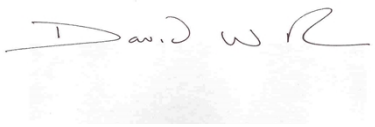
Public Document Pack

Health Policy and Performance Board

Tuesday, 17 September 2019 at 6.30 p.m.
Council Chamber - Town Hall, Runcorn



Chief Executive

BOARD MEMBERSHIP

Councillor Joan Lowe (Chair)	Labour
Councillor Sandra Baker (Vice-Chair)	Labour
Councillor Lauren Cassidy	Labour
Councillor Mark Dennett	Labour
Councillor Eddie Dourley	Labour
Councillor Pauline Hignett	Labour
Councillor Chris Loftus	Labour
Councillor Margaret Ratcliffe	Liberal Democrats
Councillor June Roberts	Labour
Councillor Pauline Sinnott	Labour
Councillor Geoff Zygadllo	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 November 2019

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

Part I

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 June 2019 at Council Chamber - Town Hall, Runcorn

Present: Councillors J. Lowe (Chair), Baker (Vice-Chair), Cassidy, Dennett, Dourley, P. Hignett, C. Loftus, Ratcliffe and Sinnott

Apologies for Absence: Councillors June Roberts and Zygadllo

Absence declared on Council business: None

Officers present: S. Wallace-Bonner, A. Jones, L Wilson, H. Moir and S. Semoff

Also in attendance: D. Johnson – Chief Executive NHS Knowsley CCG; Dr E. Marshall – Clatterbridge Oncology; L. Thompson, M. Stanley & M. Austine – NHS Halton CCG; J. English – HBC Care Homes and Councillor R. Hignett

ITEMS DEALT WITH UNDER DUTIES EXERCISABLE BY THE BOARD

Action

HEA1 MINUTES

The Minutes of the meeting held on 26 February 2019 having been circulated were signed as a correct record.

HEA2 PUBLIC QUESTION TIME

It was confirmed that no public questions had been received.

HEA3 HEALTH POLICY AND PERFORMANCE BOARD ANNUAL REPORT : 2018/19

The Board received the Health Policy and Performance Board's Annual Report for April 2018 to March 2019.

The Chair conveyed her thanks to all Members of the Board and Officers, for their commitment and support throughout the year.

RESOLVED: That the Annual Report for April 2018 to March 2019 be noted.

The Chair made a statement addressing the Senior Responsible Officer (Transforming Cancer Care) on behalf of the Board, on their disappointment on the lack of participation and inclusion of Elected Members of the Board and the lack of contact and liaison with Council officers, in respect of the public consultation for the Transformation of Cancer Care. It was noted that the presentation being made today would not be considered part of the consultation process.

HEA4 TRANSFORMING CANCER CARE

The Board received a report and accompanying presentation from the Chief Executive, Knowsley CCG, on the current state of the programme to redesign the provision of non-surgical oncology across the Eastern Sector, Mid Mersey, to be more efficient and effective within a specialist hub, with the potential for future radiotherapy development.

It was noted that presently the programme was in the pre-consultation engagement phase, and that formal consultation would start in July 2019 for 3 months.

The following was discussed / noted in response to Members' queries:

- Early stage cancer screening was outside the scope of this project. However, it was commented that screening rates for cervical, breast, bowel and lung cancer had improved;
- Public Health promotions were taking place to encourage cancer screening so it was hoped that these rates would be increased in the future;
- An obstacle to screening was a fear of diagnosis;
- Support groups were encouraging people to go for screening when invited, even if they had no symptoms;
- The pre-consultation exercise was being completed to identify areas to be included in the formal public consultation; such as equality and diversity issues and travel / transport issues;
- A space was being identified for a radiotherapy machine in the area – so a review was taking place on this. Nationally, reviews were constantly being carried out to determine the best locations for them.

RESOLVED: That the Board

1) recognises the problems being experienced in the current provision of non-surgical oncology services and the requirement to make changes to ensure

patients receive appropriate care in a timely manner; and

2) notes the current position of the programme and the intention to undertake public consultation from July to September 2019.

HEA5 DELAYED TRANSFERS OF CARE

The Board received a report and accompanying presentation which provided background information in respect to *Delayed Transfers of Care* (DTOC's) and gave details of Halton's latest position with regards to these.

Members were advised that a DTOC occurred when a patient was ready to leave a hospital or similar care provider but was still occupying a bed. Delays could occur when patients were being discharged home or to a supported care facility, such as a residential or nursing home, or were awaiting transfer to a community hospital or hospice.

The report outlined how delayed transfers of care were measured and how they occurred; Halton's performance for the months of January 2019 and February 2019 were used as an example to explain this in paragraph 3.5.

Appended to the report was Appendix 1: *Halton's DTOC's since January 2018* and Appendix 2: the *Monthly Delayed Transfers of Care Update from the North West Association of Directors of Adult Social Services (ADASS)*; this outlined how Halton benchmarked against other local authorities in the North West.

In response to Members' queries the following was noted:

- The retention of staff in the care sector was a national as well as a local concern – the Council was continuing to work with care providers on this issue;
- Premier Care (the Council's Lead Care Provider) would visit the Board at the next meeting;
- Delays in people leaving hospital after discharge occurred due to problems with care packages being arranged for afterwards;
- Delays in people leaving hospital after discharge occurred for a variety of reasons, for example where the family choose a care home where there are no vacancies and they join a waiting list; this then results

in the relative staying in hospital until a bed is available.

RESOLVED: That the Board notes the report contents and associated appendices.

HEA6 UPDATE ON ASYLUM SEEKERS AND REFUGEES - HEALTH IMPACTS

The Board received an update on Halton's involvement with asylum seeker and refugee dispersal and resettlement programme; highlighting health and wellbeing issues.

By way of background, Members were reminded that following a request in late 2015 from Central government, the Council's Executive Board agreed to support the national dispersal programmes for asylum seekers, Syrian refugees, Vulnerable Children Resettlement Scheme (VCRS) and unaccompanied asylum seeker children (National Transfer Scheme).

It was noted that 42 out of 44 local authorities in the North West were participating in the dispersal programmes, including all 6 in the Liverpool City Region (LCR) and all four Cheshire Authorities. Halton's initial commitment to the Syrian Resettlement Programme (SRP) and VCRS was 100 individuals, with a further 60 agreed in 2018. Currently, 112 individuals had resettled in Halton; it was not clear how many asylum seekers were placed in Halton but it was estimated to be between 10 – 20.

The report discussed local issues around asylum seekers and refugees; health considerations; impacts on social care; and the '*Safe Surgeries*' initiative, the investigation of which was supported by Members.

RESOLVED: That the Board

1) notes the report; and

2) supports investigating whether the Safe Surgeries initiative is suitable for promotion in Halton.

HEA7 CRITERIA BASED CLINICAL TREATMENTS

The Board received a report from the Chief Commissioner, NHS Halton CCG, that informed on the current state of the programme to review the existing clinical policies maintained by the Clinical Commissioning Group; a

paper was attached to the report explaining this.

It was noted that the next phase of the review was Phase 3, the policies to be included were outlined in the appendix. The public engagement would take place between 25 February and 7 July 2019 and a report would come back to the Board with the outcome of this.

RESOLVED: That the Board

1) recognise the Phase 3 policies that were currently being reviewed; and

2) notes the public engagement process was during the period of Purdah for the local elections and no decisions could be made during this period.

HEA8 RESPITE PROVISION

The Board received a report from the Strategic Director, People, on respite provision, with a particular focus on Shared Care Vouchers.

The report advised Members of a recent incident that had occurred involving a carer who had a Shared Care Voucher for 28 days residential respite and the difficulties she encountered when trying to use it.

The report set out to explain the Shared Care Voucher process and investigated whether issues such as these were a common occurrence. The aim was to help to identify where improvements could be made going forward in order to help avoid carers experiencing issues such as the one described in the report.

Following the presentation of the item Members commented:

- That they agreed there were flaws in the system if people were being let down last minute, as in the example presented;
- It was very important that carers had respite from their caring responsibilities for many reasons;
- Families taking respite needed to meet the person going in their place, so they could feel confident leaving them in the care of that person; and
- The Council should look to offer respite care in their care homes.

RESOLVED: That the Board notes the possible

improvements highlighted at 3.16 and 3.18 and agrees that these be reviewed with a further update be submitted at a future meeting.

HEA9 SCRUTINY TOPIC – 2019/20

The Board received the draft Topic Brief for the Scrutiny Review – Deprivation of Liberty Safeguards; this was attached to the report as Appendix 1.

RESOLVED: That the Board

1) approves the draft Topic Brief as being reflective of the lines of enquiry the Board wishes to pursue; and

2) agrees that all Members of the Board be included in the Scrutiny Group.

HEA10 ADULT SOCIAL CARE PERFORMANCE IN THE NORTH WEST

The Board received an overview of the North West Annual Performance Report for Adult Social Care (attached at appendix 1) which highlighted comparisons and key areas for focus for Halton.

In summary, the report provided an overview of key performance areas for adult social care, pulled together into a single dashboard; this data was also reported on a quarterly basis to the NWADASS sector led improvement board. Members were advised that the use of the dashboard had been developed over the last two years, and provided the sector led improvement board with data and intelligence to challenge performance of individual authorities and enabled resources to be targeted, to support improvement according to what the data was saying.

Members noted that the Report was the year end benchmarking dashboard, and used only publically available data; but did include some locally developed indicators. Also, it was noted that it was important that Halton not only monitored its own performance, but benchmarked against other North West local authorities, to ensure continued improvement in all service areas.

The report discussed the North West's key performance areas, and Halton's performance. Members were pleased to see some improvements. One Member requested to know the outcome of the task and finish group on direct payments; this would be forwarded.

RESOLVED: That the Board notes the contents of the report and associated Appendix. | Director of Adult Social Services

HEA11 PERFORMANCE MANAGEMENT REPORTS, QUARTER 4 2018/19

The Board received the Performance Management Reports for quarter 4 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 4 of 2018-19. This included a description of factors which were affecting the services.

The Board was requested to consider the progress and performance information and raise any questions or points for clarification; and highlight any areas of interest or concern for reporting at future meetings of the Board.

RESOLVED: That the Performance Management Reports for quarter 4 be received.

Meeting ended at 8.15 p.m.

REPORT TO: Health Policy & Performance Board

DATE: 17 September 2019

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: 17 September 2019

REPORTING OFFICER: Chief Executive

SUBJECT: Health and Wellbeing minutes

WARD(s): Boroughwide

1.0 PURPOSE OF REPORT

1.1 The Minutes relating to the Health and Wellbeing Board from its meeting on 27 March 2019, 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, 27 March 2019 at Halton Suite - Halton Stadium, Widnes

Present: Councillors Polhill (Chair) and T. McInerney, Woolfall and Wright and S. Bartsch, M. Charman, G. Ferguson, T. Hemming, T. Hill, N. Kershaw, R. Macdonald, L. Marler, A. McHale, D. Moore, E. O'Meara, K. Parker, D. Parr, S. Semoff, L. Thompson, M. Vasic, S. Wallace Bonner, A. Williamson and S. Yeoman.

Apologies: M. Larking, M. Pickup and R. Strachan.

Action

HWB17 MINUTES OF LAST MEETING

The Minutes of the meeting held on 3rd October 2018, having been circulated were signed as a correct record.

