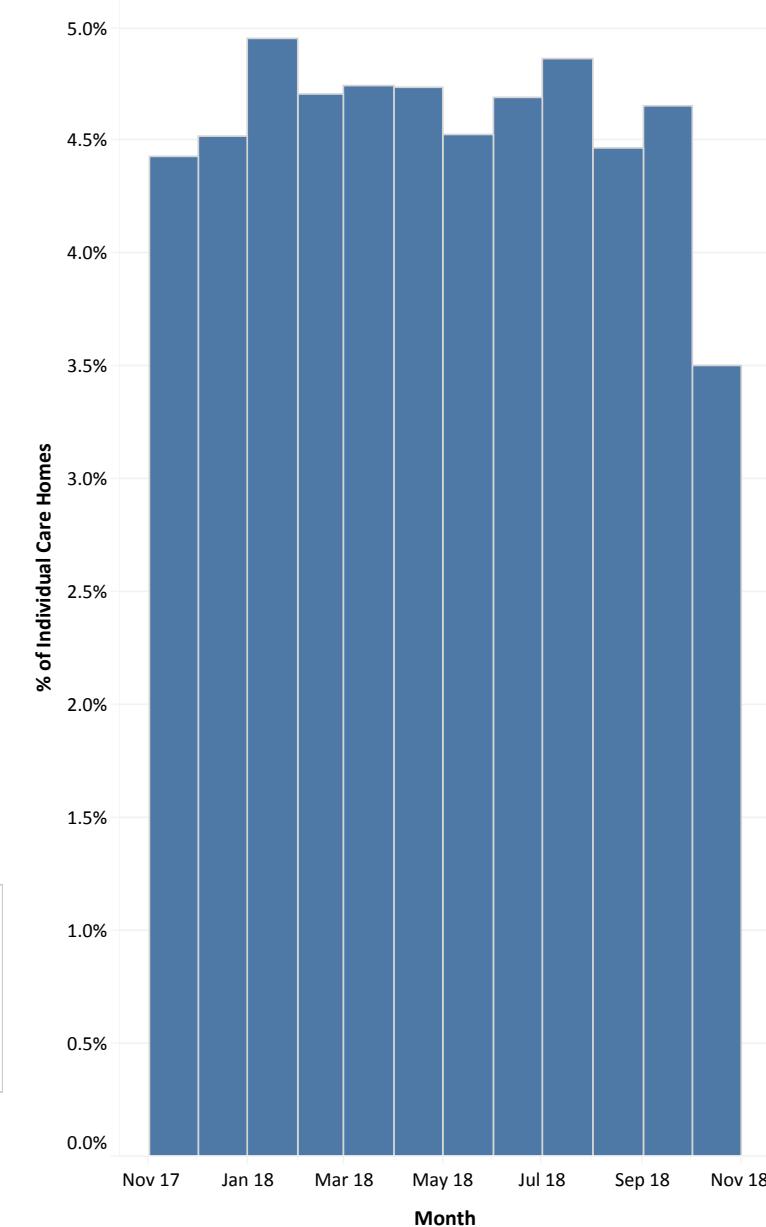
RI

I

% of all Homes that are Rated Inadequate in Greater Manchester, by Size of the Home



% of Homes in Greater Manchester rated Inadequate per Month



Lancashire and Cumbria Inadequate Homes Breakdown

Inadequate Care Homes in Lancashire and Cumbria in October

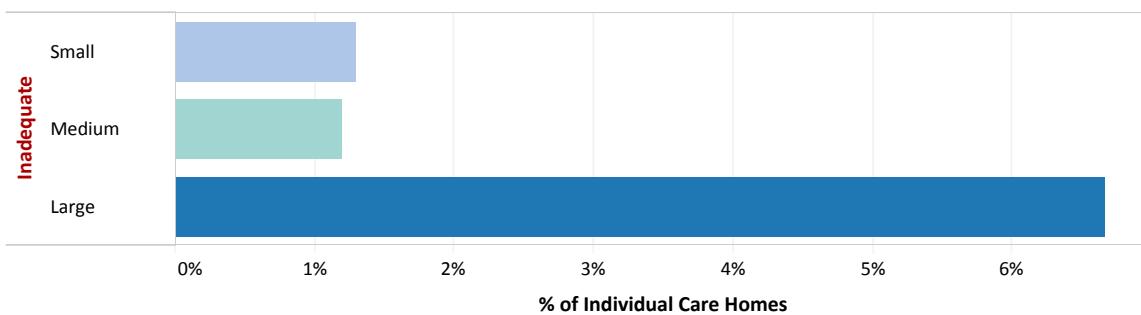
Graphic shows Rating for Each Key Question

		5 Questions					Overall
		Caring	Effective	Responsive	Safe	Well-led	Overall
Blackburn with ...	Feng Shui House (Blackburn)	●	●	●	●	●	●
Cumbria	Dalton Court Care Home	●	●	●	●	●	●
	Bannister Farm Cottage	●	●	●	●	●	●
	Belvedere Manor	●	●	●	●	●	●
	Chorley Lodge	●	●	●	●	●	●
	Fleetwood Nursing Home	●	●	●	●	●	●
	Longworth House	●	●	●	●	●	●
Lancashire	Mather Fold House	●	●	●	●	●	●
	Mill Lodge Residential Care Home	●	●	●	●	●	●
	Preston Glades Care Home	●	●	●	●	●	●
	Sherwood Lodge	●	●	●	●	●	●
	Sutton Grange	●	●	●	●	●	●
	Withy Grove House	●	●	●	●	●	●

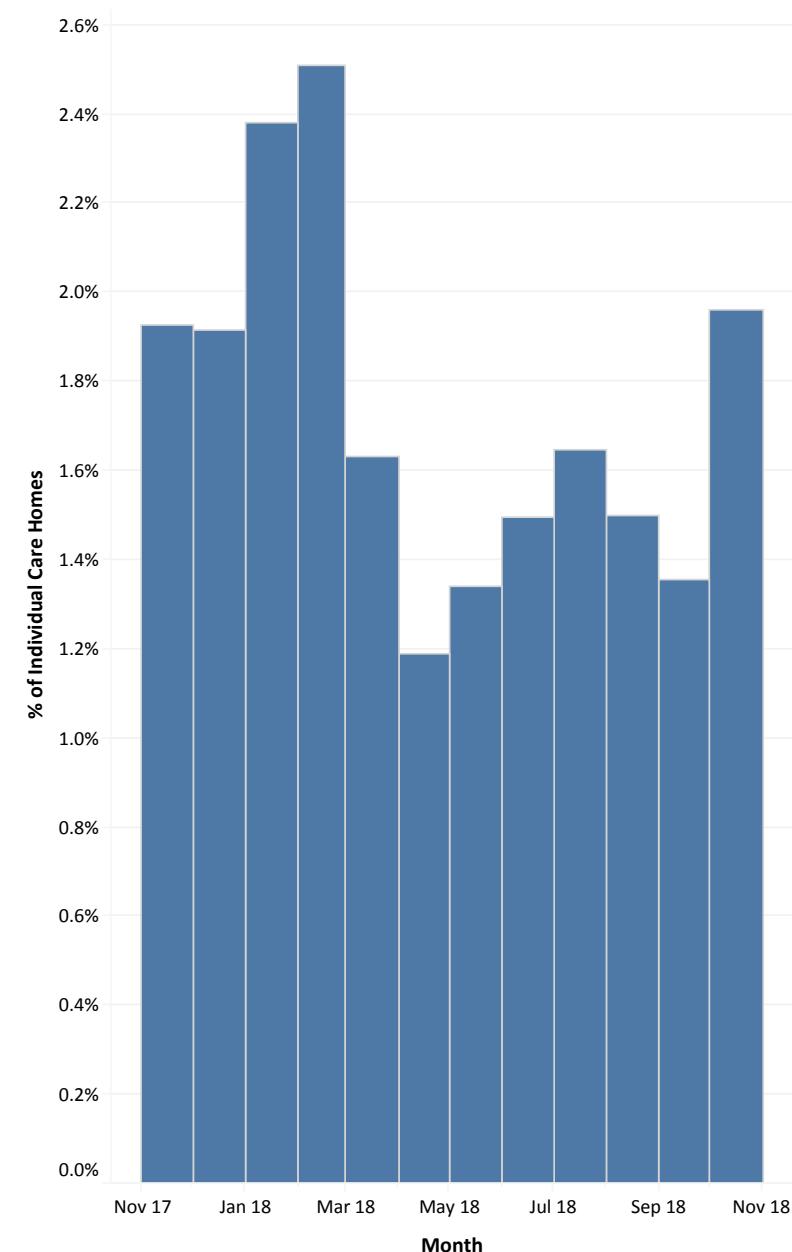
Latest Rating

■ G ■ RI ■ I

% of all Homes that are Rated Inadequate in Lancs and Cumbria, by Size of the Home



