

## Directorate Performance Overview Report

**Directorate:** People Directorate (Adult Social Care)

**Reporting Period:** Quarter 4 – Period 1<sup>st</sup> January – 31<sup>st</sup> March 2017

### 1.0 Introduction

1.1 This report provides an overview of issues and progress within the Directorate that have occurred during the fourth quarter 2016/17.

### 2.0 Key Developments

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

#### **ADULT SOCIAL CARE**

##### **Safeguarding Adults Peer Review**

St Helens Council undertook a Safeguarding Peer Review on 5<sup>th</sup> and 6<sup>th</sup> January 2017. It was agreed that they would focus on two main areas:

1. To review whether Halton Borough Council through its adult safeguarding, policies, procedures and practice are helping to protect and deliver positive outcomes for service users and families
2. To review whether the “Adults Voice” is heard in front line practices and by Halton’s Safeguarding Adults Board

The Peer Review Team found strong political and Senior Management leadership and commitment, including at the most senior levels. A strong partnership approach and established, effective networks were prevalent in all areas of the Review. Individuals across the range of stakeholders participating were constructive, committed and engaged in an honest and open way, indicating willingness to learn and embrace change. The Review Team feel Halton has a strong platform on which to build future safeguarding arrangements.

The Peer Review Team identified 6 recommendations

- Review the role of the Integrated Safeguarding Unit
- Update the Interagency Safeguarding Policy, Procedures and Good Practice
- Review the scope of SAB
- Review the application of Carefirst
- Develop actions to address the recommendations
- Share the outcome of the review with all participants

These recommendations have been collated into an action plan and progress will be monitored by the Safeguarding Adults Board to ensure that Halton is helping to keep people safe and working as effectively as possible in order to do this.

**Review of the 5Boroughs Acute Care Pathway and Later Life and Memory Services (the Tony Ryan Review):** work is continuing in Halton to redesign mental health services to achieve two main aims: to provide help and support to people at an earlier stage in their condition, so as to reduce the likelihood of needing long term specialist mental health support from the 5BoroughsPartnership, and to help people who are already involved with the 5BoroughsPartnership to regain full independence and live full and meaningful lives in the community wherever possible.

As a part of this, the use of the existing inpatient beds in the Brooker Unit in Runcorn has been reviewed, and following a public consultation the decision has been made to move some of the inpatient services for people with dementia and memory loss to another specialist location. This will allow more effective delivery of local mental health inpatient provision for people with mental illnesses, but it should also provide a better-quality specialist service for people with dementia. The 5Boroughs have made arrangements to ensure that patients' families can easily access the new location.

### **The Community Multi-Disciplinary Team Model**

A number of legislative and policy developments have contributed to the development of the community multi-disciplinary approach in Halton, further integrating health and social care in the borough. The model for Community MDTs in Halton consists of staff from several different professional backgrounds, including GPs, Social Workers, Community Care Workers District Nurses, Community Matrons. The MDT will work in an integrated way, aligned to GP practices. The model works with four GP Hubs: Widnes North, Widnes South, Runcorn West and Runcorn East. Each Hub has clusters of GP surgeries. Each GP surgery has its own MDT, working with an identified GP patient population. The model promotes the MDT have dedicated meetings to look at unplanned admissions to hospital and at complex cases. Referrals can be taken daily and directed to the relevant professionals in the MDT.

A steering group has been working to enable IT sharing of information via different computer systems and the integrated assessment process. A number of workshops have been held with staff to improve integrated working. A launch event was held on Tuesday 21st March, During the event staff teams were divided into 4 neighbourhood hubs. Discussions covered; how will you work together as an integrated team and and what do you see as the benefits if the new team, a ten minute discussion took place re each question. The day was received positively from all staff

### **Transition Team**

In February 2017, the Transition Team was developed in Halton. The team consists of 3.5 Social Workers from both Children and Adult services. with strong links with practitioners from child health and SEN. The Aim of the team is to have a joined-up approach to transition from education, health and social care with increased and targeted co-ordination and communication from all agencies from a younger age. The age range for referrals will be from age 14 years up to the age of 26 years or until appropriate to transfer into generic adult services, following the transition from long-term education/training. The creation of the team was following the, NICE guidance 'Transition from children's to adults' services for young people using health or social care services', stating, ' during and after a young person moves from children's to adults' services, It aims to help young people and their carers have a better experience of transition by improving the way it's planned and carried out. It covers both health and social care. The overarching principles strategically and operationally is for Young people and their carers

to be involved in transition service design, delivery and evaluation and taking a strengths-based and person-centred approach to the Assessment process, with detailed transitional planning, which changes alongside the young person's development.