HWB18 EXECUTIVE PARTNERSHIP BOARD - UPDATE

The Board considered a report of the Director of Adult Social Services, which provided an update on the key issues that the Executive Partnership Board (EFP) and the associated Operational Commissioning Committee (OCC) had been focused on progressing and monitoring over the past few months. It was noted that the EFP had met on a quarterly basis and:

- Work had taken place across both the Council and Halton Clinical Commissioning Group to reduce the level of projected overspend. Financial recovery action plans were in place to achieve a balanced budget by the end of the year;
- Work had continued with all partners to help to minimise delayed transfers of care (DTOC);
- Work had been presented to the OCC on the development of an Inter-Agency Disputes Process;
- The current Joint Working Agreement (JWA) between the Council and Halton CCG expired on 31st March 2019. Work was taking place on the development of a new JWA. In the meantime the current JWA would be extended for 6 months;
- The OCC had agreed how the extra funding provided to the Council this Winter would be spent; and
- As a result of an internal audit report of Halton Integrated Community Equipment Service, five recommendations were made and a Task and Finish Group had been set up to undertake a review with

options for the future delivery of the service.

RESOLVED: That the contents of the report be noted.

HWB19 ONE HALTON - PRESENTATION

The Board received a presentation from David Parr outlining the work that had taken place to date to develop the One Halton Prevention Model and Framework.

The Board was advised that the aim of *One Halton* was to deliver a place based health, integrated, user friendly, prevention model. It would make the most of local talents and assets, services and providers and enable people to stay well and within reason manage their own health. It aimed to improve health outcomes so that people live longer, healthier and happier lives.

The presentation outlined the benefits of the One Halton Model, revised governance arrangements, the One Halton population health achievements and its future aims.

It was noted that the next stage in the development of the model and framework would be to:

- Develop a Provider Alliance Board;
- Commissioners would determine the total Halton spend on health and social care and how this would be spent under a One Halton Provider Alliance model;
- Commissioners to be clear about their joint commissioning intentions at a strategic One Halton level and “what good looks like” for Halton residents; and
- resource the capacity to deliver a One Halton Provider Alliance model and support the GP Federations to drive forward the model.

RESOLVED: That

1. the revised governance arrangements for One Halton be approved; and

2. the Board receive regular update reports on the development of One Halton.

HWB20 DEVELOPMENT DAY FOLLOW UP

The Board received an update on the follow up actions that came out of the Development Day which took place in January 2019. The development session focussed

on:-

- Describing factors in the current context that have an impact on what the Board was trying to do;
- Assessed how it's performing and identified areas for improvement;
- Agreed priority areas of change that would improve performance;
- Agreed specific changes that members of the Board would make; and
- Identified actions needed to take to implement them.

During the Development Day, the Board agreed to introduce induction for new Board Members and that a Membership and contacts list should be developed for Board Members to share. In addition, as a result of feedback from the day, the following documents had been developed and were circulated to Members for approval:

- A revised terms of reference;
- Updated roles and responsibilities for Board Members; and
- A performance dashboard.

RESOLVED: That the following be approved:

1. Revised terms of reference;
2. The performance dashboard; and
3. Updated roles and responsibilities for Board Members

HWB21 REFRESHED TRANSFORMATIONAL PLAN FOR CAMHS

The Board received a presentation on the actions to date to support the Transformation of the local CAMHS offer, to identify the key drivers for the change and next steps.

Following the publication of Future in Mind (February 2015) each Borough was required to submit a Plan to transform the local current CAMHS offer to deliver on the aspirations contained within the Future in Mind document. An initial Plan was submitted to NHS England and had been subject to regular refresh.

For 2018/19 the Plan had been refreshed jointly with Warrington CCG as many of the aims and objectives and redesign initiatives were shared. However, the plan did

provide each Borough with specific detail.

It was noted that the Plan had been approved by the local multi agency stakeholder group – the Emotional Health and Wellbeing for Young Peoples Partnership Group, chaired by the CCG Clinical Lead for children Denise Roberts, Deputy Chief Nurse for the Halton CCG.

RESOLVED: That

1. the presentation be noted; and

2. the Board approve the refreshed Transformational Plan for CAMHS.

HWB22 HALTON SAFER ADULTS BOARD ANNUAL REPORT

The Board considered a presentation by the Independent Chair of the Halton Safeguarding Adults Board (SAB), which outlined the Annual Report 2017/18. The Board was advised on the role of the SAB, a summary analysis of the data gathered and how this information was used to inform the work priorities for 2018-19.

RESOLVED: That the report be noted.

HWB23 CARE QUALITY COMMISSION (CQC) LOCAL SYSTEM REVIEW - PROGRESS REPORT

The Board considered a copy of the CQC Local System Review Progress Monitoring Report, which was presented for information. The CQC undertook a local system review in Halton in August 2017 and the system produced an action plan in response to the CQC's findings. Following a programme of 20 local system reviews, the Department of Health and Social Care had requested the CQC to produce progress updates for these. For Halton the progress report drew on:

- Halton's self reported progress against their action plan (31/10/18);
- CQC's trend analysis of performance against the England average for six indicators; and
- Telephone interviews with four system leaders involved in the delivery and oversight of the action plan.

With regard to the progress made against the six indicators, the CQC had stated that there had been no

significant changes in A&E attendances and emergency admissions since the review. In terms of Emergency admissions from care homes these had increased a little during 2017/18. Lengths of stay remained similar to the England average, whereas Delayed Transfers of Care and Emergency readmissions both increased and were higher than the England average.

In response to CQC's progress report, the local system responded to CQC with regard to some improvements:

- Emergency Admissions in quarter 3 and 4 of 2017/18 was actually below our long-term average; and
- Emergency admissions from care homes the gap between Halton and England was now half what it was two years ago, and Halton had been below their long-term average for 4 of the last 5 quarters.

The Board noted that CQC's review of progress on the action plan concluded that there had been good progress made in all of the areas, with a few actions highlighted as on-going or requiring further development.

RESOLVED: That the report be noted.

HWB24 CHILD DEATH OVERVIEW PROCESS & GOVERNANCE ARRANGEMENTS - PAN CHESHIRE WIDE

The Board considered a report of the Director of Public Health which proposed a number of recommendations regarding the implementation of the Children and Social Work Act 2017 revised statutory guidance in relation to the Child Death Overview Panel (CDOP).

As a result of the Children and Social Work Act 2017, Local Authorities, Clinical Commissioning Groups and Police forces have had to revise their current Local Safeguarding Children Board (LSCB) arrangements. As part of these changes they have also been required to establish Child Death Overview Panels (CDOP) as a distinct set of arrangements rather than a subgroup of the LSCBs.

Under the revised guidance the new Child Death Review (CDR) partners, the Local Authority (LA) and the Clinical Commissioning Groups (CCG) had statutory responsibilities to:

- Make arrangements to review all deaths of

children normally resident in the local area and, if they considered it appropriate, for any non-resident child who has died in their area;
- Make arrangements for the analysis of information from all deaths reviewed; and
- Prepare and publish reports on what they have done and effectiveness of arrangements.

The Board was advised that the current Pan Cheshire CDOP model which represented, Halton, Warrington and Cheshire West and East was working effectively and was in line with statutory guidance in relation to reviewing deaths and identifying local lessons. Guidance required 60 cases to be reviewed each year to be viable and CDOP reviews between 55-60 cases each year making a reasonable argument to maintain this footprint. Therefore, partners proposed that as part of the revised guidance for CDOP, the Pan-Cheshire model should be maintained.

In order to ensure that the CDOP continued to operate within Statutory guidance and met the needs of the CDR partners and the model supported the most effective response to Child deaths in the area, Partners would monitor its effectiveness over the next 12 months.

RESOLVED: That

1. Each area agrees to continue with a Pan-Cheshire CDOP approach and review effectiveness in January 2020 – this includes a commitment to the current funding and business support model;

2. The governance for CDOP develops a more effective relationship between the Local Safeguarding Children's Boards (LSCB) and Health and Wellbeing Boards (H&WBB) in line with local agreements;

3. CDOP Members for each area will take responsibility for reporting into the most appropriate local forum for their area to ensure necessary activity is undertaken; and

4. A workshop of CDOP members will review any required operational changes to be in line with statutory guidance such as the undertaking of thematic reviews, policy, and practice guidance amendments.

HWB25 CHAMPS PUBLIC HEALTH COLLABORATIVE STRATEGIC DELIVERY PLAN

The Board considered a report of the Director of Public Health which provided an overview on the achievements and progress of the Champs Collaborative from April 2017 to April 2018. The Board also considered a copy of the Champs Collaborative Strategic Delivery Plan 2018/20. The Plan summarised key achievements and outlined the Programme objectives for 2018-20.

RESOLVED: That the Board

1. The Champs Collaborative progress update and the Strategic Delivery Plan 2018/20 (Appendix A) be noted; and

2. The implementation of the new innovative British Heart Foundation programme focusing on blood pressure and workplace health (Appendix B) be supported.

HWB26 FUTURE MEETING DATES

The following dates of future Health and Wellbeing Board meetings were circulated to the Board. All meetings would be held at 2pm in the Halton Stadium, Widnes:

10th July 2019
2nd October 2019
15th January 2020
25th March 2020

RESOLVED: That the dates of future meetings be noted.

Meeting ended at 4.00 pm

REPORT TO:	Health Policy & Performance Board
DATE:	17th September 2019
REPORTING OFFICERS:	Chief Executive – Warrington & Halton Hospitals and Chief Executive Bridgewater Community Healthcare
PORTFOLIO:	Health & Wellbeing
SUBJECT:	BCH and WHH Collaboration update
WARD(S)	Borough-wide

1.0 PURPOSE OF THE REPORT

The purpose of this report is to provide an overview of the collaboration between Bridgewater Community Healthcare NHSFT and Warrington and Halton Hospitals NHSFT, including progress to date and key next steps. The collaboration is an equitable partnership of two foundation Trusts intended to support and accelerate the delivery of One Halton and Warrington Together priorities with system partners to improve the health and wellbeing outcomes of our populations.

2.0 RECOMMENDATION:

It is recommended that the Health Policy and Performance Board note the contents of this report.

3.0 SUPPORTING INFORMATION

Context

The NHS Long Term Plan published in January 2019 promotes models of collaboration with the 'breaking down' of barriers between primary and community and acute care with out of hospital provision of care prioritised and the development of integrated community teams and primary care networks.

BCH and WHH both operate across the Warrington and Halton health economy footprints and, like many health and care organisations, both face increasing pressures from increased demand for services due to population health trends, service delivery pressures due to workforce availability and need to address challenges at an organisation and system level.

In line with the direction of the NHS Long Term Plan both

organisations, as parts of local systems within Warrington and Halton, share an ambition to develop true sustainable integrated care. Both Boards share the belief that there are opportunities to collaborate in developing place-based models of care in both Halton and Warrington which will not only remove the barriers between acute and community but also primary care social care and voluntary/charity sector services.

Given the geographic footprint of both organisations and the specific focus of each organisation on acute and community services, both organisations have agreed to work more closely together to explore opportunities for closer collaboration and efficiencies which will deliver benefits to the Warrington and Halton health and care systems.

Progress in establishing integrated care systems (ICSs) under the Cheshire and Merseyside Health and Care Partnership is moving towards place-based care at borough/s level with a model of collaboration between commissioners, providers and third sector providers. Provider Alliance Boards have been established with the aim of bringing together providers of health and care to deliver new solutions to place-based care as part of integrated care systems (ICSs) One Halton and Warrington Together are our respective ICSs. The collaboration between BCH and WHH is intended to support the delivery of Warrington and Halton's place based priorities through the Provider Alliance Boards.