% of Homes in Lancs and Cumbria rated Inadequate per Month



Liverpool City Region Inadequate Homes Breakdown

Inadequate Care Homes in Liverpool City Region in October

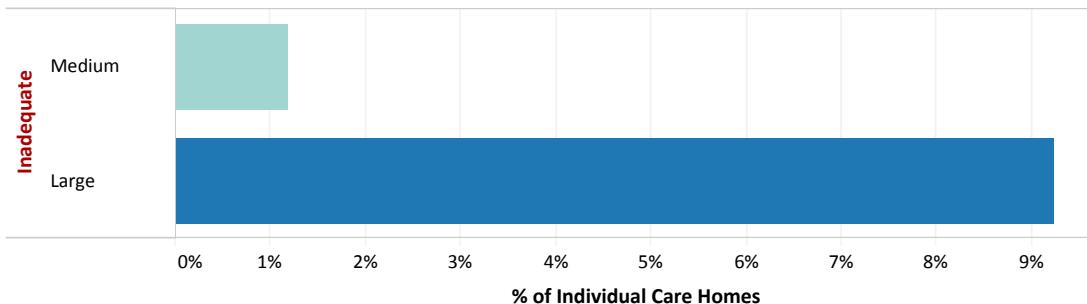
Graphic shows Rating for Each Key Question

		5 Questions					Overall
		Caring	Effective	Responsive	Safe	Well-led	Overall
Halton	St Lukes Care Home	●	●	●	●	●	●
Knowsley	Arncliffe Court Care Home	●	●	●	●	●	●
Liverpool	James Nugent Court	●	●	●	●	●	●
	Stapely Residential and Nursing Home	●	●	●	●	●	●
	Turner Home	●	●	●	●	●	●
Wirral	Grovewood Residential Home	●	●	●	●	●	●
	Homecrest Care Centre	●	●	●	●	●	●
	Oakdene Residential Home	●	●	●	●	●	●
	St George's Care Homes	●	●	●	●	●	●

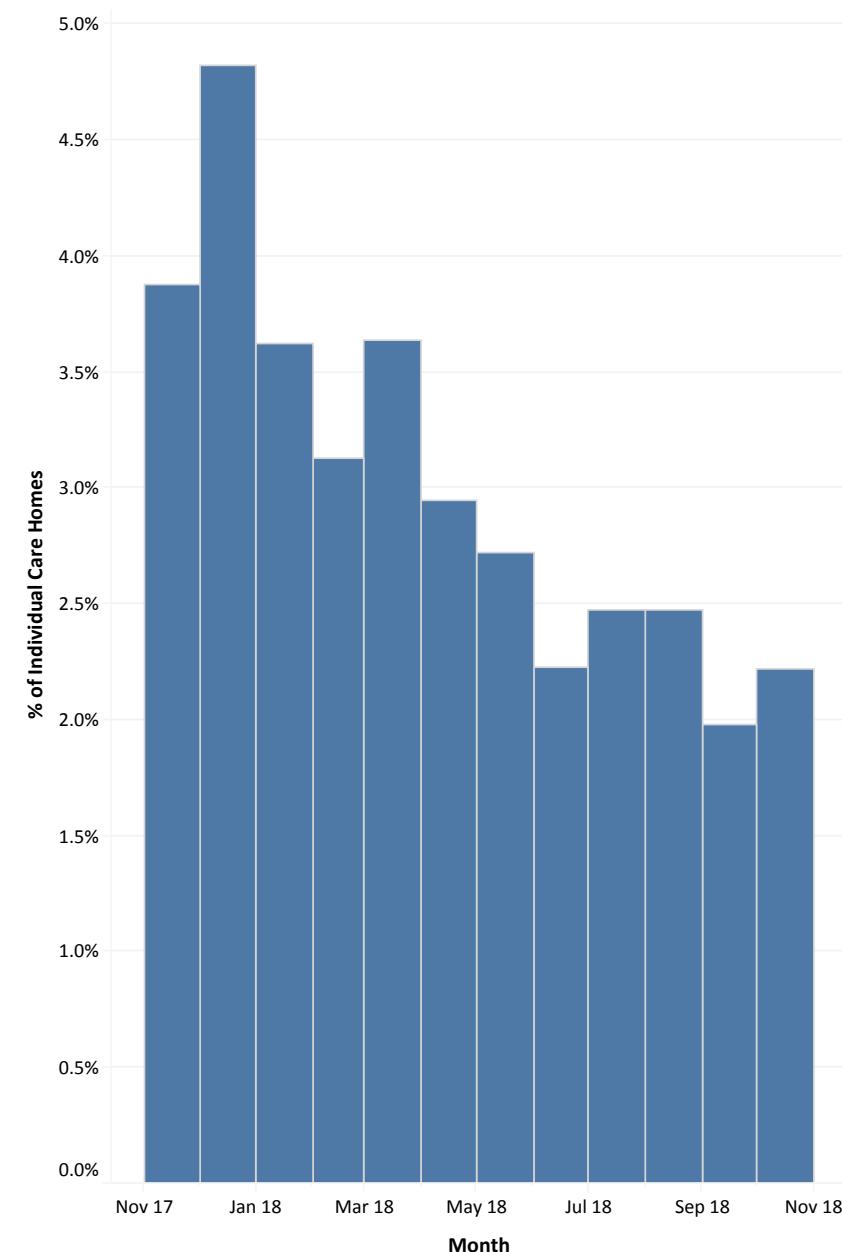
Latest Rating

■ G ■ RI ■ I

% of all Homes that are Rated Inadequate in Liverpool City Region, by Size of the Home



% of Homes in Liverpool City Region rated Inadequate per Month



Community Providers Summary



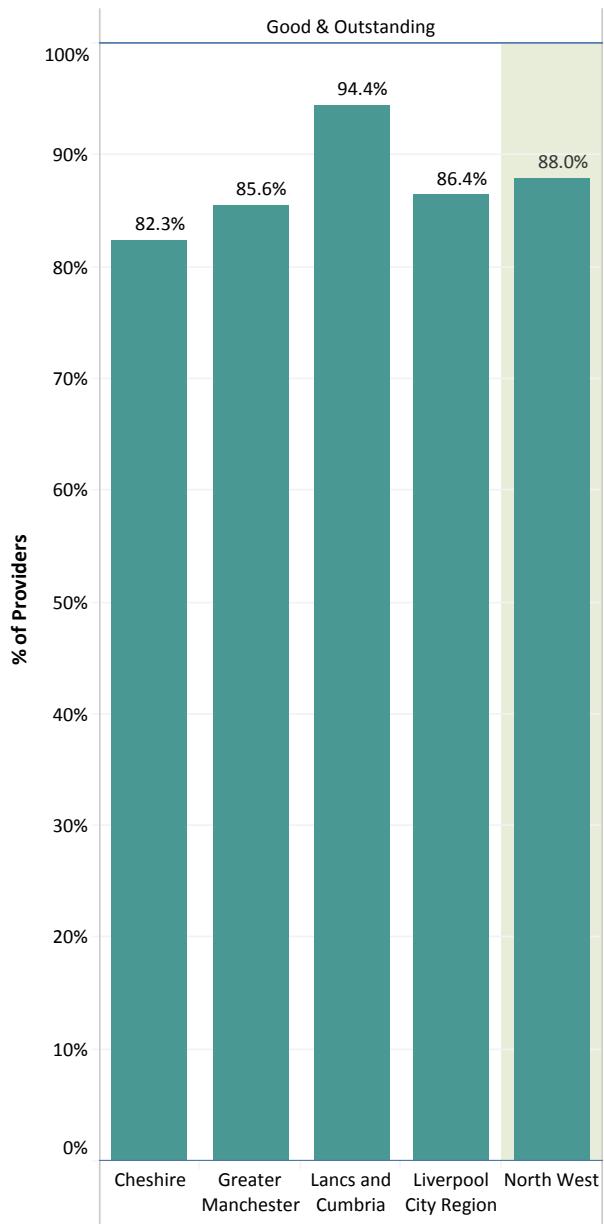
directors of
adass
adult social services
North West