## **PUBLIC HEALTH**

There are a number of pilots that are proving very successful and need to be continued. Stress management techniques and a quit buddy has significantly increased the number of pregnant women who quit smoking. Similarly, the bowel screening follow up pilot is increasing the number of people who return their sample and are caught early when bowel cancer can be easily treated.

### **3.0 Emerging Issues**

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

## **ADULT SOCIAL CARE**

### **Deprivation of Liberty Safeguards (DoLS)**

The long awaited recommendations from the Law Commission in relation to the DoLS were published on the 13<sup>th</sup> of March 2017 the final can be found using the following link;

<http://www.lawcom.gov.uk/project/mental-capacity-and-deprivation-of-liberty/>

In total, there are 47 recommendations contained within the document. The main recommendation that may impact on the Local Authority that have been identified so far are;

- Authorisations will be determined by the Care Plans and Risk Assessments, and must include a Capacity Assessment and Best Interest Assessment/Decision. They can be Authorised up to 28 days before the placement is due to commence, so should be an automatic part of Advance Care Planning.
- Independent scrutiny is to be provided by somebody, employed by the Local Authority, that wasn't involved in arranging the placement or package of care .
- It will include People in the Community whose care is managed by the Local Authority, i.e. Supported Accommodation/Shared Living Arrangements or where somebody care package is so extensive that they are unable to access the community independently, but will not have to go to the Court of Protection.
- Will include 16 and 17 year olds. (CSC have been advised of this, and a link to the Recommendations has been provided to them).
- Hospital Managers will be responsible for authorising their own, as will the NHS for those receiving CHC funding.
- Two major changes in that it now allows for Transport arrangements to be part of the Authorisation, so if someone wanders away from a placement they can be transported back, and it allows for placements for the safety of other people.
- The role of the BIA will largely disappear, with a new role, that of the Approved Mental Capacity Professional (AMCP), being introduced. They will become involved only on the more contentious cases, potentially likely to go to Court.
- If a placement is made against the express known wishes of the person or their RPR/Donee of attorney, or Court Appointed Deputy, **OR** the placement is made for the protection of others, referrals to the AMCP **must** be made for overall assessment as to the appropriateness of the arrangements and final approval.
- Provision is made to allow for regular placements i.e. someone on rolling respite, so that new applications won't need to be made and approved.

- The first Authorisation can be for up to a period of twelve months, as can the first review, but thereafter can be for a period of up to 3 years, reducing the number of reviews required.
- Old assessments can be used, provided that there are no major changes in the person's presentation, or to the proposed arrangements.

The Government have yet to respond to these recommendations

**Mental Health Resource Centre, Vine Street:** for some time, this valuable resource has been underused, with the ground floor vacant since the previous tenants left. Work has been taking place with the CCG and 5Boroughs to scope the potential for the Trust's Assessment Team to move into these premises. This would allow for much closer working relationships between the Assessment Team, the Outreach Team and the Bridge Building Team (the two latter teams are already in the building), which will increase the opportunities for community support for people with mental health needs. It will also provide a more community-focused resource for the 5Boroughs, and importantly will support the delivery of crisis response services at all times. Capital funding has been obtained to make the necessary improvements to the building, and these works should take place through the summer of 2017.

**5BoroughsPartnership new name:** as from 1<sup>st</sup> April 2017, the 5boroughsPartnership will be changing its name to the North West Boroughs Healthcare NHS Trust.