The NHS Long Term Plan states:
We will boost 'out-of-hospital' care, and finally dissolve the historic divide between primary and community health services:

- A new NHS offer of urgent community response and recovery support
- Primary care networks of local GP practices and community teams
- Guaranteed NHS support to people living in care homes
- Supporting people to age well

The NHS will reduce pressure on emergency hospital services

- Pre-hospital urgent care Reforms to hospital emergency care
- Same Day Emergency Care
- Cutting delays in patients being able to go home

Local NHS organisations will increasingly focus on population health – moving to Integrated Care Systems everywhere

System Aims

As two of our proposed integrated care systems' care organisations, we want to commence the process of collaboration and integration for the benefits of our shared current and future populations.

The benefits to our populations, our workforce and our wider stakeholders are multiple:

- Higher quality services through service redesign and reconfiguration
- Higher quality services through having the right number of staff with the right skill set in the right place
- Higher quality services through better access to equipment and services
- A better and even safer experience through more ‘joined up’ care with seamless transition between services and teams
- Greater innovation through research and development
- Considerable quality improvements and financial efficiencies to the system such as those associated with
  - improved recruitment and retention of staff
  - more efficient clinical or managerial processes or working methods
  - efficiencies from supplying a broader scope of services
  - efficiencies from having a larger scale of operation
  - The reduction of costs through areas such as shared procurement and other back office services

Our guiding principle is the NHS Constitution 2019:

a. The patient will be at the heart of everything the NHS does
b. The NHS is accountable to the public, communities and patients that it serves
b. The NHS works across organisational boundaries
c. The NHS is committed to providing best value for taxpayers’ money
d. The NHS aspires to the highest standards of excellence and professionalism

Progress to date and key next steps

Governance

The full boards of the two Trusts met in April to affirm our commitment to working together and to agree an outline work programme.

A ‘Committees in Common’ is now in place and convened for its inaugural meeting in June. The CiC will determine the scheme of delegation and provide assurance and pace to the progress of the programme plan.

A draft joint milestone programme plan has been developed and is overseen both by the CiC and by joint executive team meetings, which defines the integration programme as well as the key organisation specific components (such as the BCH divestments

and the WHH acute collaborations).

A programme team will lead and monitor this programme, manage and mitigate the risks and provide assurance and escalation to the CiC, as per the governance structures as defined in the Terms of Reference.

The programme will serve to support delivery of both One Halton and Warrington Together's priorities. We are currently exploring opportunities to share programme resource locally to facilitate delivery of all place based priorities at pace.

Primary Care Networks will be central to the partnership, building on the appointment of 2 Halton GPs as Clinical Directors within BCH and the joint development of the Integrated Care Team model.

From and Warrington and Halton place perspective it is intended that by April 2020:

- All hubs will be in place with service operating plans for partnership working
- Public engagement is in place around the developing partnership and integrated models
- Risk stratification will be in place for all long term conditions and complex care patients
- Pathways are in place with other providers such as mental health
- Sustainable system financial plans are delivering to achieve control totals agreed with NHSE/I
- Workforce plans are in place in relation to joint posts, rotation and new roles.
- Support services in WHH and BCH are aligned to contracts, maximising efficiency in functions such as human resources, finance, and communications

Service improvements that require wider system solutions will continue to be developed and delivered through the existing Provider Alliances within both One Halton and Warrington Together. The BCH WHH collaboration aims to support the acceleration of these improvements and the move towards the establishment of integrated local care organisations for Warrington and Halton, which will include all partners.

Workforce

Working collaboratively will help mitigate the staffing risks across both organisations and the wider system, as we have economies of scale and also have different workforce models. Skill mix across both organisations can shape the future sustainability models as services integrate. Collaboration across back office function staff will

mitigate risk, where individuals may be employed within one organisation to a team across both. The two Trusts have agreed to develop joint posts which would enable increased resilience and provide efficiency in corporate functions. The inclusion of partners outside of the two Foundation Trusts illustrates the ambition for wider integration and the centrality of primary care and social care to the emerging model.

- Joint Director of Workforce and OD
- Joint Medical Director
- BCH is appointing a deputy medical director (or possibly two) from primary care to work in Warrington and Halton accelerating the transformation and integration agenda.
- Two GPs in Halton have been appointed as Clinical Directors for BCH who are driving the transformation and integrated community team developments.
- WHH have a number of joint appointments with commissioners and local authority to develop local and Trust based plans.

We will continue to explore and deliver on opportunities to make joint appointments with all partners locally.

Clinical service sustainability

We have implemented a number of “quick wins” to enable service sustainability, for example increased IV provision in the community and WHH support to BCH safeguarding provision.

We are focussing further work on supporting the acceleration of One Halton and Warrington Together priorities e.g. Integrated Community Teams and Frailty services, as well as working with each of our clinical services to identify and deliver opportunities for collaboration that enable improvements to services for patients and clinical, workforce and financial sustainability.

Integrated community teams within neighbourhoods are the keystone to the new clinical models being developed across our shared geography. The ICTs developments have ensured that not only co-location but also improvements in care can be evidenced across all services.

A principle focus of the partnership is to deliver excellent care in each place, with integrated care teams as the foundation for wider transformation, both supporting and being supported by high quality local hospital services. The objective is to have a full set of ICTs operating across both boroughs by October. Beginning with the connection of community health services, primary care and social care, the inclusion of a broader range of providers will only build depth and value to the work of the teams and the places within

which they operate.

Reducing costs in the system

Both Trusts are committed to delivering our control totals in 2019/20. We acknowledge that there is work to do to close the 'system gap' of approximately £16m beyond the plans that have been submitted. At the time of writing further plans are being developed to address this gap over the course of 2019-2021.

The Trusts are working together, using a common financial model to ensure that both organisations' plans are consistent, and using the same inflationary assumptions and the same underlying key assumptions. This will allow any future modelling for shared services and functions to be produced in a consistent and efficient manner.

In addition the organisations are working in collaboration within the Warrington and Halton place economies including social and primary care and supporting system recovery planning. Working together in collaboration will be a vital element to support the delivery of the system financial plans and recovery plan.

4.0 POLICY IMPLICATIONS

There are currently no policy implications for HBC.

5.0 OTHER/FINANCIAL IMPLICATIONS

There are currently no other implications for HBC.

6.0 IMPLICATIONS FOR THE COUNCIL'S PRIORITIES

The collaboration between BCH and WHH will assist in delivery of some of the Council's key priorities, especially Children and Young People in Halton and A Healthy Halton, through enabling the acceleration of priorities identified by the One Halton Provider Alliance. These priorities include Urgent Treatment Centres; Place Based Integration, including Primary Care Networks and frailty; and Prevention and Population heath.

7.0 RISK ANALYSIS

A detailed risk register for the programme is in development, alongwith mitigating actions. There are no immediate risks to the Council's priorities.

REPORT TO: Health Policy and Performance Board

DATE: 17th September 2019

REPORTING OFFICER: Strategic Director – People

PORTFOLIO: Health and Wellbeing

SUBJECT: Community Connectors

WARD(S) Borough-wide

1.0 **PURPOSE OF THE REPORT**

1.1 To provide PPB with an evaluation of the Community Connectors pilot.

2.0 **RECOMMENDATION: That:**

i) The report be noted.

3.0 **SUPPORTING INFORMATION**

Background

3.1 Halton Community Connector pilot was a 12 month funded initiative which adopted the evidence based 'Local Area Coordination' approach to supporting people as valued citizens in their communities.

3.2 The approach is an assets/strength based approach which protects the individual's independence, resilience, ability to make choices and wellbeing utilising personal, social, community and environmental assets.

3.3 Supporting the person's strengths and using assets in the community can help address their needs (whether or not they are eligible) for support in a way that allows the person to lead, and be in control of, an ordinary and independent day-to-day life as much as possible. It may also help delay the development of further needs

3.4 Two Community Connectors were appointed to operate during 2018/19, primarily within identified 'super output areas' across Widnes and Runcorn, where there were high rates of multiple deprivation.

Community Connectors role

3.5 The key role of the connectors was to:

- Increase understanding of assents in the local community through community presence, working with stakeholders and research, and collating the information to be used in an accessible way by Care Management teams.
- Provide support to Care Management teams to increase their strengths based working and community asset awareness.
- Be community based in order to identify people with low level needs to help them find self-solutions, avoid escalation where possible and directing them to appropriate community based resources, rather than statutory or formal services, where this would better meet their needs. Where there was a need for contact with statutory or formal services, people were helped to navigate to access the most appropriate service at the right time.

3.6 The coordinators adopted a strengths based conversation approach with people, which focused on personal interests strengths, self-management and community assets. Support was not time bound and could involve regular (weekly) case work, or one off interventions.

Outcomes

Helping people identify what a 'good life' means for them, and how they can achieve it.

3.7 Community Connectors reached 82 individuals. 55 local residents received information and advice to connect to appropriate community resources. Twenty two individuals did not meet eligibility criteria for formal services at that time, but required support to avoid escalation of problems, receiving on going case support from a Community Connector.

Capacity building – Employment, Education and Civic Contributions

3.8 Community Connectors used a strengths / asset based approach to help people to identify their skills, talents and networks and build on these to achieve their outcomes.

- 26 individuals supported into voluntary work to reduce their social isolation
- 2 individuals supported into paid employment
- 10 individuals supported into training, adult learning or education.
- 10 community champions were made. These were people who worked with the connectors to understood what assets were available in their community and equipped them to be able to talk to people within their own community about

making connections to these community assets.

Utilising natural/existing support

3.9 Community Connectors assisted people to gain in confidence in accessing their local community and knowledge of how utilise community resources and gain connections to others creating natural support; increasing resilience and reducing risk of future crisis.

- 26 connections to social activities and community groups to alleviate social isolation
- 18 connections to services such as the library, direct link and leisure centres
- 14 individuals connected to sports activities or weight management courses to improve their fitness and tackle obesity related illnesses
- 14 individuals connected to a support group around a specific issue, which provided natural support in their community
- 7 individuals travel trained, allowing them to access their community independently, reducing social isolation

3.10 Using the WEMWBS wellbeing questionnaire, evaluation of the impact of engaging with the community connectors was undertaken. 100% of participants reported positive outcomes from engaging with the service, ranging from increased confidence in accessing community assets independently, increased knowledge about what was available in their community to meet their needs and improved wellbeing from engaging with the connectors.

3.11 In the final few months of the initiative, the connectors worked intensively with a smaller cohort of people who were already engaged with social services, where it was appropriate to identify community alternatives to better meet their needs and personal outcomes. Case study in appendix 1.

Links with Care Management

3.12 An important part of the Community Connectors role was to support Care Management teams in facilitating the strengths and asset based and prevention approach, as part of wider work to address demand management within adult social care.

3.13 A regular presence within teams, attendance at team meetings and service launch at the adult social care service development day supported supported relationship building with care management.

3.14 The connectors worked to educated teams about what community based resources are available, supported by their development of an interactive community asset map.

3.15 Of respondents to a staff survey within the care management teams

- 87% of respondents agreed or greed strongly that input from the Community Connectors team has improved their local knowledge of community assists groups, services and activities.

- 69% or respondents agreed or agreed strongly that the knowledge they have gained from working with Community Connectors has benefited both the clients they work with and their practice.

- 100% of respondents agreed or agreed strongly that Community Connectors approach is beneficial in regards to their (care management teams) practice and clients long term.

- 100% of respondents reported that they would like to have a Community Connector based within their team.

3.16 A comment from a care management staff member:
'I feel that our Community Connector is helpful and approachable and the information provided is useful. I think that Social Workers need to make it an integral part of everyday practice.'

Learning and next steps

3.17 The learning from the pilot has provided a valuable foundation when looking at the future development of adult social care in Halton. It identified potential challenges, such as learning needs, cultural and system changes. It also identified that there is a great deal going on the communities of Halton that care management could connect people to, to meet needs, in a systematic way rather than ad hoc.