Contents

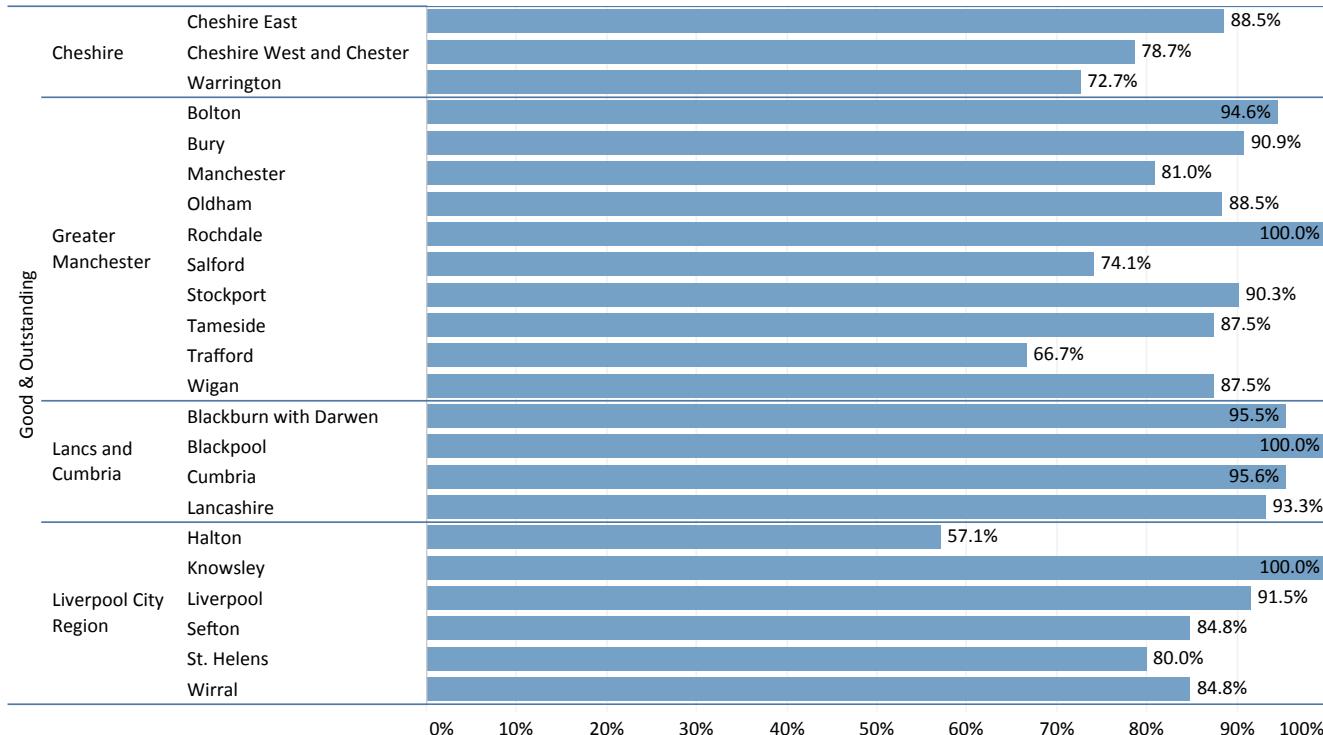
Slide 1: Region Overview with LA Breakdown

Please note that for the purpose of the following slide, this is based on the 'Location Primary Inspection Category' as '*Community Based Adult Social Care*'

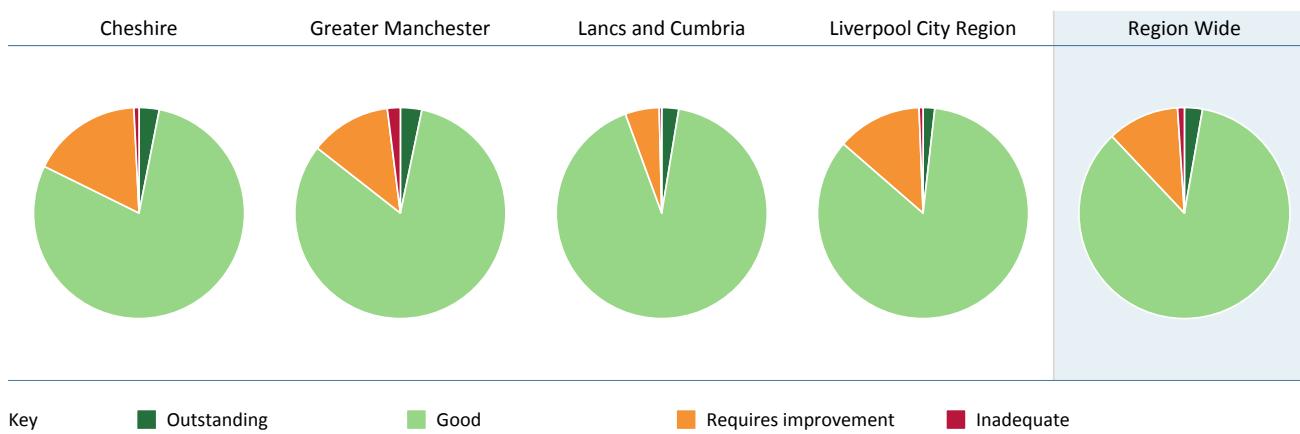
**% of Community Based Providers rated 'Good' or 'Outstanding' per Sub Region:
October 2018**



% of Community Based Providers rated 'Good' or 'Outstanding' per Local Authority: *October 2018*



Sub Regional Quality Summary of Community Based Providers: *October 2018*



Appendices:

Provider Summary



directors of
adass
adult social services
North West

Background *Community Integrated Care*

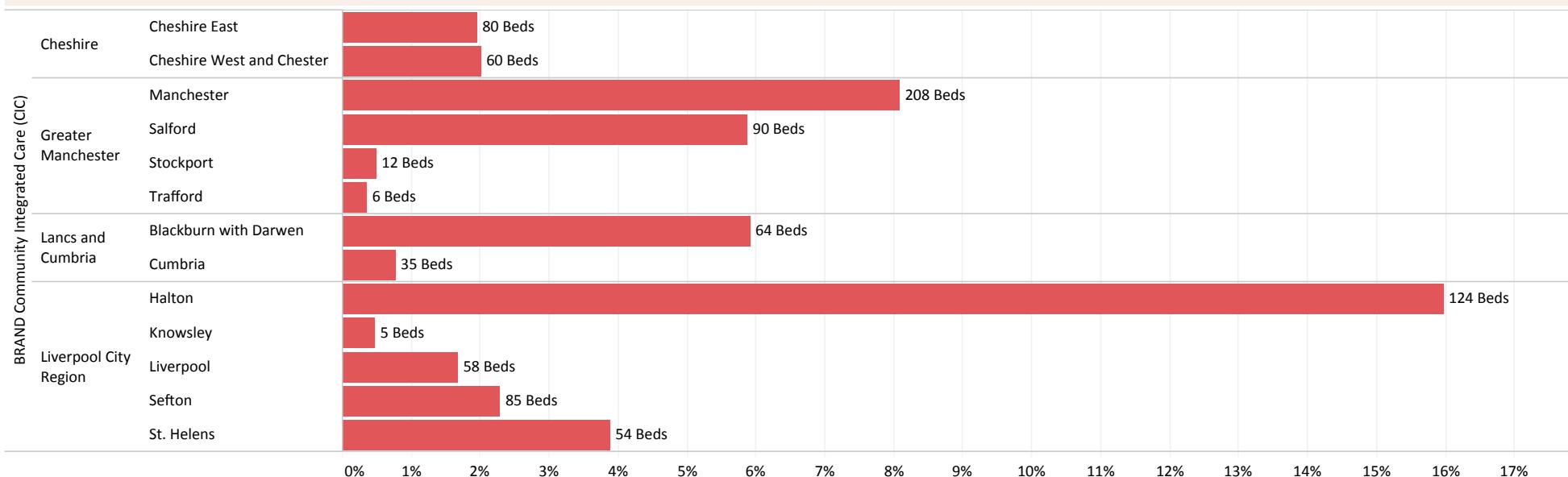
This section is subject to change each month, as this is where a specific provider/set of providers are analysed in more detail, as and when required.

In this publication the focus is on Community Integrated Care (CIC) care homes. This is because in the Market Sustainability and Oversight North West report, it was highlighted that CIC are one of our major providers, with many of our Local Authorities commissioning care with them. They have a high number of packages for working age Learning Disability Service Users, as well as Older People.

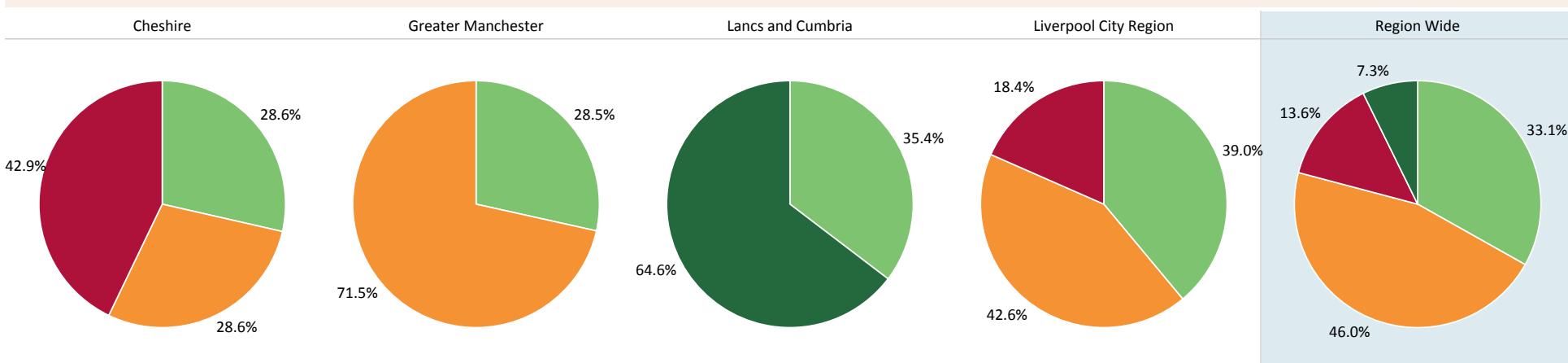
Therefore, CIC is an organisation has a big impact on the North West's overall quality ratings, the next two slides explore their data at a deeper level.