**Social Work for Better Mental Health:** Halton, along with Sefton Borough Council, is an early implementer of this national programme to define the roles and functions of social work in mental health services. Halton's work was recently fed back into a national conference about this issue and was well received. The detailed self assessment has been completed and external facilitators are preparing a report to support service redesign. It has already been established in Halton that the nature of the social work service in mental health will have to change, to allow social workers to focus more on their core tasks, and this programme will completely support the redesign process.

**People with complex mental health conditions who are placed out of borough:** the council and CCG are working together to identify and review all the people with complex mental health needs who have been placed out of borough because of a lack of suitable local facilities. These placements are often at very high cost and have the added disadvantage that they remove people from their familiar home environments and networks. Some people have already been successfully brought back to more independent living much nearer to Halton as a result of this work. Discussions are also taking place with neighbouring local authorities and the 5Boroughs to see whether additional resources can be developed to meet the needs of this group of people.

**Mental Health Serious Incidents:** in the summer of 2016, a number of tragic serious incidents relating to people with complex mental health problems took place in Halton. These types of incidents are always investigated internally to ensure that any possible lessons can be learned, but because of the unusual spike in such incidents, the Adult Safeguarding Board agreed that two of them should be subject to more independent scrutiny, and the rest should be examined to see if there were any predictable themes emerging. All these reviews will be reporting in Quarter 1 of 2017/ 18, and any implications for the delivery of social care services will be made the subject of an action plan which will be closely monitored.

## **The Network**

The proposal is to introduce a pilot to assess the efficiency and impact of Waking Night staff.

As part of the assessment the service will use an electronic system known as 'Just Checking' (<http://www.justchecking.co.uk/media-toolkit/>) to assist with the evaluation. Simply it is:

- A series of small, wireless sensors which are triggered as a person moves around their home. The sensor data is sent by the controller, via the mobile phone network, to the Just Checking web-server.
- Users log on to the Just Checking website, to view the chart of the activity.
- The system needs no other input. There is nothing to wear and no buttons to push.
- Installation is simple. You don't need a phone line or broadband. There are instructions with the kit and a telephone helpline

The increased use of Assistive Technology, e.g. moisture alarms on beds for those who suffer incontinence, will be included in the pilot. The combination of the technology and the switch to Sleep-ins should generate an improved quality of life for services users in better sleep, less intrusion by staff, greater dignity and independence. This technology is already in place. We are testing to what extent Waking staff are required.

The advantages are:

- The study will help to focus on the most effective combination of staff and technology to empower service users to be more independent.
- It is a powerful assessment tool for managers and care managers who are working together to model the best services.
- Activity monitoring gives you a better understanding of when support is required, and confirms the optimum level. It shows the effect of staff activity, encouraging them to focus on enablement.
- The data collected from the Just Checking system will help us make an informed decision as to how we can work smarter in the future.

## **Care Management**

The working group looking at strengthening our compliance with the Care Act are devising further tools and documentation to ensure that service user communication is consistent and transparent while remaining person-centred.

The 'conversation tool' in particular picks up on the notion of strengths-based working and is aimed at opening up dialogue through informal conversation as opposed to simply completing assessment paperwork. The concept of 'social pedagogy' (as a holistic and relationship-centred way of working with people who have care and support needs) is to be explored further with teams and talks with the University of Central Lancashire are progressing to look at dedicated care act learning input.

A stand-alone guidance looking at: 'securing a person's property in emergency care situations' has been devised. This maps to changes under the Care Act and clarifies responsibilities.

Following on from the endorsement of the OT progression policy the team are keen to looking at improvements in working practice.

## **PUBLIC HEALTH**

The number of people reporting a low level of happiness is increasing. We need to monitor this and ensure we market all our local assets that get people out and about and socialising. We are still missing our referral to treatment targets for cancer. A campaign should be developed to alert people to the dangers of missing appointments for cancer diagnosis.

### **4.0 Risk Control Measures**

Risk control forms an integral part of the Council's Business Planning and performance monitoring arrangements. During the development of the 2015/16 Business Plan, the service was required to undertake a risk assessment of all key service objectives with high risks included in the Directorate Risk Register.