3.18 Taking into account the recommendations from the Chief Social Worker's annual report in promoting self-solution, utilising community assets and prevention work, in line with the Care Act, it would be a sensible step to incorporate elements of the approach in mainstream social work in Halton.

3.19 In particular, the elements that are being considered to be greater incorporated into social work practice are;

- A renewed focus on how we engage and listen and have different conversations about what people's strengths and needs are and how they can be met. - Emphasising a conversational approach to build a strengths based assessment.
- Social workers building greater local, community specific knowledge about environmental, social and community assets that could better meet people's needs – and how to

connect people to them.

- Considering local assets first, rather than last, in the support plan development – This could prevent the need for costly packages of care, where needs can be met from existing support in the community.

3.20 Indeed, the learning from the pilot was applied during World Social Work day 2019. A week of opportunities were arranged for care management teams in Haton to engage with the community assets, understand their offer and how to connect with them – to better inform their practice when working with individuals. This was well received amongst the care management teams.

3.21 The community assets based approach fits neatly with the 'place based care and support' model that Halton is working towards. This model will look to help people improve their lives with less reliance on statutory services through understanding what is available within their communities, and coordinate health and social care support, where required, around geographical hubs.

4.0 POLICY IMPLICATIONS

4.1 Developing strengths /asset based approaches in Halton responds to the Chief Social Worker's call to action about strengths based social work.

4.2 The Care Act 2014 requires 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 want to achieve'.

4.3 In order to do this the assessor 'should lead to an approach that looks at a person's life holistically, considering their needs in the context of their skills, ambitions, and priorities'.

4.4 Under the Care Act, local authorities should 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.

4.5 There are a number of trusted sources providing an evidence base and tools to develop an asset/strengths based approach to social care, including resources from Social Care Institute of Excellence (SCIE)

4.6 Whilst a shift towards 'strengths and assets' approach, rather than 'deficit and need', will require a culture shift amongst social care

teams, it follows a growing evidence base that this is a positive direction for tackling the challenges of demand management in adult social care whilst helping people achieve their desired outcomes.

5.0 OTHER/FINANCIAL IMPLICATIONS

5.1 There is a difficulty in identifying explicit cost savings/cost avoidance for preventative work undertaken by the Community Connectors, based on indicative tariffs for service elements and assumptions that people would have gone on to access statutory/formal services without the preventative intervention. However, it is realistic to assume that where people have received information and support at an earlier stage and been supported to achieve person centred self-solutions, without the need for statutory services, that a cost avoidance has potentially been made.

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 implementation of a strengths based approach within the care and support system requires cultural and organisational commitment beyond frontline practice.

6.4 A Safer Halton

None Identified.

6.5 Halton's Urban Renewal

None Identified.

7.0 RISK ANALYSIS

7.1 None identified.

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

Jenni's Journey

I struggle with my depression when I'm alone of an evening, I would like to be out in community doing interesting things.

I love the cooking group my Community Connector found, I prefer it over my agency supported activity,

Life before intervention

Getting help from Community Connector

Life afterwards.

After finding living alone a struggle, Jenni moved in to a sheltered flat with 2 hours of daily living support each day

Jenni has a learning disability and has been diagnosed with depression. Symptoms were found to worsen when she spent time home alone. Jenni wanted support to socialise and access her community to help with this.

Jenni began to receive support from agencies to access the community for 18 hours a week

Despite spending more time in the community Jenni's support needs around her depression meant that her daily living support was set to double to 4 hours a day.

Community Connectors review Jenni's care package. They ask Jenni what is important to her and how she wants to spend her time. Jenni highlights wanting evening and weekend activities as there are no staff around at this time and this is when she feels most vulnerable.

Community Connectors use their community knowledge to link Jenni's interests to free and low cost community activities that will meet her needs.

1-1 Support is provided to build Jenni's skills and confidence in accessing these activities independently, including travel training so Jenni can travel in the community independently and safely.

Jenni's skills, confidence and resilience grow and she no longer needs support to attend community activities

Jenni explains how she loves and prefers her new activities over her supported ones

Jenni's social support hours are reduced as they are no longer needed. Happy being out and about in the community there is no longer a need for increased daily living support as Jenni is now managing her depression well.

Cost Savings

Before Intervention

Daily Living Support was set to increase due to Jenni's increased Support Needs around her depression

£15215.20

Social Support of 18 hours were put in place for Jenni to access the community

£7774.00

Year Total Cost

£22989.20

Following Intervention

Jenni felt able to manage her symptoms of depression better as her time alone was filled by activities she enjoyed with natural support from new relationships in the community. This meant that her daily living support did not need to increase.

Savings £7607.60

Jenni's confidence, independence and resilience has grown with skill building support from Community Connectors. Jenni is now accessing community activities independently decreasing the need for social support hours. Jenni even commented that she preferred the new activities set up with Community Connectors as they were more in line with her interests and needs.

£5316.72 Savings

Year Total Cost

£10576.80

Yearly Savings

£12412.40

REPORT TO: Health Policy and Performance Board

DATE: 17 September 2019

REPORTING OFFICER: Strategic Director – People

PORTFOLIO: Health and Wellbeing

SUBJECT: Transforming Domiciliary Care (TDC) Programme

WARD(S) Borough Wide

1.0 PURPOSE OF REPORT

1.1 Provide Health Policy and Performance Board with an update on the progress of the Transforming Domiciliary Care programme and information on Premier Care – lead provider for commissioned domiciliary care in the borough

2.0 RECOMMENDATION

(1) the report be noted.

3.0 SUPPORTING INFORMATION

3.1 Background

As people are now living longer, expect to live in their own homes for longer and have different family and informal support the way care and support is provided needs to change to reflect this.

Halton Borough Council has been working with a range of partners to develop how domiciliary care is delivered in the borough – this is the Transforming Domiciliary Care Programme.

Domiciliary care is the term used to describe the help some adults need to live as well as possible with any illness or disability they may have.

It can include help with things like:

- getting in and out of bed
- washing, dressing
- getting to work
- cooking meals
- eating
- caring for families

- being part of the community

3.2

Transforming Domiciliary care (TDC) project

The aims of this project are to: progressively refine and implement an outcomes model into a workable, effective solution, delivering clear outcomes for service users; work on managing demand and improving capacity.

The main work streams are:

- Capacity and demand management
- Service user assessment and management
- Workforce development

3.3

Capacity and Demand Management

3.3.1 Reablement First

In 2018 Halton moved to a 'reablement first' model for all people being discharged from hospital (where unknown to care services) and is planning to extend this to all referrals of people assessed as being eligible for care. This approach ensures a short period of assessment, care and support to ensure all opportunities are explored to maximise independence and ensure long term care needs are fully understood. This combines HBC reablement staff with Occupational Therapy and Social Work support in a multi-disciplinary team approach.

3.3.2 Multidisciplinary Approach to Capacity and Demand

During winter 2018/19 additional occupational therapy and social work support was used to support flow into and through care. This enabled improvement's in information, ensuring people get to the right service and issues and associated reviews of people in domiciliary care could occur more timely. This will continue in 19/20.

3.3.3 Moving with Dignity (Single Handler Care)

Halton Borough Council usually commissions two staff for moving and handling of individuals with limited mobility, particularly if they require certain pieces of equipment to assist them in their transfers from bed to chair, chair to stand.

Singled handled care equipment is now available to reduce the need for two people and help maintain dignity of individuals by only needing one person, which could be family members, to support people/loved ones

Work to roll out the equipment and practice of singled care is ongoing. Training for staff from all areas is ongoing

In addition Halton is working with STHK trust to roll out the use of singled handled care. This work involves a number of trusts and local authorities across Cheshire and Merseyside. The project aims to ensure that pole in hospital will receive singled handled equipment, regardless of their postcode and be discharged home with the equipment.

3.3.4 Medication Management

Work is ongoing between Premier Care and NHS Halton CCG Medication Management Team. This has included the production of standard operating procedures, review of training requirements and revision of policy. Reablement services are also involved with review of paperwork regarding medication to ensure that the two services paperwork is harmonised.

In July 2019 Halton became the lead council in a national project looking to develop IT support / solution to issues connected with the prescribing, dispensing and administration of medication in people's own homes. Working with 4 other councils and match funding from the LGA, an independent sector IT provider has commenced working up a potential platform that connects to pharmacy systems so care providers can get an up to date medication list and administration chart. The product is due to be in test phase in the new year with project completion by summer 2020

3.3.5 Quality Assurance

Work is ongoing between Premier care and Halton Borough Councils Quality Assurance team to improve the quality assurance framework that can be audited against the agreed contractual standards and is meaningful for people to maintain high standards of service delivery.

3.4

Service User Assessment and Management

3.4.1 Review of Care Process

A Review of Current pathways and processes has been undertaken to determine how things are currently done, at what point, who is involved and what documents are involved – This process has shaped the work to date and associated work stream

- Reablement First. This will ensure that no person receives long term care support at home without receiving a full assessment from Reablement service first.

- Outcome Framework Tool. An outcome focused tool has been agreed and implemented across Premier care. This tool helps staff to work with individuals to identify goals whilst on the service and map the person and service progress in achieving those goals.

- Documentation a task and finish group has been working to review all current documentation across care and support services. This will ensure that people will receive a seamless service and transition between In house and agency provision of care

3.5

Workforce Development

Premier care have produced a recruitment strategy. This work is ongoing with Skills for Care supporting moving to a 'values based' recruitment process. When finalised Premier are aiming to ensure that they have processes in place to meet the demand and recruit people who's values align with providing direct care.

Work is advanced in identifying the key roles and responsibilities involved in the assessment and provision of care and support. As this work progresses the group will identify how best to effectively use the skills and expertise available to ensure the best quality of service provision for residents of Halton.

Preliminary work has been undertaken looking at options in relation to Apprenticeships as a route into the care sector.

4.0 POLICY IMPLICATIONS

The Care Act 2014 came into effect in April 2015 and replaced most previous law regarding carers and people being cared for. It outlines the way in which local authorities should carry out carer's assessments and needs assessments; how local authorities should determine who is eligible for support. The Care Act is mainly for adults in need of care and support, and their adult carers. This programme aligns to the Care Act.

5.0 SAFEGUARDING IMPLICATIONS

Model should ensure that people's needs are met appropriately reducing the risks of safeguarding incidents.