Market Share and Number of Beds owned by CIC in the North West, per Local Authority (October)

Bar = Market Share, Label = Total Beds in LA



CIC Care Home Ratings in the North West, per Sub Region (October)



Rating

Good

Requires improvement

Inadequate

Outstanding

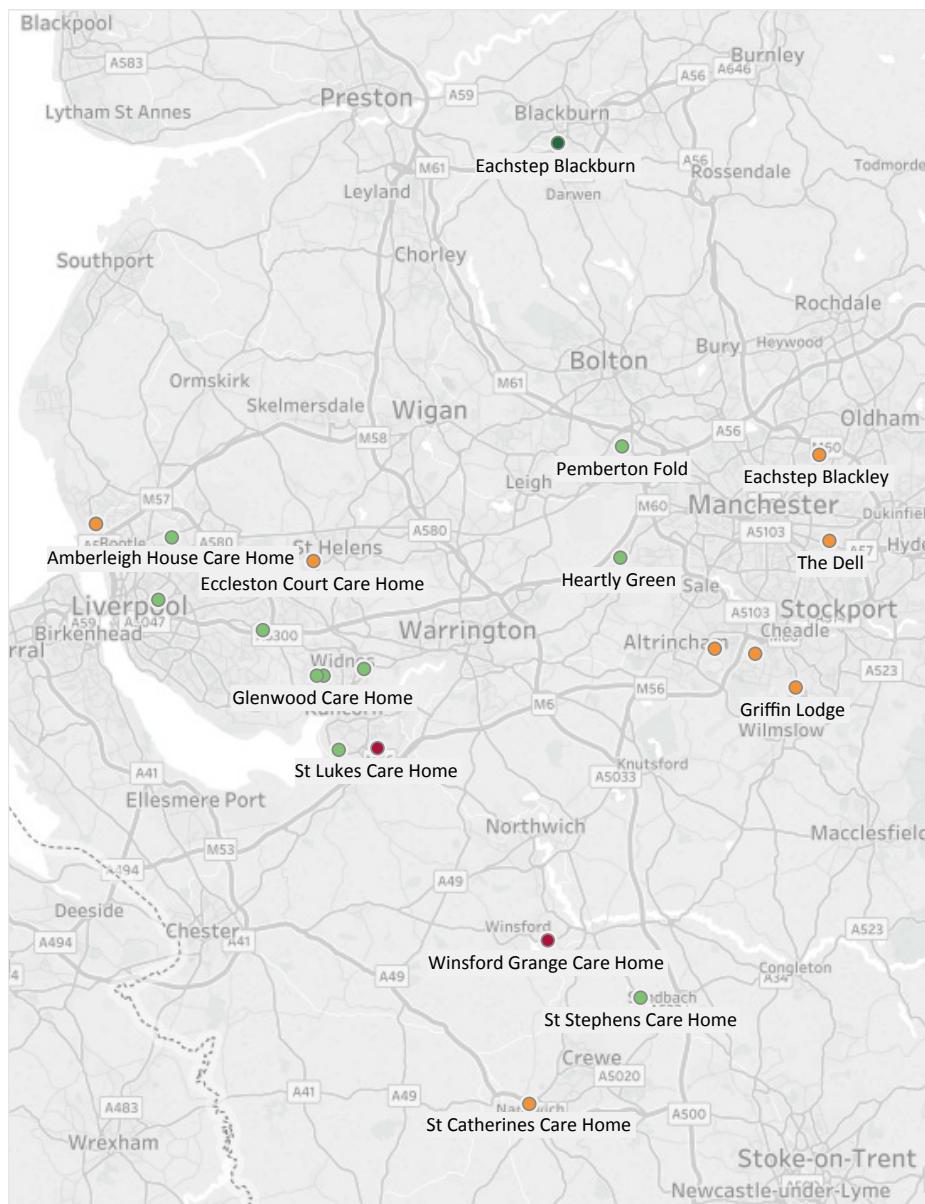
List of CIC Care Homes in the North West and their Current Rating (October)

	St Catherines Care Home	Cheshire East	Requires improvement	 40
Cheshire	St Stephens Care Home	Cheshire East	Good	 40
	Winsford Grange Care Home	Cheshire West and Chester	Inadequate	 60
	Eachstep Blackley	Manchester	Requires improvement	 60
	Griffin Lodge	Stockport	Requires improvement	 12
Greater Manchester	Heartly Green	Salford	Good	 30
	Norwood Drive	Trafford	Requires improvement	 6
	Pemberton Fold	Salford	Good	 60
	The Dell	Manchester	Requires improvement	 40
	The Peele	Manchester	Requires improvement	 108
	Allanby House	Cumbria	Good	 6
	Eachstep Blackburn	Blackburn with Darwen	Outstanding	 64
	Gatesgarth	Cumbria	Good	 5
Lancs and Cumbria	Morningside	Cumbria	Good	 5
	Norfolk Road	Cumbria	Good	 6
	Redmayne House	Cumbria	Good	 5
	Rydal Mount	Cumbria	Good	 4
	Seaview House	Cumbria	Good	 4
	Amberleigh House Care Home	Liverpool	Good	 38
	Bankfield Road	Halton	Good	 6
	Eccleston Court Care Home	St. Helens	Requires improvement	 54
	Elizabeth Road Care Home	Knowsley	Good	 5
	Glenwood Care Home	Halton	Good	 12
Liverpool City Region	Gordon House Care Home	Liverpool	Good	 20
	Green Heys Care Home	Sefton	Requires improvement	 47
	Holmdale	Halton	Good	 6
	Kemp Lodge Care Home	Sefton	Requires improvement	 38
	St Lukes Care Home	Halton	Inadequate	 60
	St Patricks Care Home	Halton	Good	 40

Key

 Outstanding Good Requires improvement Inadequate

Map of CIC Care Homes in the North West and their Current Rating (October)



REPORT TO: Health Policy & Performance Board

DATE: 27 November 2018

REPORTING OFFICER: Strategic Director – People

PORTFOLIO: Health & Wellbeing

SUBJECT: Performance Management Reports, Quarter 2 2018/19

WARD(S) Borough-wide

1.0 PURPOSE OF THE REPORT

- 1.1 This Report introduces, through the submission of a structured thematic performance report, the progress of key performance indicators, milestones and targets relating to Health in Quarter 2 of 2018/19. This includes a description of factors which are affecting the service.

2.0 RECOMMENDATION: That the Policy and Performance Board:

- i) **Receive the Quarter 2 Priority Based report**
- ii) **Consider the progress and performance information and raise any questions or points for clarification**
- iii) **Highlight any areas of interest or concern for reporting at future meetings of the Board**

3.0 SUPPORTING INFORMATION

- 3.1 The Policy and Performance Board has a key role in monitoring and scrutinising the performance of the Council in delivering outcomes against its key health priorities. Therefore, in line with the Council's performance framework, the Board has been provided with a thematic report which identifies the key issues in performance arising in Quarter 2, 2018/19.

4.0 POLICY IMPLICATIONS

- 4.1 There are no policy implications associated with this report.

5.0 OTHER/FINANCIAL IMPLICATIONS

- 5.1 There are no other implications associated with this report.

6.0 IMPLICATIONS FOR THE COUNCIL'S PRIORITIES

6.1 Children & Young People in Halton

There are no implications for Children and Young People arising from this report.

6.2 Employment, Learning & Skills in Halton

There are no implications for Employment, Learning and Skills arising from this report.

6.3 A Healthy Halton

The indicators presented in the thematic report relate specifically to the delivery of health outcomes in Halton.

6.4 A Safer Halton

There are no implications for a Safer Halton arising from this report.

6.5 Halton's Urban Renewal

There are no implications for Urban Renewal arising from this Report.

7.0 RISK ANALYSIS

7.1 Not applicable.

8.0 EQUALITY AND DIVERSITY ISSUES

8.1 There are no Equality and Diversity issues relating to this Report.

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

None under the meaning of the Act.

Health Policy & Performance Board Priority Based Report

Reporting Period: Quarter 2 – Period 1st July – 30th September 2018

1.0 Introduction

This report provides an overview of issues and progress against key service area objectives and milestones and performance targets, during the second quarter of 2018/19 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:

Developing the use of the Mental Health Resource Centre in Vine Street, Widnes: originally designed as a multi-purpose mental health resource centre, this building had over time become underused, and was no longer fulfilling its original aim. However, significant capital investment from the Borough Council, NHS Halton Clinical Commissioning Group and the North West Boroughs NHS Mental Health Trust has resulted in a redesign of the building's use over a period of over eighteen months. The ground floor will now be used by the North West Boroughs nurses, psychiatrists and psychologist on site, to provide a crisis resolution and home treatment service, whilst the upstairs already contains social workers, the Mental Health Outreach Team and the Community Bridge Building Team. This combination of services will provide greater support to people in crisis, will create much easier pathways for referrals between the services and will support the development of new and innovative ways of working together. All refurbishments are about to be completed, favourable lease arrangements have been put in place, and the new service should be available by December 2018.