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

### **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 Communities Directorate. 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**

<b>Ref</b>	<b>Milestones</b>	<b>Q4 Progress</b>
CCC1	Continue to monitor effectiveness of changes arising from review of services and support to children and adults with Autistic Spectrum Disorder. <b>March 2017</b> (AOF 4) <b>(KEY)</b>	
CCC1	Continue to implement the Local Dementia Strategy, to ensure effective services are in place. <b>March 2017</b> (AOF 4) <b>(KEY)</b>	
CCC1	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. <b>March 2017</b> (AOF 4) <b>(KEY)</b>	
CCC1	The Homelessness Strategy be kept under annual review to determine if any changes or updates are required.	

	<b>March 2017. (AOF 4, AOF 18) (KEY)</b>	
CCC2	Ensure Healthwatch is established and consider working in partnership with other Councils to deliver this. <b>March 2017 (AOF 21)</b>	
CCC3	Undertake on-going review and development of all commissioning strategies, aligning with Public Health and Clinical Commissioning Groups, to enhance service delivery and continue cost effectiveness, and ensure appropriate governance controls are in place. <b>March 2017 (AOF 21 &amp; 25)</b>	

### Supporting Commentary

#### **CCC1 Continue to monitor effectiveness of changes arising from review of services and support to children and adults with Autistic Spectrum Disorder**

A new autism strategy is being developed to reflect future direction of travel of services supporting children and adults with autistic spectrum disorder

A dedicated transition team has been formed, focusing on children and young adults with disabilities) aged 14-25 and their movement through the transition from children's to adult services thus ensuring improved outcomes for children and adults with Autistic Spectrum Disorders.

#### **CCC1 - Continue to implement the Local Dementia Strategy, to ensure effective services are in place**

During Q4 the Halton Dementia Delivery Group have initiated a review of the strategy delivery plan. The Halton Dementia Action Alliance event in March was used to bring together 60 stakeholders, including people living with dementia and carers, to identify priorities and potential actions for delivery. The Dementia delivery group will continue to refine the actions into deliverable and measurable outcomes to commence in Q1 17/18.

A carer resilience programme (START) was introduced during Q4, delivered by the Halton Carers' Centre. The impact of the intervention will be reported through the Dementia Delivery Group.

The Admiral Nurse Service continues to integrate into the the community pathway, reporting good outcomes from the most complex cases they support. Currently in the region of 90 cases are being supported by the team.

The post diagnosis community pathway continued to promote its single point of access, to prioritise an increase in referrals from Primary Care.

#### **CCC1 - 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**

NHS Halton CCG have been leading a multiagency process – fully supported by the council – to implement the recommendations from the Tony Ryan report, as described earlier in this Monitoring Report. The work in both areas continues to develop and borough council services are being redesigned to meet the desired aims.

#### **CCC1 - The Homelessness Strategy be kept under annual review to determine if any changes or updates are required**

The annual homelessness strategy review event took place in December 2016 and was

well attended. The action plan is presently being reviewed and will be updated to reflect key priorities.

The homelessness strategy is due to be fully reviewed in July 2017 and consultation events with partners will be arranged. A five year action plan will be completed to determine the LA priorities and to ensure it reflects economical and legislative changes.









**CCC2 – Ensure Healthwatch is established and consider working in partnership with other Councils to deliver this**

In quarter 4, Healthwatch have undertaken 3 Enter and View visits at residential care homes; met with NHS Halton CCG to discuss the findings of 2 reports into local primary care services; carried out 5 outreach/engagement meetings; provided feedback at a range of meetings with the council and CCG; and distributed two e-bulletins to over 650 subscribers.

**CCC3 - 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.**



## Key Performance Indicators

Ref	Measure	15/16 Actual	16/17 Target	Q4 Actual	Q4 Progress	Direction of travel
CCC 3	Adults with mental health problems helped to live at home per 1,000 population	3.21	3.00	2.37		
CCC 4	The proportion of households who were accepted as statutorily homeless, who were accepted by the same LA within the last 2 years (Previously CCC 6).	0	0	0		
CCC 5	Number of households living in Temporary Accommodation (Previously NI 156, CCC 7).	15	17	1		
CCC 6	Households who considered themselves as homeless, who approached the LA housing advice service, and for whom housing advice casework intervention resolved their situation (the number divided by the number of thousand households in the Borough)	5.1	5.5	6.62		

### Supporting Commentary

#### **CCC3 - Adults with mental health problems helped to live at home per 1,000 population**

Although this target does not appear to have been achieved, this is attributable to changes in reporting and does not include short term services for Q4, revised figures will be provided once year end returns have been submitted.