6.0 FINANCIAL/RESOURCE IMPLICATIONS

6.1 Implementation of the model will ensure Helton can meet the demand of the increasing population within the budget allocation, ensuring quality of care for people within their own homes

7.0 OTHER IMPLICATIONS

7.1 Nil

8.0 RISK ANALYSIS

8.1 N/A

Premier Care Ltd

Domiciliary Care
Update

Overview – The last 18 months

- Premier Care lead provider & one sub contractor within Runcorn
- Development of new links with other companies
  - Age UK – befriending service
  - Unison – invited to be part of new care staff's induction
  - Halton Open – informing staff of services within Halton
  - Halton Winter Pressure Team - meeting twice a week
  - Halton into jobs
  - Halton CCG – changing the way medication is delivered in Halton
- Key member of transforming domiciliary care within Halton

Transforming the service

- Outcome based care plans, including:
  - Defined outcomes
  - Maximising peoples independence
- Demand management
- Delivery of new technique with moving & handling resulting in the “right level of support” at the “right time”
- Medication review – supported by Halton CCG

Supporting our service users

- 6 monthly phone review of our service
- Complaints – reduction within the last 12 months
- Pro active approach from our local management team

Our Staff

- 92% of our staff are Halton residents
- All staff receive a 4 day induction and regular update training
  - Medication Training – Halton CCG
  - Safeguarding Team
  - Moving & Handling
- Based on the approved rate increase from Halton Council, we have been able to achieve the following
  - Phase 1 – This year we have been able to increase the rates to £8.70 weekday £9.00 weekend
  - Phase 2 – Next year we plan to increase the rate s to £9.00 weekdays; £9.50 weekend and a mileage payment of 20p per mile

Increasing Capacity

- Focused recruitment strategy which includes:
  - Flexible advertising in the local area
  - Providing bikes to care staff that walk
  - Fortnightly training within the branch
  - Refer a friend scheme paying £300
  - Using local support
    - Halton into jobs
    - Colleges
    - Local community centre within Runcorn
  - Investment in new systems
    - Recruitment, Screening & HR

Other actions include

- Value based recruitment
- Working with a Runcorn PHD student investing carers emotions and how it affects them

An open door approach

Making it real

Performance meeting case studies - July 2019

PremierCare

Making it real

Performance meeting case studies - July 2019

Case Study 1

Brief summary of the case *indicating for example: what the care and support needs of the individual are; key outcome*	64 year old lady who previously suffered from a stroke and has slight learning difficulties, registered blind, no family support due to dad being poorly and safeguarding concerns about the family. Care package of 4 calls a day including social visits to access the community if desired for shopping or social activities. Declines care most of the time. Fully supported by the agency and her social worker. Looking for more help to enable her to have someone to sit and chat with. Increase in falls and has issues with her health deteriorating and declined help with hospital appointments.
Case study narrative *How was the conversation about outcomes approached?* *What outcomes did the person or their advocate want to achieve?* *How, and at what point, were the outcomes reviewed/ will the outcomes be reviewed?* *What progress has been made in achieving the outcomes?* *What worked well?* *What challenges did you face?*	**Summary :** What was discussed / key issues / what was the desired outcomes for individual / how did she express this etc? Joint visits with agency and social worker to discuss issues with not accepting help with health issues. SU states no one carers about her. After many joint visits SU started to trust advice from both parties and agreed to go to hospital appointments to get help. Since then SU has been given an appointment for an operation to hopefully fully investigate causes of her health issues. SU has attended all pre-op appointments and is glad of the help. More reviews take place every week to reassure SU that there is help if needed. Thus easing any anxieties that she has. **Challenge :** *What were the key issues / barriers involved and did you overcome this or not and if there is lessons learnt to move forward and would you change anything for future etc.?* MDT visit was arranged but was cancelled on the day due to the SU not wanting to engage with services. Challenges overcome by continuing to call weekly with the same social worker and field manager from Premier Care.
Does this case particularly illustrate any issue or area of best practice? *Such as – person centred care / individual choice and decision making / joint working MDT approach etc.*	Best practice was illustrated through continuous SU involvement in all decision making and this gave the SU trust in the support network. SU continues to move forward and is looking ahead to eventually getting out with her care worker once her health issues have been resolved.

Case Study 2

Brief summary of the case *indicating for example: what the care and support needs of the individual are; key outcome*	61 year old male, lives with his wife in their 2 bedroom bungalow. Previous stroke and Parkinson's, requires support with personal care including shaving. Carers are to speak clearly in order to understand and to give him time to be able to answer any questions. Carers may have to repeat the question. Carers normally attend 5 days out of the 7 and his wife generally does the rest. Unfortunately, his wife has suffered a stroke and had to be sent to hospital.
Case study narrative *How was the conversation about outcomes approached?* *What outcomes did the person or their advocate want to achieve?* *How, and at what point, were the outcomes reviewed/ will the outcomes be reviewed?* *What progress has been made in achieving the outcomes?* *What worked well?* *What challenges did you face?*	**Summary :** Family had to be called as the gentleman had everyday living tasks completed by his wife. Therefore, he would not be able to manage things by himself. Extra care calls had to be put in place and this was confirmed by EDT. **Worked well:** Family had to be called as the gentleman had everyday living tasks completed by his wife. Therefore, he would not be able to manage things by himself. Extra care calls had to be put in place and this was confirmed by EDT. **Challenge :** The challenge was getting the male to agree as he was not used to having the carers calling more than the original agreed time. His family told him he really needed more help and that his wife would be in hospital for a short period of time before returning home. They explained to him that they did not want their father being seen undressed and unkempt. He was fine with this.
Does this case particularly illustrate any issue or area of best practice? *Such as – person centred care / individual choice and decision making / joint working MDT approach etc.*	All the decisions that were made included the client even though sometimes he finds it hard. We made the decision making with the clients approval and had his best interests in mind. We made this very person centered and made sure his family was involved with all conversations.

REPORT TO:	Health Policy and Performance Board
DATE:	17th September 2019
REPORTING OFFICER:	Clinical Chief Officer for Halton, NHS Halton CCG
PORTFOLIO:	Health and Wellbeing
SUBJECT:	Urgent Treatment Centres: Update
WARD(S)	Borough-wide

1.0 **PURPOSE OF THE REPORT**

1.1 To receive a presentation from Dr Andrew Davies, Clinical Chief Officer, NHS Halton CCG on the outcome of the UTC procurement.

2.0 **RECOMMENDATION: That:**

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

3.0 **SUPPORTING INFORMATION**

3.1 As the Board and its Members have received several papers outlining the intentions of the CCG to re-procure the 2 UCC's the presentation is intended to inform members of the decision made by Halton CCG's Governing Body following an options proposal presented to the One Halton Provider Alliance on 8th August 2019.

4.0 **POLICY IMPLICATIONS**

4.1 N/A

5.0 **OTHER/FINANCIAL IMPLICATIONS**

5.1 None identified at this present 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 presentation provided to the Board will directly link to this priority.

6.4 **A Safer Halton**

None Identified.

6.5 **Halton's Urban Renewal**

None Identified.

7.0 **RISK ANALYSIS**

7.1 None identified.

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

REPORT TO:	Health Policy and Performance Board
DATE:	17th September 2019
REPORTING OFFICER:	Clinical Chief Officer for Halton, NHS Halton CCG
PORTFOLIO:	Health and Wellbeing
SUBJECT:	NHS Halton & NHS Warrington CCG Future Commissioning/Governance Arrangements
WARD(S)	Borough-wide

1.0 **PURPOSE OF THE REPORT**

1.1 To receive a presentation from Dr Andrew Davies, Clinical Chief Officer, NHS Halton CCG on the future commissioning arrangements.

2.0 **RECOMMENDATION: That:**

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

3.0 **SUPPORTING INFORMATION**

3.1 There is a national requirement for CCGs to reduce the already stretched running costs by 20% by 2020/2021. In addition, the ambition of the NHS Long Term Plan places great focus on the streamlining of commissioning and place based integration.

Over the last few months, the Halton and Warrington CCG Integrated Management Team have been working to identify actions to reduce running costs and have already exhausted all internal actions in terms of reducing spend. Whilst the reduction is challenging for NHS Warrington CCG, the challenge is significant for NHS Halton CCG to meet in isolation given the running cost allocation. In addition, in line with the national direction of travel, we have been working collaboratively with partners and providers with regards to the development of place based integrated care, again looking where possible for efficiencies and streamlining of commissioning activities where possible.

In terms of where we are now, considering the 20% reduction in running costs and other challenges both for NHS Halton CCG and NHS Warrington CCG we are now undertaking a formal options appraisal to consider what can be done to reduce costs, streamline commissioning and make best use of resources and expertise.

4.0 **POLICY IMPLICATIONS**

4.1 N/A

5.0 **OTHER/FINANCIAL IMPLICATIONS**

5.1 None identified at this present 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 presentation provided to the Board will directly link to this priority.

6.4 **A Safer Halton**

None Identified.

6.5 **Halton's Urban Renewal**

None Identified.

7.0 **RISK ANALYSIS**

7.1 None identified.

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 The report presented to NHS Halton CCG's Governing Body can be accessed through the following links:

http://www.haltonccg.nhs.uk/about/governing-body-meetings

https://bit.ly/2lWcugS

REPORT TO: Health Policy & Performance Board

DATE: 17th September 2019

REPORTING OFFICER: Strategic Director – People

PORTFOLIO: Health & Wellbeing

SUBJECT: Performance Management Reports, Quarter 1 2019/20

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 1 of 2019/20. This includes a description of factors which are affecting the service.

2.0 **RECOMMENDATION: That the Policy and Performance Board:**

i) Receive the Quarter 1 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 1, 2019/20.

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 ISSUES3**

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**

9.1 None under the meaning of the Act.

Health Policy & Performance Board Priority Based Report

Reporting Period: Quarter 1 – Period 1st April – 31st June 2019

1.0 Introduction

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

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

2.0 Key Developments

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

Adult Social Care:

Mental Health Services:

Developing the use of the Mental Health Resource Centre in Vine Street, Widnes: following the successful redevelopment of the Mental Health Resource Centre in Vine Street, services continue to be developed as part of the process of delivering a more comprehensive mental health service for local residents. The intention remains to develop a 24-hour crisis service from the building in partnership with the CCG, which would help to provide faster support for people and would ensure that they receive timely and appropriate support.

Debt Management:

In February 2017 Halton Borough Council was owed a substantial amount of money in payments relating to assessed charges for care for a number of service users. A report was submitted at this time outlining a proposal to use invest to save money to fund a community care worker post to address the issues relating. The debt recovery project has been running for some time now.

A community care worker is in post, and was appointed a year ago currently funded for 2 years out of invest to save monies. The role has cemented the processes established as part of the dent recovery project and has been able to support adults identified through this process to have access to safeguarding processes, assessments, review and ensure that they have the support that they need to manage their own financial affairs and recue the stress and anxiety related to challenges that they have had in managing their financial affairs.

As anticipated one of the main side benefits of the role is in relation to ensuring debt is recovered and there has been a marked impact on total debt seeing a sustained reduction in the total debt over the past 6 months as outlined above In May 2019, HBC internal audit completed and audit of the debt recovery process. While a number of recommendations from this audit, the point of most relevance to this report is the acknowledgement of the critical role that the community care worker role has had in supporting the debt recovery

process, particularly in preventing inappropriate referrals through to the legal debt recovery team as well as the obvious successes in managing the overall size of debt owed to the council.

The community care worker has identified that a significant proportion of accrued debt could be prevented at an early stage by ensuring that conversations are held with people who have been admitted to 24 hour care (or their families) at an early stage in the their admission.

The role of the community care worker in this process was as part of a wider range of preventative measures aimed at slowing or reducing the amount of new debt accrued and dealing with this in the most effective manner once it was identified that debt had begun to build up. The community care workers focus is on using debt as an indicator of possible underlying social problems and following an initial fact funding process engaging in Care Act assessment and review if required. However the post has proved successful and a proposal is being taken forward to create a permanent post.

Public Health

Halton have contributed to a successful bid through the Cheshire and Mersey Cancer Prevention Group, a subgroup of the Cancer Alliance, and been awarded over £1.2million to implement activities to improve uptake of cancer screening programmes, these will incliude a cervical screening text message reminder service as well as a programme to target those who do not respond to screening invites, and those who following attendence at screening, fail to follow up when referred for further investigations.

3.0 Emerging Issues

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

Adult Social Care
Mental Health Services - national developments:

Work continues nationally to develop and publish a new Mental Health Act, although this has been taken over by more recent political priorities. The work on developing the Act has been supported by a range of social care organisations, including the Association of Directors of Adult Social Services, the British Association of Social Workers and the national AMHP leads group.