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

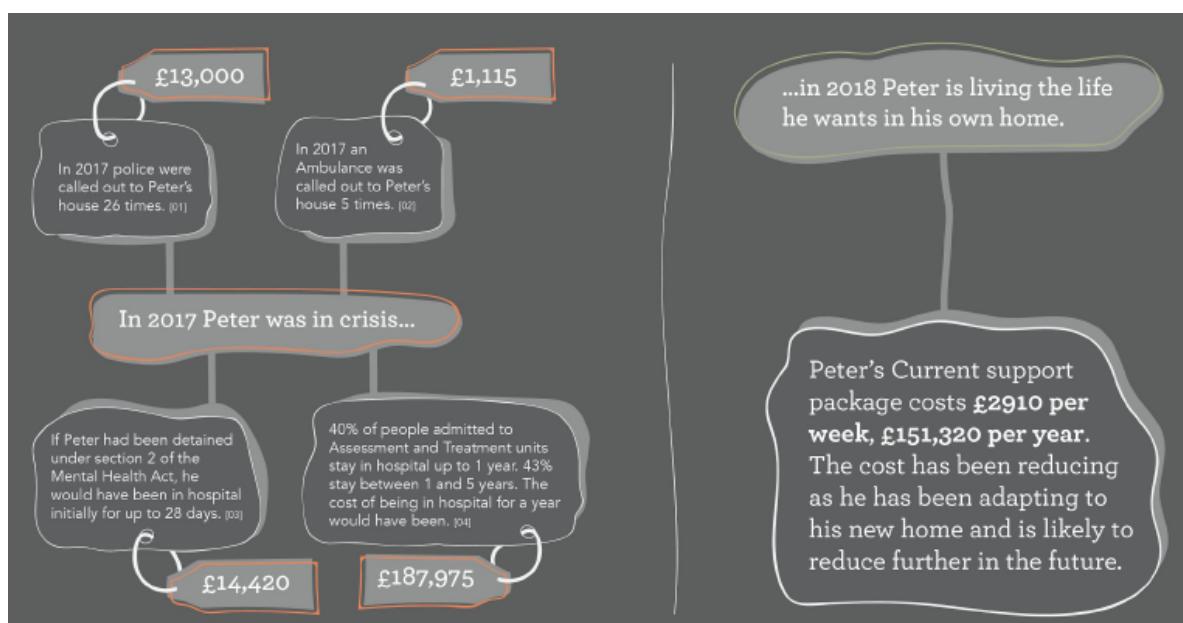
aim of the team is to have a joined up approach to transition from education, health and social care with increased and targeted co-ordination and communication from all agencies from a younger age. The team works with young people aged from 14 to 25 years (or until appropriate to transfer into generic 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, as displayed below:



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 has been invited to work 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.

Social Work Matters Forum

The 'Social Work Matters Forum' has been running in Halton for the past 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.

Community Connectors

There two Community connector posts 12 month pilot continues. They are 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 aim to :-

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

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

The 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.

Public Health

There has been significant improvement in a number of lifestyle areas for adults. Halton's smoking rate has now reduced down to the England average which is a big improvement. The percentage of active adults has also improved and is now better than the North West average and the same as the England average. Excess weight in adults has also decreased with Halton now having a similar percentage to the England average and much better than the North West average.

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:

Review of the Mental Health Act 1983: mental health has become a key policy priority for this current government, and one of the central elements of this has been a detailed review of the operation of the Mental Health Act itself. There is evidence of increasing use around the country of the Act to detain people in hospital (this reflects the local pattern too) and this adds to pressure on inpatient mental health services and community support services. An independent review has been established, focusing on:

- What happens to people before detention: the range of support services available, types of professional approach, how decisions to admit are taken, the interface with the Mental Capacity Act, the role of the police
- What happens during detention: dignity, respect, autonomy, advance planning and treatment safeguards
- Tribunals, hospital managers' hearings and advocacy
- Leaving hospital: Community Treatment Orders, discharge and care planning, aftercare
- Issues for particular groups: Black, Asian and minority ethnicities, children and young people, learning disabilities and autism, criminal justice, court powers

An interim report was published in May 2018, identifying the above themes; subsequent work will consider:

- What interventions could reduce use of the Act and compulsory admissions
- How to take a "whole system" view of the issues
- How to mandate close interagency working
- Opportunities to improve risk and safety management

The aim is to deliver a final report by October 2018, and this is likely to lead to a Green Paper and then a White Paper to replace the current legislation. This will still take some time to deliver but the indications are that this will go through the next session of parliament. This will then lead to a detailed internal review of local policies and procedures, to ensure that all processes are compliant with the Act.

Internal Audit Review of Adult Mental Health Social Care Services: this review took place over the summer of 2018, focusing on:

- Approved Mental Health Practitioners: their capacity, training, approval and re-approval
- Mental Health Social Work Team: referral and assessment process, carers assessments, reviews
- Mental Health Outreach Team: referral and assessment process, duration and nature of support, reviews

The Review found Substantial Assurance in the delivery of all the services; some minor action points were identified and these are the subject of an action plan, which aims to deliver these improvements by November 2018.

Public Health

Halton needs to continue to concentrate on good child development particularly with regard to speech and language. Cardiovascular disease and cancer also need to be prioritised via the evidence based programmes that can be put into place. Conversations are currently taking place with the Halton Federations to implement these.

4.0 Risk Control Measures

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

5.0 Progress against high priority equality actions

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

6.0 Performance Overview

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

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

Four BCF KPIs are expressed as rates per population. "Rates per population" and "percentages" are both used to compare data but each expresses the same amount in a different way. A common guide used is that if a percent is less than 0.1 then a rate (e.g. per 100,000) is used. For example, permanent admissions to residential care expressed

as a rate (50 admissions per or for every 100,000 people) makes more sense when comparing performance with other authorities rather than as a percentage (0.05%) which is quite a small number and could be somewhat confusing. More examples below:

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

Adult Social Care**Key Objectives / milestones**

Ref	Milestones	Q1 Progress
1A	Monitor the effectiveness of the Better Care Fund pooled budget ensuring that budget comes out on target	<input checked="" type="checkbox"/>
1B	Integrate social services with community health services	<input checked="" type="checkbox"/>
1C	Continue to monitor effectiveness of changes arising from review of services and support to children and adults with Autistic Spectrum Disorder.	<input checked="" type="checkbox"/>
1D	Continue to implement the Local Dementia Strategy, to ensure effective services are in place.	<input checked="" type="checkbox"/>
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.	<input checked="" type="checkbox"/>
1F	The Homelessness strategy be kept under annual review to determine if any changes or updates are required.	<input checked="" type="checkbox"/>
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.	<input checked="" type="checkbox"/>

Supporting Commentary

1a - Work ongoing with the Clinical Commissioning Group to ensure the pooled budget comes out on target. Some key pressures identified in relation to Continuing Health Care.

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 - 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 process for recruiting and appointing a chair of the HAAA. A Contract has been drawn together for this post and the next stage is to progress the formal recruitment process.

The Autism Self-assessment Framework is in the process of completion, The HAAA has taken the lead in completing this with members allocated to specific areas that fall under their remit. Early indications suggest that while progress is clear in some areas there are a number of areas in which there remains work to be done.

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

1d - During Q2 the Dementia Delivery Group merged with the Mental Health Oversight Group and met for the first time with the revised terms and conditions. The group continued to report on progress of delivery of dementia actions in the dementia delivery plan. Halton DAA continue to offer a virtual network of signposting and information to professionals, and others with an interest in dementia, and initiated awareness work around Join Dementia Research (JDR) – one of the Dementia Friendly Communities pledges. Work around JDR awareness will continue into Q3. During Q2 Halton DAA met with HBC Community Centre Manager and Leisure Centre Managers to promote awareness of how they can make small steps to become dementia friendly environments. Resources were provided and pledges made by the managers to incorporate dementia awareness within their service. Dementia diagnosis rates are stable at 71%, against the national target of 61.7% and Cheshire and Merseyside average of 69.4%.

1e – Completed.

1f - A review of the Homelessness strategy is underway to reflect the key priorities and agreed action plan for the next five year period.

The review will include a five year action plan that will determine Local Authority key objectives that reflect economical and legislative changes. A draft review report will be completed and submitted to Senior Management Team in November 2018 for approval and implementation.

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

3b - We continue to support strengths based approaches in practice. We have a making safeguarding personal approach implemented across services. We have high performance in offering direct payments.