#### **CCC4 - The proportion of households who were accepted as statutorily homeless, who were accepted by the same LA within the last 2 years**

The Authority places strong emphasis upon homelessness prevention and achieving sustainable outcomes for clients.

This target is no longer collected, therefore, the Authority will cease reporting on this priority from Q1 2017/18.

Additional priority targets will be added to reflect the true picture of homelessness within the Borough.

### **CCC5 - Number of households living in Temporary Accommodation**

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

The changes in the TA process and amended accommodation provider contracts, including the mainstay assessment, have had a positive impact upon the level of placements and positive move on process.

The Housing Solutions Team is community focused and promote a proactive approach to preventing homelessness. There are established prevention measures in place which are fully utilised by the Housing Solutions team to ensure vulnerable clients are fully aware of the services and options available.

The emphasis is focused on early intervention and empowerment to promote independent living and lifestyle change.

### **CCC6 - Households who considered themselves as homeless, who approached the LA housing advice service, and for whom housing advice casework intervention resolved their situation (the number divided by the number of thousand households in the Borough)**

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

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

## Key Objectives / milestones

Ref	Milestones	Q4 Progress
PA 1	Monitor the effectiveness of the Better Care Fund pooled budget ensuring that budget comes out on target (AOF 21 & 25) <b>March 2017 (KEY)</b>	<input checked="" type="checkbox"/>
PA 1	<i>Integrate frontline services with community nursing</i> (AOF 2, 4, & 21) <b>March 2017</b>	<input checked="" type="checkbox"/>
PA 1	Monitor the Care Act implementation (AOF 2,4, 10, 21) <b>NEW (KEY)</b>	<input checked="" type="checkbox"/>
PA 1	Develop an integrated approach to the delivery of Health and Wellbeing across Halton (AOF 2, 4, 21) <b>March 2017</b>	<input checked="" type="checkbox"/>
PA 2	Continue to establish effective arrangements across the whole of adult social care to deliver personalised quality services through self-directed support and personal budgets. <b>March 2017.</b> (AOF 2, AOF 3 & AOF 4)	<input checked="" type="checkbox"/>

### Supporting Commentary

#### **PA 1 - Monitor the effectiveness of the Better Care Fund pooled budget ensuring that budget comes out on target**

Budget is monitored effectively, work is progressing to ensure the budget is balanced at the end of the year.

#### **PA 1 - Integrate frontline services with community nursing**

An integrated MDT model is now developed and implemented via a series of workshops. Social Workers and District nurses have been grouped in alignments with GP Hubs with a series of workshops supporting the process.

#### **PA 1 - Monitor the Care Act implementation**

Quarterly review continues to monitor activity in respect of the Care Act duties and responsibilities.

#### **PA 1 - Develop an integrated approach to the delivery of Health and Wellbeing across Halton**

We have an in-house integrated wellness services that provides health and well-being advice and support across Halton.





#### **PA2 - Continue to establish effective arrangements across the whole of adult social care to deliver personalised quality services through self-directed support and personal budgets.**

A dedicated steering group has worked to strengthen our compliance with the Care Act in relation to strengths based approaches, devising further tools and documentation to ensure that service user communication is consistent and transparent while remaining person-centred.

Making Safeguarding Person continues to be operational in teams with new staff receiving training.

We are developing a “making it real” news-letter across to let the public know work that has been happening on personalised services.