The role of social work within mental health services has recently been scrutinised by the All-Party Parliamentary Group on Social Work; this group has made a number of recommendations designed to promote the role of the social model of mental health in the new legislation, and the central role of social work within this as experts in working within this model.

At the same time, a new national workforce plan for the Approved Mental Health Practitioner role has been issued in draft, and is due to be finalised shortly. This aims to improve the working conditions for AMHPs, improve recruitment and retention, develop

consistent training across the country and promote the role within multidisciplinary mental health working.

Launch date announced for specialist social work regulator

At a national Association of Directors of Children's Services conference, the Minister for Children and Families, Nadhim Zahawi has announced Monday 2 December 2019 as the date when Social Work England will take over from the Health and Care Professions Council (HCPC) as the new social work regulator.
In preparation for the announcement, significant progress has been made to ensure a smooth and safe transition for social workers. Social Work England will become the new regulator later this year subject to this successful development continuing.
Speaking about the announcement, Colum Conway, Chief Executive of Social Work England, said: "We are delighted to be able to announce that we will soon become the new specialist regulator for social workers. As a social worker, I understand the positive impact that professionals have on millions of people. I also understand the complexity of the work and the competing priorities in the role. That is why we are putting collaborative working at the heart of all we do and our recent consultation on rules and standards was just one example of this. "Over the course of the year we will continue to work with the HCPC to ensure an efficient and smooth transition. We are also committed to exploring new approaches that offer responsive and proportionate regulation – empowering professionals to be the very best they can be."
Marc Seale, Chief Executive of HCPC, said: "We will continue to work closely with Social Work England to ensure there will be a smooth transition. Good progress has been made so far, and this will continue until the regulatory functions are effectively transferred. Until that time, we are committed to regulating the profession and delivering our core purpose of public protection. We will also ensure that our work on the regulation of the 15 other professions remains unaffected by our focus on the transfer of social workers."

Public Health

Nationally reported smoking rates have increased in Halton for the first time in 2 years, taking Halton above the national average. While this is concerning, the data is obtained from self-reported national survey results which can vary significantly year on year based on the number and type of individuals able to be contacted to take part in the survey. Despite this, Halton will continue to support smoking cessation and lifestyle services to ensure we can continue to encourage people to make healthy lifestyle choices.

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 2018/19 Directorate Business Plans.

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

5.0 Progress against high priority equality actions

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

6.0 Performance Overview

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

Adult Social Care

Key Objectives / milestones

Ref	Milestones	Q4 Progress
1A	Monitor the effectiveness of the Better Care Fund pooled budget ensuring that budget comes out on target	✓
1B	Integrate social services with community health services	✓
1C	Continue to monitor effectiveness of changes arising from review of services and support to children and adults with Autistic Spectrum Disorder.	✓
1D	Continue to implement the Local Dementia Strategy, to ensure effective services are in place.	✓
1E	Continue to work with the 5Boroughs NHS Foundation Trust proposals to redesign pathways for people with Acute Mental Health problems and services for older people with Mental Health problems.	No data available
1F	The Homelessness strategy be kept under annual review to determine if any changes or updates are required.	No data available
3A	Undertake on-going review and development of all commissioning strategies, aligning with Public Health and Clinical Commissioning Group, to enhance service delivery and continue cost effectiveness, and ensure appropriate governance controls are in place.	✓

Supporting Commentary

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

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

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

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

1E. No data available

1F. No data available

3A.

Key Performance Indicators

Older People:						
Ref	**Measure**	**18/19 Actual**	**19/20 Target**	**Q1**	**Current Progress**	**Direction of travel**
ASC 01	Permanent Admissions to residential and nursing care homes per 100,000 population 65+ ***Better Care Fund performance metric***	TBC	TBC	141.9	TBC	N/A
ASC 02	Delayed transfers of care (delayed days) from hospital per 100,000 population. ***Better Care Fund performance metric***	479 May 19	TBC	403 May 19	N/A	
ASC 03	Total non-elective admissions in to hospital (general & acute), all age, per 100,000 population. ***Better Care Fund performance metric***	4952	TBC	4952	U	

ASC 04	Proportion of Older People (65 and over) who were still at home 91 days after discharge from hospital into reablement/rehab ilitation services (ASCOF 2B) ***Better Care Fund performance metric***	85%	TBC	N/A	N/A	N/A
Adults with Learning and/or Physical Disabilities:						
ASC 05a	Percentage of items of equipment and adaptations delivered within 5 working days (HICES)	N/A Merged data in 18/19	97%	98%	✓	N/A
ASC 05b	Percentage of items of equipment and adaptations delivered within 7 working days (VI/DRC/HMS)	N/A Merged data in 18/19	97%	68%	✗	N/A
ASC 06	Proportion of people in receipt of SDS (ASCOF 1C – people in receipt of long term support) (Part 1) SDS	78%	78%	71%	U	↓
ASC 07	Proportion of people in receipt of SDS (ASCOF 1C – people in receipt of long term support) (Part 2) DP	36%	45%	32%	U	↓
ASC 08	Proportion of adults with learning disabilities who	86%	89%	86%	✓	↑

	live in their own home or with their family (ASCOF 1G)					
ASC 9	Proportion of adults with learning disabilities who are in Employment (ASCOF 1E)	5.0%	5%	5.1%	✓	↑
Homelessness:						
ASC 10	Homeless presentations made to the Local Authority for assistance In accordance with Homelessness Act 2017. Relief Prevention Homeless	117	500			No data available
ASC 11	LA Accepted a statutory duty to homeless households in accordance with homelessness Act 2002	10	100			No data available
ASC 12	Homelessness prevention, where an applicant has been found to be eligible and unintentionally homeless.	6	17			No data available
ASC 13	Number of households living in Temporary Accommodation Hostel Bed & Breakfast					No data available
ASC 14	Households who considered	1.64 %	6.00 %			No data available

	themselves as homeless, who approached the LA housing advice service, and for whom housing advice casework intervention resolved their situation (the number divided by the number of thousand households in the Borough)					
Safeguarding:						
ASC 15	Percentage of individuals involved in Section 42 Safeguarding Enquiries	N/A	TBC	52%	N/A	New measure, targets to be confirmed
ASC 16	Percentage of existing HBC Adult Social Care staff that have received Adult Safeguarding Training, including e-learning, in the last 3-years (denominator front line staff only).	61%	56%	61%		
ASC 17(A)	DoLS – Urgent applications received, completed within 7 days.	N/A	80%	N/A	N/A	N/A
ASC 17(B)	DoLS – Standard applications received completed within 21 days.	N/A	80%	N/A	N/A	N/A
ASC 18	The Proportion of People who use	95.57 %	82%	N/A	N/A	N/A

	services who say that those services have made them feel safe and secure – Adult Social Care Survey (ASCOF 4B)					
Carers:						
ASC 19	Proportion of Carers in receipt of Self Directed Support.	100%	99%	95.4	✓	↑
ASC 20	*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)*	7.1% 2018/19	9	N/A	N/A	N/A
ASC 21	*Overall satisfaction of carers with social services (ASCOF 3B)*	52.1% 2018/19	50	N/A	N/A	N/A
ASC 22	The proportion of carers who report that they have been included or consulted in discussions about the person they care for (ASCOF 3C)	77.6% 2018/19	80	N/A	N/A	N/A
ASC 23	Do care and support services help to have a better quality of life? (ASC survey Q 2b) ***Better Care Fund***	92.1% 2018/19	93%	N/A	N/A	N/A

	performance metric					

Supporting Commentary:

Older People:

ASC 01	There is currently an issue with the panel spreadsheets which is being investigated to ensure that permanent admissions are being recorded correctly, an update will be provided before PPB
ASC 02	No targets have yet been set for 2019/20
ASC 03	The CCG did not witness the reductions planned for in 2018/19. A significant part of this was the increase in the number of admissions being recorded at Whiston hospital (+1332, +14%) on 17/18, these admissions were generated by an increase in the number of A&E attendances (+1690, +10%) and a corresponding reduction in the number of attendances at the Widnes UCC (-3827, -10%) A recent deep dive by the CCG has identified that the most likely cause for this movement of patients is a reducing level of patient satisfaction of the Widnes UCC. Further patient insight work is being carried out to determine the reasons behind this reduction in satisfaction however an increase in waiting times appears to be a significant factor. In addition to the number of people attending A&E at Whiston the CCG, alongside Knowsley and St Helens CCG's, has queried the number of people admitted for very short lengths of time (on occasion less than 15 minutes) this has been the subject of an MIAA audit and the CCG are in discussions with the Trust about how best to progress this issue in 2019/20.
ASC 04	Annual collection only to be reported in Q4. Data published October 2019, the latest data for 19/20 will be available in October 2020
ASC 05a	Target exceeded in Q1
ASC 05b	Waiting for commentary

Adults with Learning and/or Physical Disabilities:

ASC 06	Work being done looking at the measure.
ASC 07	The Q1 figure is lower than the same period last year. Targets for 19/20 are in the process of being set following completion of year-end processes.
ASC 08	We are aware of issues with data quality with Primary support reasons, this may change the numerator meaning the percentage of clients will be lower.
ASC 09	There are 21 people with a learning disability in paid employment. The percentage is based on the number of people with a learning disability "known to" the Council. The known to figure can fluctuate each month as people have

	been added to Care First or their assessments have been completed; this will have an overall effect on the percentage.
Homelessness:	
ASC 10	No data available
ASC 11	No data available
ASC 12	No data available
ASC 13	No data available
ASC 14	No data available
Safeguarding:	
ASC 15	New measure, targets to be confirmed
ASC 16	We have exceeded this target and staff continue to access the appropriate training.
ASC 17 (A)	18/19 Data not available due to reporting issues which are being investigated.
ASC 17 (B)	18/19 Data not available due to reporting issues which are being investigated.
ASC 18	Annual collection only to be reported in Q4, (figure is an estimate).
Carers:	
ASC 19	On target to meet this measure
ASC 20	This is the Biennial Carers Survey which will commence in December 2020
ASC 21	This is the Biennial Carers Survey which will commence in December 2020
ASC 22	This is the Biennial Carers Survey which will commence in December 2020
ASC 23	This is the Biennial Carers Survey which will commence in December 2020

Public Health

Key Objectives / milestones

Ref	Milestones	Q4 Progress
PH 01a	Increase the uptake of smoking cessation services and successful quits among routine and manual workers and pregnant women.	✓
PH 01b	Work with partners to increase uptake of the NHS cancer screening programmes (cervical, breast and bowel).	✓
PH 01c	Work with partners to continue to expand early diagnosis and treatment of respiratory disease including Lung Age Checks, and improving respiratory pathways.	✓
PH 01d	Increase the number of people achieving a healthy lifestyle in terms of physical activity, healthy eating and drinking within recommended levels.	✓
PH 02a	Facilitate the Healthy child programme which focusses on a universal preventative service, providing families with a programme of screening, immunisation, health and development reviews, and health, well-being and parenting advice for ages 2½ years and 5 years.	✓
PH 02b	Maintain and develop an enhanced offer through the 0-19 programme for families requiring additional support, For example: teenage parents (through Family Nurse Partnership), Care leavers and support (when needed) following the 2 year integrated assessment.	✓
PH 02c	Maintain and develop an offer for families to help their child to have a healthy weight, including encouraging breastfeeding, infant feeding support, healthy family diets, physical activity and support to families with children who are overweight.	✓
PH 03a	Continue to develop opportunities for older people to engage in community and social activities to reduce isolation and loneliness and promote social inclusion and activity.	✓
PH 03b	Review and evaluate the performance of the integrated falls pathway.	✓
PH 03c	Work with partners to promote the uptake and increase accessibility of flu and Pneumonia vaccinations for appropariate age groups in older age.	U
PH 04a	Work in partnership to reduce the number of young people (under 18) being admitted to hospital due to alcohol.	✓
PH 04b	Raise awareness within the local community of safe drinking recommendations and local alcohol support services through delivering alcohol awareness campaigns, alcohol health education events across the borough and ensuring key staff are trained in alcohol identification and brief advice (alcohol IBA).	✓
PH 04c	Ensure those identified as having an alcohol misuse problem can access effective alcohol treatment services and recovery support in the community and within secondary care.	✓

PH 05a	Work with schools, parents, carers and children's centres to improve the social and emotional health of children.	✓
PH 05b	Implementation of the Suicide Action Plan.	✓
PH 05c	Provide training to front line settings and work to implement workplace mental health programmes.	✓

Supporting Commentary

PH 01a **Supporting commentary**

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

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

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

Intermediate training has been delivered to Pharmacies during Quarter 1.