Key Performance Indicators

Older People:							
Ref	Measure	17/18 Actual	17/18 NW	18/19 Target	Q2	Current Progress	Direction of travel
AS C 01	Permanent Admissions to residential and nursing care homes per 100,000 population 65+ <i>Better Care Fund performance metric</i>	623.31	888.8	635	472.2		
AS C 02	Delayed transfers of care (delayed days) from hospital per 100,000 population. <i>Better Care Fund performance metric</i>	604	1200	5147	1333 actual V plan 874		
AS C 03	Total non-elective admissions in to hospital (general & acute), all age, per 100,000 population. <i>Better Care Fund performance metric</i>	3290	272	13,289	3338 Actual V plan 3194		

AS C 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	N/A as no target	N/A
AS C 05	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	78%	86%	75%	N/A	N/A as no target	N/A

Adults with Learning and/or Physical Disabilities:

AS C 06	Percentage of items of equipment and adaptations delivered within 7 working days	94%	N/A	97%	72%		
AS C 07	Proportion of people in receipt of SDS (ASCOF 1C – people in receipt of long term support – include brief definition) (Part 1)	66%	89%	78%	69%	NA	N/A
AS C 08	Proportion of people in receipt of SDS (ASCOF 1C – people in receipt of long term support – include brief definition) (Part 2) DP	33%	25%	44%	30%	NA	N/A
AS C 09	Proportion of adults with learning disabilities who live in their own home or with their family (ASCOF 1G)	87%	88%	87%	87%		
AS C 10	Proportion of adults with learning disabilities who are in Employment (ASCOF 1E)	5.30%	4.4%	5%	5.10%		
AS C 11	Out of Borough Placements – number of out of borough residential placements	N/A	N/A	30	N/A	N/A	N/A

People with a Mental Health Condition:							
AS C 12	Percentage of adults accessing Mental Health Services, who are in employment.	0.49%	N/A	N/A	0.53		
AS C 13 (A)	Percentage of adults with a reported health condition of Dementia who are receipt of services.	44.44%	N/A	TBC	52.77		
AS C 13 (B)	Percentage of Carers who receive services, whose cared for person has a reported health condition of Dementia.	11.02%	N/A	TBC	14.68		
Homelessness:							
AS C 14	Homeless presentations made to the Local Authority for assistance In accordance with Homelessness Act 2002.	117	N/A	500	37		
AS C 15	Homeless Households dealt with under homelessness provisions of Housing Act 1996 and LA accepted statutory duty	10	N/A	100	8		
AS C 16	Number of households living in Temporary Accommodation	6	N/A	17	7		
AS C 17	Households who considered themselves as homeless, who approached the LA housing advice service, and for whom housing advice casework intervention resolved their situation (the number divided by the number of thousand households in the Borough)	1.64%	N/A	6.00%	1.16%		
Safeguarding:							

AS C 18	Percentage of VAA Assessments completed within 28 days	74.49%	N/A	88%	66%		
AS C 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%	N/A	56%	70%		
AS C 20 (A)	DoLS – Urgent applications received, completed within 7 days.	N/A	N/A	80%	N/A	N/A	N/A
AS C 20 (B)	DoLS – Standard applications received completed within 21 days.	N/A	N/A	80%	N/A	N/A	N/A
AS C 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)	88.9%	Not yet available	82%	N/A	N/A	N/A
Carers:							
AS C 22	Proportion of Carers in receipt of Self Directed Support.	99.27%	81.7%	TBC	99.53%	N/A	N/A
AS C 23	<i>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))</i>	8.1% 2016/17	N/A	9	N/A	N/A	N/A
AS C 24	<i>Overall satisfaction of carers with social services (ASCOF 3B)</i>	48.9% 2016/17	N/A	50	N/A	N/A	N/A
AS C 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	N/A	80	N/A	N/A	N/A

AS C 26	Do care and support services help to have a better quality of life? (ASC survey Q 2b) <i>Better Care Fund performance metric</i>	93.30% 2016/17	N/A	93%	N/A	N/A	N/A
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Supporting Commentary

Older People:

- ASC 01 We have placed less people in permanent residential and nursing care than the same period last year, which in terms of performance is positive.
- ASC 02 Full Q2 will not be available until November, the actual and plan reported here relate to July and August. There were a total of 1333 delayed days compared to a plan of 874 and an actual of 839 for the same period last year. This performance was driven by an exceptionally high number of admissions in July (935) which was the highest number ever reported. In August the number of delayed days fell to 398 which is 10% below the monthly plan of 437. We have seen a positive impact at Warrington & Halton Hospitals Trust in the August figures as a result of additional Ward B3 beds being made available
- ASC 03 Full Q2 will not be available until November, the actual and plan reported here relate to July and August. There were a total of 3338 non-elective admissions against a plan of 3206 and the same period last year of 3097. Year-on-year growth exceeds 8% and an additional 466 emergency admissions have been witnessed. Increases are driven almost exclusively by St Helens trust (+19%) with a small reduction at Warrington (-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 No commentary provided
- ASC 07 This measure changed last year so there is no comparable data. The definition has been updated to reflect this..
- ASC 08 This measure changed last year so there is no comparable data. The definition has been updated to reflect this.
- ASC 09 We are on track to meet this target.
- ASC 10 We are on track to meet this target.
- ASC 11 No data provided.

People with a Mental Health Condition:

- ASC 12 We are on track to meet this target.
- ASC 13 Performance/Lindsay Smith
 (A) Performance is higher compared to Q2 last year at 11.10%, however, progress cannot be reported as there is no target.
- ASC 13 Performance/Lindsay Smith
 (B) Performance is marginally higher this quarter compared to the same period last year of 14.33%, however, progress cannot be reported as there is no target.

Homelessness:

- ASC 14 The statistics for Q2 are low, which is mainly due to the service transferring to a new homelessness database. The system was implemented January 2018 and went live April 2018, however, due to IT issues, the legacy cases could not be transferred.
 The system upgrade will allow more efficient and accurate data recording and will be fully compliant with the new MHCLG reporting requirements
- ASC 15 The figures are low, due to the implementation of the Homeless Reduction Act. Statutory homeless and duty acceptance is now considered the last option of the homelessness assessment, with further emphasis placed upon prevention and relief.
- ASC 16 National and Local trends indicate a gradual Increase in homelessness, which will impact upon future service provision, including temporary accommodation placements.
 Due to the introduction of the Homelessness Reduction Act 2017, the service is now beginning to see the impact upon homelessness services. For the first time in several years, HBC has utilised B&B accommodation, resulting in a further review of the existing accommodation provision to ensure the LA legal obligations can be fully met.
- ASC 17 The Housing Solutions Team promotes a community focused service, with emphasis placed upon homeless prevention.
 The officers have a range of resources and options that are offered to vulnerable clients threatened with homelessness. The team will continue to strive to improve service provision across the district. Due to the early intervention and proactive approach, the officers continue to successfully reduce homelessness within the district

Safeguarding:

- ASC 18 Performance slightly down compared to the same period last year. However, an exception report detailing assessments open longer than 28 days is sent to the teams monthly for them to action
- ASC 19 No commentary provided
- ASC 20 18/19 Data not available due to changes in the forms on Care First. New reports
 (A) need to be built to reflect the changes
- ASC 20 18/19 Data not available due to changes in the forms on Care First. New reports
 (B) need to be built to reflect the changes
- ASC 21 Annual collection only to be reported in Quarter 4, (figure is an estimate).

Carers:

- ASC 22 No target as yet set.
- 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	Q1 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 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 reducing 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.	<input checked="" type="checkbox"/>

Supporting Commentary

- PH 01a** Halton Stop Smoking Service has seen an increase in maternal referrals and an increase in pregnant smokers quitting this year (Q1 & Q2) compared to the same period last year (69%). 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 numbers of people in the Routine & Manual cohort remains consistent between 2017 and 2018.
- PH 01b** We are working closely with the Cheshire and Merseyside Cancer Prevention Group to identify potential activities for cancer screening that would provide benefit across scale, and share resource effectively. We are in the process of submitting potential programmes which may be submitted for Cancer Alliance Transformation Funding rounds. The group have been very interested in the increase in uptake of bowel screening Halton have achieved recently via a pilot study to improve uptake and return of test kits through targetted telephone calls.
- PH 01c** Summer periods always provide a challenge to achieving targets as a result of patient choice and staff capacity. While locally we have been marginally below target for referral to treatment, this is reflected wider also. However, as noted previously, 1-year cancer survival has improved; Halton has gone from being the worst amongst 11 peers for 1 year survival rates for cancer in 2000 to the best amongst 11 peers in 2015. We are now better than the England average for 1 year survival. The Halton survival rate is now 73.2% compared to the England rate of 72.3%.
- 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. Following the start of the new 0-19 contract, the performance in quarter 1 of delivering the mandated checks has improved.
- 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 Family Nurse Partnership works closely with partners to engage new families to their caseload, and do outreach work to encourage those who are reluctant to engage.
- PH 02c** Work continues to achieve the infant feeding action plan. The infant feeding team continue to proactively contact all mothers on discharge from hospital to support with feeding, and are finding women who wish to start breastfeeding after hospital discharge. All organisations in Halton have BFI stage 3, currently looking at organisational capacity to complete staff audits in children's centres, health visiting and midwifery.
- 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.
- Compared to the same period last year, there has been a 40% increase in the number of referrals received to the Age Well exercise class.

The combined nutrition and exercise programme trial for over 55s in local sheltered accommodation has proven effective in the sheltered housing scheme. So far: 20 residents

signed up; 9 residents have now completed the programme since the start, 8 of whom have lost weight. ALL clients have improved their Quality of Life scores and have self-reported feeling their health has improved as a result of the programme.