### Key Performance Indicators

Ref	Measure	15/16 Actual	16/17 Target	Q4 Actual	Q4 Progress	Direction of travel
PA 2	Percentage of VAA Assessments completed within 28 days	85% (estimated - further data quality work ongoing to confirm this)	85%	83.5%		
PA 6a	Percentage of items of equipment and adaptations delivered within 7 working days	97%	95%	93%		

### Supporting Commentary

#### PA 2 - Percentage of VAA Assessments completed within 28 days




While this figure is below the target, this does not represent the final year end figure due to timings of running reports against loading of data. Updated figures will be provided once the year end returns have been submitted.











#### PA 6a - Percentage of items of equipment and adaptations delivered within 7 working days

While this figure is below the target, this does not represent the final year end figure due to timings of running reports against loading of data. Updated figures will be provided once the year end returns have been submitted.

### Public Health

#### Key Objectives / milestones

Ref	Milestones	Q4 Progress
PH 01a	Work with PHE to ensure targets for HPV vaccination are maintained in light of national immunisation Schedule Changes and Service reorganisations. <b>March 2017</b>	
PH 01b	Working with partners to identify opportunities to increase uptake across the Cancer Screening Programmes by 10%. <b>March 2017</b>	
PH 01c	Ensure Referral to treatment targets are achieved and minimise all avoidable breaches. <b>March 2017</b>	

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. <b>March 2017</b>	
PH 02b	Maintain the Family Nurse Partnership programme <b>March 2017</b>	
PH 02c	Facilitate the implementation of the infant feeding strategy action plan. <b>March 2017</b>	
PH 03a	Expansion of the Postural Stability Exercise Programme. <b>March 2017</b>	
PH 03b	Review and evaluate the performance of the integrated falls pathway. <b>March 2017</b>	
PH 04a	Work in partnership to reducing the number of young people (under 18) being admitted to hospital due to alcohol. <b>March 2017</b>	
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). <b>March 2017</b>	
PH 04c	Ensure those identified as having an alcohol misuse problem can access effective alcohol treatment services and recovery support. <b>March 2017</b>	
PH 05a	Monitor and review the Mental Health Action plan under the Mental Health Governance structures (covering actions to promote mental health and wellbeing and the early detection and effective treatment of mental health conditions).	
PH 05b	Implementation of the Suicide Action Plan. <b>March 2017</b>	

**PH 01a Work with PHE to ensure targets for HPV vaccination are maintained in light of national immunisation Schedule Changes and Service reorganisations.**

The throughput of clients accessing Halton Stop Smoking Service between April 2016 to December 2016 (end of Q3) compared to the same period in 2015 is showing an increase from 568 to 672. This is against a national downward trend of most stop smoking services experiencing a reduction in throughput. The number of people quitting smoking in Halton in 2016 -2017 has also increased from 360 - 397 when compared to the same period in 2015 - 2016.

Halton's smoking prevalence at time of delivery for pregnant women has also reduced each quarter in 2016-2017 compared to the same quarters in 2015-2016. **This is a very significant improvement.**

**SATOD ( Smoking at time of Delivery)  
2015-2016**

Q1	Q2	Q3
19%	18.1%	18.5%

#### SATOD (Smoking at time of Delivery)

2016 -2017

Q1	Q2	Q3
15%	17.3%	16.4%

Halton CCG has received £75,000 of funding from NHS England for use in this financial year (2016/17) to reduce maternal smoking rates. An action plan with focussed outcomes has been developed outlining joint proposals for the use of this funding for evidence based effective interventions to reduce maternal smoking.

#### PH 01b Working with partners to identify opportunities to increase uptake across the Cancer Screening Programmes by 10%.

We are working with partners to increase uptake of screening programmes. We are just below the national average for breast screening and cervical screening but significantly so for bowel screening. We are improving bowel screening uptake through piloting an innovative approach of following up patients with a telephone call who have not returned their sample. To date this has been very successful in the pilot GP Practices and provided we have sufficient funding we can roll this out across Halton.

We are working with an army of volunteers to spread the word on early signs and symptoms of cancer. We are also working with the Halton Cancer Support Service to market signs and symptoms. Uptake in all screening areas is increasing.