PH 01b Halton Health Improvement Team continued to actively engage in promoting the PHE Cervical Screening uptake campaign and engaged with an estimated 10,000 local people. The workplace health program ran a series of Cancer Awareness workshops with employers throughout Halton. These workshops focused on making staff aware of the signs and symptoms of breast, bowel, lung and testicular cancer, signposting to local support services and highlighting the importance of screening.

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

PH 01c **Supporting commentary**

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

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

Halton is continuing to progress - at speed - the development of the Targetted Lung Health Checks with Knowsley, in addition to identifying and scanning those at highest risk of lung cancer, it will identify other respiratory conditions such as COPD, ensuring rapid access to the right pathways and treatments, as well as directing people to the Halton Smoking Cessation Service.

PH 01d **Supporting commentary**

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

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

PH 02a **Supporting commentary**

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

PH 02b

Supporting commentary

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

PH 02c **Supporting commentary**

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

Progress continues to be made in many of the areas on the Infant feeding strategy action plan, and the operational group is continuing work on refreshing the action plan for 2020. The action plan will focus on ensuring all new mothers will be supported on discharge to feed their baby, whether breast or bottle feeding and then offered continued support through the child's early years on

all aspects of infant feeding. The action plan also includes continued work towards maintaining BFI status for Halton i.e. refreshing breastfeeding policies, social marketing campaigns and parent education sessions to encourage healthy early years.

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

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

PH 03a Supporting commentary

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

The Health Improvement Team also delivers Age Well training which is aimed at giving people who work and live in the community the opportunity to improve their knowledge and understanding of loneliness and how it affects older people living in the borough. This also helps to build practical skills using tools that identify people who may be at risk of loneliness and help build their confidence in giving out advice on how to overcome loneliness. At the end of the session delegates will sign a pledge to end loneliness as part of our Campaign to End Loneliness in Halton.

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

PH 03b Supporting commentary

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

PH 03c Supporting commentary

Uptake of flu vaccination for the year 2018/19 was poorer than the previous year in all groups, except the school based programme. In Halton we have failed to significantly increase the uptake of vaccination amongst people with long term health conditions that make them more susceptible to flu. We have

begun work already in anticipation of the 2019/20 flu season starting in Setember 2019. We have undertaken a joint communicatons meeting between Halton and Warrington to understand how we can best work together, pool resources and help improve the messaging and approaches we take to encourage people to attend for Flu vaccinations, we will be working jointly throughout the season.

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

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

PH 04a Supporting commentary

Data for 2015/16-2017/18 shows the Halton rate for alcohol admissions in the under 18s has decreased slightly from the previous period.
Halton has seen a greater reduction than England, the North West and St Helens since 2006/07-2008/09. Despite this decrease, the Halton rate remains significantly higher than the England average, though the rate is similar to the North West and significantly lower than St Helens' rate

PH 04b Supporting commentary

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

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

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

PH 04c Supporting commentary

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

PH 05a Supporting commentary

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

PH 05b We are in the process of analysing the first year's data from the Real Time Surveillance system, which we will assess against the 2018 Suicide Audit when completed (currently underway). The suicide prevention action plan is continuously driven forward by the suicide prevention partnership board. The plan links closely with the Cheshire and Merseyside No More Suicides strategy. A real time surveillance intelligence flow is in place which will enable faster identification of potential trends and clusters. The suicide prevention pathway for children and young people has been developed and is currently in the process of being signed off by relevant partners and boards. Champs have been successful in their C&M NHSE funded self-harm and suicide prevention application, with work due to focus on those who have died by suicide who previously self-harmed; the recently completed self-harm audit across the Champs foot print will be used to inform this new piece of work. Champs have also undertaken a bereavement service audit to identify any gaps in provision across the Champs footprint.

PH 05c **Supporting commentary**

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

Training for staff who work with adults:

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

Training for staff who work with children and young people:

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

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

Key Performance Indicators

Ref	Measure	17/18 Actual	18/19 Target	Q4	Current Progress	Direction of travel
PH LI 01	A good level of child development (% of eligible children achieving a good level of development at the end of reception)	64.5% (2017/18)	66.5% (2018/19)	Annual Data	U	

PH LI 02a	Adults achieving recommended levels of physical activity (% of adults aged 19+ that achieve 150+ minutes of moderate intensity equivalent per week)	62.8% (2017/18)	64.2% (2018/19)	Annual Data	U	
PH LI 02b	Alcohol-related admission episodes – narrow definition (Directly Standardised Rate per 100,000 population)	830.2 (2017/18)	827.7 (2018/19)	832.1 (Q4 17/18 – Q3 18/19)	U	
PH LI 02c	Under-18 alcohol-specific admission episodes (crude rate per 100,000 population)	57.6 (2015/16-17/18)	55.6 (2016/17-2018/19)	62.5 (Q4 15/16 – Q3 18/19)		
PH LI 03a	Smoking prevalence (% of adults who currently smoke)	15.0% (2017)	14.8% (2018)	17.9% (2018)		
PH LI 03b	Prevalence of adult obesity (% of adults estimated to be obese)	33.7% (2017/18)	33.2% (2018/19)	Annual Data	U	
PH LI 03c	Mortality from cardiovascular disease at ages under 75 (Directly Standardised Rate per 100,000 population) *Published data based on calendar year,*	90.4 (2016-18)*	88.9 (2017-19)	92.7 (Q2 2016 – Q1 2019)	U	

	please note year for targets					
PH LI 03d	Mortality from cancer at ages under 75 (Directly Standardised Rate per 100,000 population) *Published data based on calendar year, please note year for targets*	175.8 (2016-18)*	170.9 (2017-19)	184.2 (Q2 2016 – Q1 2019)	U	
PH LI 03e	Mortality from respiratory disease at ages under 75 (Directly Standardised Rate per 100,000 population) *Published data based on calendar year, please note year for targets*	55.6 (2016-18)*	50.5 (2017-19)	54.9 (Q2 2016 – Q1 2019)	U	
PH LI 04a	Self-harm hospital admissions (Emergency admissions, all ages, directly standardised rate per 100,000 population)	340.0 (2017/18)	337.7 (2018/19)	328.4 (Q2 17/18 – Q1 18/19)	U	
PH LI 04b	Self-reported wellbeing: % of people with a low happiness score	9.7% (2017/18)	9.4% (2018/19)	Annual Data	U	
PH LI 05ai	**Male** Life expectancy at age 65 (Average number of years a person would expect to live based on	17.5 (2015-17)	17.6 (2016-18)	Annual Data	U	

	contemporary mortality rates) *Published data based on 3 calendar years, please note year for targets*					
PH LI 05aii	**Female** Life expectancy at age 65 (Average number of years a person would expect to live based on contemporary mortality rates) *Published data based on 3 calendar years, please note year for targets*	19.3 (2015-17)	19.4 (2016-18)	Annual Data	U	
PH LI 05b	Emergency admissions due to injuries resulting from falls in the over 65s (Directly Standardised Rate, per 100,000 population; PHOF definition)	2937.1 (2017/18)	2900.0 (2018/19)	2896.4 (Q3 17/18 – Q2 18/19)	U	
PH LI 05c	Flu vaccination at age 65+ (% of eligible adults aged 65+ who received the flu vaccine, GP registered population)	73.7% (2017/18)	75.0% (2018/19)	Annual Data	U	

Supporting Commentary

PH LI 01 - Data is released annually.

PH LI 02a - Data is released annually.

PH LI 02b - The rate of alcohol-related admissions episodes for the year to Q3 2018/19 is marginally above both the rate for 2017/18 and the target set for 2018/19. With one quarter left in 2018/19 and the current value so close to the target, it is not possible to say whether the target will or will not be met at the year's end.

Provisional figures are based on unverified data and as such caution is advised in their use

PH LI 02c - Under 18 alcohol-specific admissions have increased to the 3-year period ending Q3 2018/19. The value is above both the actual value for 2015/16 to 2017/18. With the current value so far above the target for 2016/17 to 2018/19, it is likely that the target will not be met.
Provisional figures are based on unverified data and as such caution is advised in their use.

PH LI 03a - Figures for 2018 indicate that smoking prevalence has increased from 15% in 2017 to 17.9% in 2018. This increase has led to a prevalence significantly higher than that of England. Although figures are based on annual survey data, and self-reported smoking status, the figure does indicate that prevalence may be higher than seen for the previous two years (2016 and 2017).

PH LI 03b – Data is released annually.

PH LI 03c - As of Q1 2019, we are marginally above the target for premature mortality from CVD. However, it is too early in the year to define whether or not we are on track to meet the target.
Mortality indicators are now based on 3-year periods

PH LI 03d – Data for the 3-year period to the end of Q1 2019 shows that the rate of premature mortality from cancer is both above the (provisional) figure for 2016-18 and also even further above the target set for 2017-19. However, with a further 9 months remaining in the current period, we cannot yet say whether the target will or will not be met. *Mortality indicators now based on 3-year periods.*

PH LI 03e - For the three year period to the end of Q1 2019, the rate of premature mortality from respiratory disease was below that of 2016-18. However, it is above the target set for 2017-19 and with 9 months remaining in the current target period, we cannot define whether or not target will be achieved. *Mortality indicators now based on 3-year periods.*

PH LI 04a - The year period to the end of Q1 2018/19, the rate of self-harm hospital admissions was below the value for 2017/18 and the target value for 2018/19. However, with 9 months remaining during 2018/19, it is not yet possible to say whether we will or will not meet the target for the year.

PH LI 04b - Data is released annually.

PH LI 05ai - Data is released annually.

PH LI 05aii – Data is released annually.

PH LI 05b – Too early in the year, and too close to target value to specify whether we will or will not meet the target for 2018/19. However, as of Q2 2018/19, we are marginally below the target for the year.
Provisional figures are based on unverified data and as such caution is advised in their use

PH LI 05c - Data is released annually.