We are collaborating with many partners and working very closely with the Rapid Access Rehabilitation Service and Local Hospital A&E departments to explore opportunities to develop new initiatives to improve screening for falls and promotion of preventative service.

Cheshire Fire Brigade Service have implemented the Falls Risk Assessment Tool as part of their Safe and Well checks and appropriate referrals are being made to partner Falls organisations. 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. 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 and associated action plan is ready to be presented to the Health and Wellbeing Board in Qtr 3. 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 are 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.

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 will be rolled out in November and closely monitored to review its effectiveness in people getting a rapid response.

- PH 04a** Good progress is being made towards implementing the Halton alcohol strategy action plan. Key activity includes:

- Developing a coordinated alcohol awareness campaign plan.
- Delivery of alcohol education within local school settings (Healthitude, R U Different, Amy Winehouse Foundation, Cheshire Police, Alcohol education Trust, wellbeing web magazine).
- Ensuring the early identification and support of those drinking above recommended levels through training key staff members in alcohol identification and brief advice (alcohol IBA).
- Reviewing alcohol treatment pathways
- Working closely with colleagues from licensing, the community safety team, trading standards and Cheshire Police to ensure that the local licensing policy supports the alcohol harm reduction agenda, promoting more responsible approaches to the sale of alcohol (e.g. promotion of Arc Angel and the local pub watch schemes within Halton), promoting a diverse night time economy.

Working 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.

PH 04b The Health Improvement Team continue to raise awareness of safe drinking recommendations and local alcohol support services within the local community through the delivery of:

- The Stop Smoking Service is now delivering Audit C screening and brief advice at 1-1 consultations with clients quitting smoking. Alcohol consumption increases the risk of quitters relapsing back into smoking. Also, alcohol consumption can increase when clients successfully quit smoking.
- Health checks (includes Audit C) in workplaces and community events.
- Drink Less Enjoy More campaign.

Healthitude offers alcohol training as part of the programme in all Halton Schools.

PH 04c We continue to monitor the elvery 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 Halton Health Improvement and Public Health continue to roll out a series of programmes and training activities around mental health, with good partnership working on the delivery of action plans, raising awareness and provision of community based programmes and activities.

The Health Improvement Team provides both an adult and children and young people mental health offer to improve the mental health and wellbeing of those living and working in Halton. The preventative approach consists of:

- **Whole settings approaches to support educational settings and workplaces** – 7 educational settings and 2 workplaces supported
- **Training offer to improve early detection of mental health conditions and mental health and wellbeing, available to both staff and the community** – 201 front line staff trained
- **Campaigns to tackle stigma and raise awareness**- Local time to change champions continue to be engaged and social media plan implemented

Future developments-

In the process of applying to be a Time to Change hub with local partners, to tackle mental health stigma in Halton. Staff being trained to deliver mindfulness.

PH 05b The Suicide prevention action plan has been updated and continues to be implemented. The plan links closely with the Cheshire and Merseyside No More Suicides strategy. Champs are leading on an area-collaborative approach to gain Suicide Safer Community Status. A real time surveillance intelligence flow has been set up which will enable faster identification of potential trends and clusters. Work is underway to develop a suicide prevention pathway for children and young people along with a training package aimed at front line staff who work and support children and young people.

Key Performance Indicators

Ref	Measure	17/18 Actual	18/19 Target	Q1	Current Progress	Direction of travel
PH LI 01	A good level of child development (% of eligible children achieving a good level of development at	60.9% (2016/17)	63.0% (2017/18)	Annual data only	u	

	the end of reception)					
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) <small>Provisional</small>	836.0 (2018/19)	809.4 (Q2 '17/18 - Q1 '18/19) <small>Provisional</small>	u	
PH LI 02c	Under-18 alcohol-specific admissions (crude rate per 100,000 population)	57.8 (2015/16-2017/18) <small>Provisional</small>	57.0 (2016/17-2018/19)	57.8 (Q2 '16/17-Q1 '18/19) <small>Provisional</small>	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) <small>Published data based on calendar year, please note year for targets</small>	93.6 (2015-17)	91.0 (2016-18)	95.2 (Q2 '15 – Q1 '18) <small>Provisional</small>	u	
PH LI 04a	Self-harm hospital admissions (Emergency admissions, all ages, directly standardised rate per 100,000 population)	337.9 (2017/18) <small>Provisional</small>	335.0 (2018/19)	328.4 (Q2 '17/18 - Q1 '18/19) <small>Provisional</small>	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	173.7 (2015-17) <small>Provisional</small>	173.0 (2016-18)	174.8 (Q2 '15 – Q1 '18) <small>Provisional</small>	u	

	Rate, per 100,000 population) <i>Published data based on calendar year, please note year for targets</i>					
PH LI 06ai	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>	17.3 (2014-16)	17.5 (2016-18)	17.3 (2015-17) Provisional	u	
PH LI 06a(ii)	Female 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>	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	22.7% (July '17 - June '18)		

PH LI 07b	Individuals representing to drug services within 6 months of discharge (reduction)	8.9% (2016/17)	Below NW average	11.5% (July '17 - June '18)		
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Supporting Commentary

PH LI 01 - Data is released annually.

PH LI 02a - Data is released annually.

PH LI 02b - Provisional figures indicate a reduction to the year ending Q1 2018/19, from a rate of 838.2 per 100,000 population in 2017/18.

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 - The provisional figure for the three years to the end of Q1 2018/19 indicates that the rate of admissions has remained the same as it was for 2015/16-2017/18.

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.

PH LI 03b - Provisional figures for the three-year period to the end of Q1 2018 indicate a small increase in the rate of premature deaths from CVD from 2015-17. We currently are marginally above the target for year's end.

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

Mortality indicators are now based on 3-year periods.

PH LI 04a - Provisional data for the year to Q1 2-18/19 indicates a marginal reduction on the 2017/18 rate for self-harm admissions. However, given we are only at Q1, it is not possible to tell whether target will be met by year end.

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

PH LI 04b - Data is available annually.

PH LI 05 - Provisional figures for the three-year period to the end of Q1 2018 indicate an increase in the rate of premature deaths from cancer from 2015-17. We currently are marginally above the target for year's end.

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 - Provisional data for the year to the end of June 2018 indicates a further reduction in emergency admissions due to falls (ages 65+). However, we are only one quarter into the year so it is not yet possible to say we will meet the target at year end.

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 - Data is available annually

PH LI 07a - Successful completions (according to the NDTMS website) show good progress against the national (14.5%) and North West (15.2%) 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 higher compared to the national (10.0%) and North West (10.7%) averages. The Halton percentage has decreased since the previous period last year.

ADULT SOCIAL CARE DEPARTMENT**Revenue Budget as at 30 September 2018**

	Annual Budget £'000	Budget To Date £'000	Actual Spend £'000	Variance (Overspend) £'000
<i>Expenditure</i>				
Employees	14,770	7,069	6,971	98
Other Premises	329	134	132	2
Supplies & Services	1,596	616	615	1
Aids & Adaptations	113	39	37	2
Transport	201	83	81	2
Food Provision	206	82	81	1
Contracts & SLAs	528	160	170	(10)
Emergency Duty Team	98	20	21	(1)
Other Agency	635	299	313	(14)
Payments To Providers	1,443	653	648	5
Transfer to Reserve	210	0	0	0
Total Expenditure	20,129	9,155	9,069	86
<i>Income</i>				
Sales & Rents Income	-281	-196	-196	0
Fees & Charges	-666	-304	-318	14
Reimbursements & Grant Income	-1,139	-366	-369	3
Transfer From Reserves	-800	0	0	0
Capitalised Salaries	-111	-56	-56	0
Government Grant Income	-1,161	-1,115	-1,115	0
Total Income	-4,158	-2,037	2,054	17
Net Operational Expenditure	15,971	7,118	7,015	103
<i>Recharges</i>				
Premises Support	610	305	305	0
Asset Charges	50	0	0	0
Central Support Services	3,027	1,456	1,456	0
Internal Recharge Income	-2,037	-1,127	-1,127	0
Transport Recharges	671	115	114	1
Net Total Recharges	2,321	749	748	1
Net Department Expenditure	18,292	7,867	7,763	104

Comments on the above figures

In overall terms, the Net Department Expenditure excluding the Complex Care Pool is £104,000 below budget the budget profile at the end of the second quarter of the 2018/19 financial year.

Employee costs are currently showing spend of £98,000 under budget profile, due to savings being made on vacancies within the department, specifically in the Day Services and Care Management divisions. Some of these vacancies have been advertised and have been, or are expected to be, filled very soon, therefore the current level of underspend is not projected to continue at this level for the remainder of the financial year.

Employee budgets are based on full time equivalent staffing numbers of 537.

Income achieved is currently running slightly above target, and is projected to do so for the year.

Capital Projects as at 30 September 2018

	2018-19 Capital Allocation £'000	Allocation To Date £'000	Actual Spend £'000	Total Allocation Remaining £'000
ALD Bungalows	199	0	0	199
Vine Street Development	10	0	1	9
Purchase of 2 Adapted Properties	520	0	0	520
Total	729	0	1	728

Comments on the above figures:

Building work on the ALD Bungalows is expected to be completed in the latter period of the 2018/19 financial year.