#### Cancer Screening Coverage, 2016

Source: Public Health Outcomes Framework, 2017

Screening Programme	Halton	North West	England
Breast Coverage	74.1%	72.2%	75.5%
Bowel Coverage	53.3%	56.8%	57.9%
Cervical Coverage	71.8%	72.3%	72.7%

#### PH 01c Ensure Referral to treatment targets are achieved and minimise all avoidable breaches.

Referral to treatment targets were not met. The overarching reasons given are that patients defer appointments or do not attend. Further work needs to be done to convince patients it is really important that they attend cancer diagnosis appointments no matter what else is occurring.

#### 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.

The health child programme is being combined under one specification for children aged 0-19, (25 with special educational needs). The procurement process for this new programme is under way. The specification will include health visiting, Family Nurse partnership, School Nursing, NCMP, Vision and hearing screening, and immunisations. The vaccination and Immunisation

component of the programme is commissioned by NHS England. The new integrated specification should improve consistency of approach, streamline services and improve efficiencies.

Child development is a priority area for One Halton, and a working group is developing and refreshing an action plan. The commissioned independent report into child development and the outcomes from the themed Ofsted visit have been used to form the framework for the action plan. Recently published school readiness data for 2015/16 shows a 7% improvement in Halton, narrowing the gap with England.

The Health Visiting Service is delivering all the new components of the national Healthy Child Programme, including assessing mothers' emotional health at 6-8 weeks and completing an integrated developmental check at 2-21/2. The early years setting and health visitors share the findings from the development checks to identify any areas of concern, so that services can collaboratively put in place a support package as required. A group is working to further develop the integrated check, improve data sharing and consistency of plans following the check.

**PH 02b Maintain the Family Nurse Partnership programme**

Family Nurse Partnership is fully operational with a full caseload; it continues to work intensively with first time, teenage mothers and their families. The service works with some very complex cases and is building their multidisciplinary links across a wide range of agencies, to improve outcomes for these families.

**PH 02c Facilitate the implementation of the infant feeding strategy action plan.**

The implementation of the infant feeding action plan is underway, with oversight from the Halton Health in the Early Years group.

Breastfeeding support continues to be available across the borough in community and health settings. The infant feeding coordinator and children's centres are working towards achieving BFI (Unicef Baby Friendly Initiative) in the children's centres and are due to be inspected in the summer of 2017, alongside a Bridgewater inspection. This involves training children's centre staff, and auditing their practice.

The team continue to maintain baby welcome premises and are refreshing the Halton Early Years award, which encourages healthy living practices in early years settings, and includes breastfeeding. A Survey is underway to discuss dads attitudes towards breastfeeding, and what support they would like. Public health England has recently launched a national breastfeeding campaign, and the infant feeding team facilitated a Halton women to be in the press discussing her experiences, to try and raise the profile of breastfeeding locally.

**PH 03a Expansion of the Postural Stability Exercise Programme.**

Key activity this quarter:

- Currently delivering six Age Well exercise classes per week, three in both towns, level 1, 2 and 3 (level 1 being for most complex clients). Level 3 classes have become a maintenance class – 'Keep it Moving'. Classes work on a rolling programme with a review every 15 weeks up

to 45 weeks in total.

- A total of 72 individual clients have attended and been supported through the service in quarter 4
- The service is building stronger links with Sure Start to Later Life in an attempt to raise awareness of events and helping people to stay in touch with friends that they have made as part of the class.
- The service has been rebranded and is now called “Age Well exercise”

**PH 03b Review and evaluate the performance of the integrated falls pathway.**

The review of the falls pathway has seen some changes within the service, this has included an improved telephone health initial assessment which hopefully will see a reduction in the number of assessment visits for clients and will help to improve the efficiency of the pathway.

**PH 04a Work in partnership to reducing the number of young people (under 18) being admitted to hospital due to alcohol**

Good progress continues to be made in reducing the number of young people being admitted to hospital due to alcohol. Key activity includes:

- Delivery of alcohol education within local school settings (Healthitude, R U Different, Amy Winehouse Foundation, Cheshire Police, Alcohol education Trust, wellbeing web magazine).
- Delivery of community based alcohol activity.
- Delivering early identification and brief advice (alcohol IBA) training and resources for staff who work with children and young people).
- Running the Halton Community Alcohol Partnership which brings together partners to reduce underage drinking and associated antisocial behaviour.