APPENDIX 1 – Financial Statements

ADULT SOCIAL CARE DEPARTMENT

Revenue Budget as at 30 June 2019

	Annual Budget £'000	Budget To Date £'000	Actual Spend £'000	**Variance** (Overspend) £'000	**Forecast Outturn Position £'000**
Expenditure					
Employees	14,359	3,690	3,658	32	60
Premises	327	110	112	(2)	(10)
Supplies & Services	444	111	111	0	0
Aids & Adaptations	113	28	19	9	10
Transport	154	38	35	3	0
Food Provision	203	36	32	4	10
Contracts & SLAs	536	197	193	4	0
Emergency Duty Team	100	0	0	0	5
Agency	450	143	146	(3)	(20)
Payments To Providers	1,443	277	280	(3)	(10)
Total Expenditure	**18,129**	**4,630**	**4,586**	**44**	**45**
Income					
Sales & Rents Income	-311	-146	-139	(7)	(20)
Fees & Charges	-680	-170	-160	(10)	(10)
Reimbursements & Grant Income	-1,100	-118	-106	(12)	(30)
Transfer From Reserves	-800	0	0	0	0
Capitalised Salaries	-111	-28	-28	0	0
Government Grant Income	-87	-83	-94	11	15
Total Income	**-3,089**	**-545**	**-527**	**(18)**	**(45)**
Net Operational Expenditure	**15,040**	**4,085**	**4,059**	**26**	**0**
Recharges					
Premises Support	490	123	123	0	0
Asset Charges	13	0	0	0	0
Central Support Services	3,028	757	757	0	0
Internal Recharge Income	-721	-207	-207	0	0
Transport Recharges	599	162	162	0	0
Net Total Recharges	**3,409**	**835**	**835**	**0**	**0**
Net Department Expenditure	**18,449**	**4,920**	**4,894**	**26**	**0**

Comments on the above figures

In overall terms, the Net Department Expenditure is £26,000 below budget profile at the end of the first quarter of the 2019/20 financial year. Current expenditure patterns indicate that spend will be very close to the budget allocation for the remainder of the year.

The financial report includes expenditure and income related to the Housing Solutions division, which includes the Housing Solutions advisory service, 2 permanent and 1 temporary traveller sites,

and the grant-funded Syrian Resettlement Programme. These services have a combined net budget of £604,000, and expenditure is currently projected to be to budget for the year.

Employee costs are currently showing spend of £32,000 under budget profile, due to savings being made on vacancies within the department. It is anticipated that the majority of these posts will be filled during the remainder of financial year, and a full-year underspend of £60,000 will result. Employee budgets are based on full time equivalent staffing numbers of 427. The savings target in relation to vacant posts is £502,000, and this is anticipated to be achieved in full.

Income from sales and rents are currently running slightly behind budget profile, and income for the first quarter suggests an under-achievement of £20,000 for the year on the full-year income target of £311,000. The shortfalls relate to rechargeable income in respect of electricity at the traveller sites, and sales income relating to Day Services initiatives. In both cases, these shortfalls are offset by savings on running costs, and the departments concerned are projected to be to budget overall.

Income received from the Clinical Commissioning Group (recorded under the "Re-imbursements and Grants" heading) is projected to be below target. This income relates to Continuing Health Care funded packages within Day Services and the Supported Housing Network. The income received is dependent on the nature of service user's care packages. The shortfall is currently estimated to be in the region of £30,000 for the full year.

Capital Projects as at 30 June 2019

	2019-20 Capital Allocation £'000	Allocation To Date £'000	Actual Spend £'000	Total Allocation Remaining £'000
Carefirst Upgrade	362	362	362	0
Orchard House	327	5	4	323
Purchase of 2 Adapted Properties	512	5	5	507
Total	1,201	372	371	830

Comments on the above figures:
The upgrade to the Carefirst system will result in significant annual savings to the licence fee. These savings are being utilised to fund the capital purchase costs over a 5 year period.

The Orchard House allocation relates to the purchase and re-modelling of a previously vacant property, to provide accommodation for young adults who have a Learning Disability and Autism. The full scheme cost is £497,000, and is fully funded by an NHS England grant. The £327,000 capital allocation in the current year reflects the projected remodelling and refurbishment costs of the property following its purchase in March 2019.

The capital allocation for the purchase of land and construction of 2 properties relates to funding received from the Department Of Health under the Housing & Technology for People with Learning Disabilities Capital Fund. The funding is to be used to meet the particularly complex and unique needs of two service users. The purchase of suitable land and construction of the properties is scheduled to be completed during the 2019/20 financial year.

COMPLEX CARE POOL

Revenue Budget as at 30 June 2019

	Annual Budget £'000	Budget To Date £'000	Actual To Date £'000	**Variance To Date** (overspend) £'000	**Forecast Variance (overspend) £'000**
Expenditure					
Intermediate Care Services	6,371	1,176	1,224	(48)	(100)
End of Life	200	42	40	2	10
Sub-Acute	1,783	278	308	(30)	0
Urgent Care Centres	615	0	0	0	0
Joint Equipment Store	613	151	157	(6)	(25)
CCG Contracts & SLA's	1,219	91	65	26	26
Intermediate Care Beds	599	150	150	0	0
BCF Schemes	1,729	127	27	100	100
Carers Breaks	444	135	104	31	112
Madeline McKenna Home	550	155	161	(6)	(24)
Millbrow Home	1,710	400	511	(111)	(248)
BCF unallocated	994	0	0	0	0
Adult Health & Social Care Services:					
Residential & Nursing Care	21,445	3,097	2,789	308	903
Domiciliary & Supported Living	13,609	2,270	2,072	198	900
Direct Payments	7,475	2,480	3,130	(650)	(2,600)
Day Care	430	63	68	(5)	0
Total Expenditure	**59,786**	**10,615**	**10,806**	**(191)**	**(946)**
Income					
Residential & Nursing Income	-6,260	-968	-934	(34)	(153)
Domiciliary Income	-1,457	-213	-224	11	49
Direct Payments Income	-581	-89	-107	18	133
Winter Pressures	-639	-160	-160	0	0
BCF	-9,844	-2,460	-2,460	0	0
CCG Contribution to Pool	-13,676	-3,419	-3,419	0	0
ILF	-656	0	0	0	0
Income from other CCG's	-113	0	0	0	0
Madeline McKenna fees	-275	-26	-36	10	40
Millbrow fees	-1,159	-357	-358	1	4
Falls Income	-60	-37	-35	(2)	(7)
Total Income	**-34,720**	**-7,729**	**-7,733**	**4**	**66**
Net Department Expenditure	**25,066**	**2,886**	**3,073**	**(187)**	**(880)**
CCG risk share overspend on aligned budgets (CHC, FNC and Joint funding)	0	0	-140	140	560
Adjusted Net Dept. Expenditure	**25,066**	**2,886**	**2,933**	**(47)**	**(320)**

Comments on the above figures:

The overall position for the Complex Care Pool budget is £47k over budget profile at the end of the first financial quarter and the forecast year end position is expected to be approximately £320k.

Please note, however, that the figures stated above do not include an inflationary uplift to care providers for 2019/20.

Intermediate Care Services, which includes the Therapy and Nursing teams, Rapid Access Rehabilitation (RARS) and the Reablement service, is £48k over budget profile. This relates to higher than anticipated staffing costs in respect of the implementation and testing of the new CM2000 system. This system is being introduced to better manage and coordinate staffing resources to meet service demand. As a result, staffing costs will be monitored closely to ensure costs are brought back within budget.

The Sub-Acute Unit is currently £30k over budget to date, at this point in the year. This relates to an 11% increase on the Halton Intermediate Care Unit (H.I.C.U.) contract for 2019/20, which equates to an increase of nearly £175k compared to the previous year. The increase is a result of Warrington & Halton Hospitals NHS Foundation Trust re-basing the staffing structures to reflect the 2019/20 pay rates rather than applying an inflation rate as in previous years. This additional cost pressure will have to be absorbed within the overall budget.

Expenditure on Carer's Breaks is under budget profile by £31k as at the end of June. A couple of contracts have ended and the personalised break costs from Halton Carer's Centre are quite low.

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

Health & Social Care –

The Health and Social Care budget is a mix of residential, domiciliary and direct payments and also a mix of CHC and LA funded care packages.

The projected overspend on the Health and Social Care budget has been analysed in the tables below and split been CCG and LA funded care packages.

The current net projected overspend is £762k (£202k HBC and £560k CCG), as per the tables below. The trend in reduction of CHC funded packages in favour of HBC/FNC funded packages continues.

As at quarter 1, the CCG contribution had still not been agreed, and so the CCG's contribution to the Pool remain at 2018/19 levels.

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

HBC

Service Type	Annual Budget £000	Projected Spend / - Inc. to Year-end £000	Projected Out-turn Variance Under / (Over) £000
Residential & Nursing Care	13,229	13,261	(32)
Domiciliary Care, Supported Living & Day Care	7,485	7,311	174
Direct Payments	7,909	8,282	(373)
Residential & Nursing Income	-5,960	-5,807	(153)
Domiciliary Care Income	-1,432	-1,481	49

Direct Payments Income	-581	-714	133
ILF	-656	-656	0
Residential Income from other CCG's	-137	-137	0
TOTAL	**19,857**	**20,059**	**(202)**

HCCG CHC & FNC

Service Type	**Annual Budget £000**	**Projected Spend to Year-end £000**	**Projected Out-turn Variance Under / (Over) £000**
Residential & Nursing Care	6,018	5,152	866
Domiciliary Care, Supported Living & Day Care	2,963	3,214	(251)
Direct Payments	1,166	2,178	(1,012)
FNC - Residential & Nursing Care	726	889	(163)
TOTAL	**10,873**	**11,433**	**(560)**

Pooled Budget Capital Projects as at 30 June 2019

	2019-20 Capital Allocation £'000	Allocation To Date £'000	Actual Spend £'000	Total Allocation Remaining £'000
Disabled Facilities Grant	619	165	163	456
Stair lifts (Adaptations Initiative)	322	75	39	283
RSL Adaptations (Joint Funding)	300	75	57	243
Oak Meadow Redesign	105	105	99	6
Care Home Acquisition	1,437	0	0	1,437
Care Home Refurbishment	200	10	6	194
Total	**2,983**	**430**	**364**	**2,619**

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

PUBLIC HEALTH & PUBLIC PROTECTION DEPARTMENT

Revenue Budget as at 30 June 2019

	Annual Budget £'000	Budget To Date £'000	Actual To Date £'000	**Variance to Date** (under spend) £'000	**Forecast Outturn Position £'000**

Expenditure					
Employees	3,581	878	858	20	82
Other Premises	5	0	0	0	0
Supplies & Services	213	59	38	21	83
Contracts & SLA's	6,586	1,631	1,656	(25)	(100)
Transport	6	1	2	(1)	(1)
Agency	19	19	19	0	0
Total Expenditure	**10,410**	**2,588**	**2,573**	**15**	**64**
Income					
Other Fees & Charges	-72	-15	-12	(3)	(18)
Government Grant	-9,916	-2,479	-2,479	0	0
Reimbursements & Grant Income	-130	-64	-56	(8)	(32)
Transfer from Reserves	-361	0	0	0	0
Total Income	**-10,479**	**-2,558**	**-2,547**	**(11)**	**(50)**
Net Operational Expenditure	**-69**	**30**	**26**	**4**	**14**
Recharges					
Premises Support	143	36	36	0	0
Central Support Services	786	197	197	0	0
Transport Recharges	23	5	5	0	0
Net Total Recharges	**952**	**238**	**238**	**0**	**0**
Net Department Expenditure	**883**	**268**	**264**	**4**	**14**

Comments on the above figures

In overall terms, the Net Department Expenditure for the first quarter of the financial year is £4,000 under budget profile.

Employee costs are currently £20,000 under budget profile. This is due to savings being made on a small number of vacancies and reductions in hours particularly within the Health & Wellbeing Division, however it is anticipated that vacancies will be filled as quickly as possible.

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

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

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

Income received is currently running below target and is projected to continue to do so for the remainder of the financial year. This is in the main due to savings of £50,000 being applied to income targets included in the Department's budget, which is not being achieved.

The expected outturn position for the department to 31 March 2020 based on the current levels of income and expenditure is anticipated to be circa £14,000 under budget.

APPENDIX 2 – Explanation of Symbols

Symbols are used in the following manner:

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

Direction of Travel Indicator

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

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