The Vine Street Development project relates to the adaptation of the Mental Health Resource Centre in Widnes in order to better meet service user's needs. Construction was completed during the previous financial year, the 2018/19 capital allocation represents the funding carried forward from 2017/18 to fund the residual payments due in relation to the scheme.

The £520,000 capital allocation for the purchase of 2 adapted properties relates to funding received from the Department Of Health under the Housing & Technology for People with Learning Disabilities Capital Fund. The funding is to be used for the purchase and adaptation of two properties to meet the particularly complex and unique needs of two service users. The scheme is anticipated to be completed during the latter stages of the 2018/19 financial year.

COMPLEX CARE POOLRevenue Budget as at 30TH September 2018

	Annual Budget £'000	Budget To Date £'000	Actual To Date £'000	Variance To Date (overspend) £'000
Expenditure				
Intermediate Care Services	6,459	2,465	2,437	28
End of Life	200	92	83	9
Sub-Acute	1,769	818	798	20
Urgent Care Centres	615	155	155	0
Joint Equipment Store	613	56	70	(14)
CCG Contracts & SLA's	1,219	494	460	34
Intermediate Care Beds	599	299	299	0
BCF Schemes	1,729	865	865	0
Carers Breaks	440	229	184	45
Madeline McKenna Home	527	254	285	(31)
Millbrow Home	1,329	705	1,026	(321)
BCF unallocated	713	0	0	0
Adult Health & Social Care Services:				
Residential & Nursing Care	20,336	8,589	8,458	131
Domiciliary & Supported Living	13,446	5,701	5,323	378
Direct Payments	7,611	4,003	5,044	(1,041)
Day Care	420	152	210	(58)
Total Expenditure	58,025	24,877	25,697	(820)
Income				
Residential & Nursing Income	-6,144	-2,280	-2,276	(4)
Domiciliary Income	-1,414	-587	-559	(28)
Direct Payments Income	-569	-169	-210	41
BCF	-9,844	-4,922	-4,922	0
CCG Contribution to Pool	-13,631	-6,816	-6,816	0
ILF	-677	-169	-169	0
Income from other CCG's	-113	-56	-64	8
Madeline McKenna fees	-279	-137	-101	(36)
Millbrow fees	-307	-142	-163	21
Falls Income	-60	-30	-30	0
Total Income	-33,038	-15,308	-15,310	2
Net Department Expenditure	24,987	9,569	10,387	(818)
Liability as per Joint Working Agreement (HCCG share - 38%)	0	0	-310	310
Adjusted Net Dept. Expenditure	24,987	9,569	10,077	(508)

Comments on the above figures:

The overall position for the Complex Care Pool budget is £818,000 over budget profile at the end of the quarter 2.

Intermediate care services achieved an underspend last financial year and this trend looks to continue in 2018/19.

To date only one invoice (April) has been received in respect of the Joint Equipment Service and this is £12,000 over budget profile. The new contract states an exception report must be provided by Bridgewater if the spend is over budget profile, which we are currently still waiting for. Invoices are to be submitted on a monthly basis so that spend can be more closely monitored.

The Carer's Breaks budget is under budget profile by £45,000 as at quarter 2. A couple of contracts have ended and the personalised break costs from Halton Carer's Centre are quite low. Direct Payment carer's break spend is also lower than expected at this point in time but this may increase as spend historically accelerates towards the end of the financial year.

Madeline McKenna Residential home and Millbrow Nursing home were purchased by the council last financial year. Madeline McKenna Residential home is expected to achieve a balanced budget at year end. Millbrow Nursing home was transferred with a legacy of agency workers. Agency spend so far this financial year is £529,000 but this is being addressed as a matter of urgency and a new staffing structure will be implemented shortly, which will reduce spend on agency staff.

The main pressure on the Complex Care Pool budget is due to the Adult Health and Social Care budget which is currently £573,000 over budget profile as at Q2. The expected year end forecast based on current demand is an overspend position of £1.7m.

It was recognised last year that this budget is under significant pressure and a recovery working group was set up to address the issues. This group is currently looking at ways to reduce spend whilst ensuring the needs of clients continue to be met.

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. Included in the annual projection is an estimate for the increase in the cost of sleep in rates. This has changed from an inconsistent cost per sleep to a consistent hourly rate. The projected overspend has been analysed below and split between CCG and LA funded care packages:-

Residential & Nursing Care

Continuing Health Care (CHC) and Joint Funded Care (JFC) packages continue to be a major pressure. Partway through the last financial year a recovery action plan was put together. As a result of this transitionally funded packages were focussed upon and the number of reviews completed within 28 days improved dramatically. Some of these packages were also deemed not eligible for CHC but were eligible for Funded Nursing Care (FNC). There has been a noticeable decrease in the number of people being deemed eligible for CHC funded packages and an increase in FNC costs. This trend is continuing

Count and Spend:

The total number of clients receiving a permanent residential care package has increased from 582 clients in April to 615 clients in September. The average weekly cost of a permanent residential package of care increased from £628 to £630 for the same period.

Domiciliary & Supported Living

A number of service users that are in residential homes but receiving extra 1 to 1 support will cost approximately £312,000 this financial year. The 1 to 1 block contract with St Luke's has now ended and service users will be assessed on a case by case basis.

Count and Spend:

The total number of clients receiving a domiciliary care package decreased by 1.6% from 676 clients in April to 665 clients in August. However, the average cost of a domiciliary care package has increased by 1.7% from £336 in April to £342 in August.

Direct Payments

During the first quarter the number of service users utilising a direct payment increased and this pattern has continued in quarter 2. In the main this is due to the main domiciliary care provider struggling to recruit staff, resulting in not being able to pick up care packages. In fact the number of new referrals received so far this year is 98 compared to 75 for the same period last year. This is a 30% increase in new referrals.

Count and Spend:

The total number of clients receiving a Direct Payment (DP) has increased by 9% from 503 clients at the end of the last financial year to 552 clients in August. The average cost of a DP package has increased from £334 to £360.

Pooled Budget Capital Projects as at 30th September 2018

	2018-19 Capital Allocation £'000	Allocation To Date £'000	Actual Spend £'000	Total Allocation Remaining £'000
Disabled Facilities Grant	1,109	270	221	888
Stair lifts (Adaptations Initiative)	300	150	108	192
RSL Adaptations (Joint Funding)	250	125	65	185
Millbrow Residential Home	150	150	180	(30)
Madeline McKenna Residential Home	136	10	5	131
Total	1,945	705	579	1,366

Comments on the above figures:

Total DFG capital funding consists of £1,629,000 Disabled Facilities Grant (DFG) allocation for 2018/19 and £316,000 DFG funding carried forward from 2017/18 to fund ongoing expenditure.

The renovations to Millbrow are now complete and final costs are slightly more than expected, however this will be contained within the DFG overall.

Similarly, the £136,000 allocated for Madeline McKenna is funding for refurbishment of the premises. The purchase was completed in November 2017, and the establishment is also now managed by Halton Borough Council's Adult Social Care department.

PUBLIC HEALTH & PUBLIC PROTECTION DEPARTMENT**Revenue Budget as at 30 September 2018**

	Annual Budget £'000	Budget To Date £'000	Actual To Date £'000	Variance to Date (overspend) £'000
<u>Expenditure</u>				
Employees	3,664	1,792	1,760	32
Other Premises	5	0	0	0
Supplies & Services	267	96	85	11
Contracts & SLA's	6,803	3,089	3,098	(9)
Transport	6	3	3	0
Other Agency	18	18	18	0
Total Expenditure	10,763	4,998	4,964	34
<u>Income</u>				
Other Fees & Charges	-73	-63	-60	(3)
Government Grant	-10,185	-4,798	-4,798	0
Reimbursements & Grant Income	-278	-162	-153	(9)
Transfer from Reserves	-226	0	0	0
Total Income	-10,762	-5,023	-5,011	(12)
Net Operational Expenditure	1	-25	-47	22
<u>Recharges</u>				
Premises Support	179	89	89	0
Central Support Services	718	359	359	0
Transport Recharges	32	15	14	1
Support Income	-98	-81	-81	0
Net Total Recharges	831	382	381	1
Net Department Expenditure	832	357	334	23

Comments on the above figures

In overall terms, the Net Department Expenditure for the second quarter of the financial year is £23,000 under budget profile.

Employee costs are currently £32,000 under budget profile. This is due to savings being made on a small number of vacancies and reductions in hours within the Health & Wellbeing and Environmental, Public Health & Health Protection Divisions and a delay in the transfer of the Weight Management Team. The vacancies are expected to be filled before the end of the financial year. However if not appointed to, the current underspend will continue to increase beyond this level.

The expected outturn position for the department to 31 March 2019 is anticipated to be circa £45,000, based on the current levels of income and expenditure.

APPENDIX 2 – Explanation of Symbols

Symbols are used in the following manner:

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

Direction of Travel Indicator

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

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