Working closely with colleagues from Licensing, the Community Safety team, Trading Standards and Cheshire Police to ensure that the local licensing policy helps prevent underage sales and proxy purchasing.

**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)**

Work continues to raise awareness among the local community of safe drinking recommendations and to train staff 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**

CGL continue to support individuals with alcohol misuse problems in Halton and support their recovery. During the last 12 months to January 2017, a total of 291 individuals underwent alcohol treatment. A further 103 individuals underwent treatment for alcohol and drug misuse (alcohol and non-opiate drugs).

**PH 05a Monitor and review the Mental Health Action plan under the Mental Health Governance structures (covering actions to promote mental health and wellbeing and the early detection and effective treatment of mental health conditions).**



The action plan and activity reports from sub groups are reviewed at the Mental Health Oversight Board.










A review of the Mental Health Strategy and refresh of high level indicators based on new national policy drivers has been completed and approved by the Mental Health Oversight Group. This is currently being taken to the subgroups for a refresh of the individual action plans required to achieve the objectives




**PH 05b Implementation of the Suicide Action Plan.**

The action plan continues to be overseen by the Halton Suicide Partnership group.

Activity towards becoming a Suicide Safer Community is underway and a series of training programmes have been rolled out to multiple partners and agencies across a multi disciplinary footprint.

**Key Performance Indicators**

Ref	Measure	15/16 Actual	16/17 Target	Q4	Current Progress	Direction of travel
PH LI 01	Mortality from all cancers at ages under 75 Directly Standardised Rate, per 100,000 population  <i>Published data based on calendar year, please note year for targets.</i>	167.0 (2015)	176.0 (2016)	177.2 (2016)		
PH LI 02	A good level of child development	54.7% (2014/15)	54.6% (2015/16)	61.9% (2015/16)		
PH LI 03	Falls and injuries in the over 65s. Directly Standardised Rate, per 100,000 population (PHOF definition).	3360.0 (2014/15)	3294.1 (2015/16)	Annual data only		
PH LI 04	Alcohol related admission episodes - narrow definition Directly Standardised Rate, per 100,000 population	767.2 (2014/15)	808.4	834.85 (Q2 15/16 – Q1 16/17)		
PH LI 05	Under 18 alcohol-specific admissions Crude Rate, per 100,000 population	48.6 (12/13 - 14/15)	48.6 (2015/16)	Annual data only		N / A

PH LI 06	Self-reported wellbeing: % of people with a low happiness score	11.8% (2014/15)	12.7% (2015/16)			
----------	---	--------------------	--------------------	---	---	---

### Supporting Commentary

#### **PH LI 01 Mortality from all cancers at ages under 75 Directly Standardised Rate, per 100,000 population**

Q4 (Oct-Dec) 2016 increases in the number of deaths from cancer amongst residents aged under 75, has meant the 2016 target was not met.

#### **PH LI 02 A good level of child development**

This indicator has seen an improvement in 2015/16, narrowing the gap between Halton and England.

#### **PH LI 03 Falls and injuries in the over 65s. Directly Standardised Rate, per 100,000 population (PHOF definition)**

Data used is annual, published data.

2015/16 data is not yet available.

This will remain the case until a solid source of local data can be attained.

#### **PH LI 04 Alcohol related admission episodes - narrow definition Directly Standardised Rate, per 100,000 population**

Although an increase was seen between 2014/15 and 2015/16, the provisional quarterly rate to Q1 2016/17 shows a slight decrease.

#### **PH LI 05 Under 18 alcohol-specific admissions Crude Rate, per 100,000 population**




No update from previous quarter available

#### **PH LI 06 Self-reported wellbeing: % of people with a low happiness score**

Annual data reflects an increase in Halton of people who report feeling unhappy from 2014/15 to 2015/16, meaning we did not meet the target.




## APPENDIX: Explanation of Symbols

Symbols are used in the following manner:

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

### Direction of Travel Indicator

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

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