

Directorate Performance Overview Report

Directorate: People Directorate

Reporting Period: Quarter 2 – Period 1st June – 30th September 2017

1.0 Introduction

1.1 This report provides an overview of issues and progress within the Directorate that have occurred during the second quarter 2017/18.

2.0 Key Developments

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

Adult Social Care:

Review of the North West Boroughs Acute Care Pathway and Later Life and Memory Services:

The review of the services described above took place in late 2016 and early 2017, and all areas are now in the phase of implementing the recommendations arising from the review. For Halton, the implications of this include:

- Developing a local borough management structure within the North West Boroughs which can relate more directly to the strategic and operational mental health systems in the area. This has now taken place and local management processes are in place. Social Services managers link closely to the new arrangements, and the local NW Boroughs managers are involved in planning and development groups
- Redesigning the delivery of community mental health services so that they meet the needs of residents of both Widnes and Runcorn (and the related smaller communities)
- Developing new care pathways across primary and secondary care and the council, which intervene with people at a much earlier stage in their mental health condition, and which provide less intensive alternatives to referral to the more specialist North West Boroughs mental health services, helping more people to be supported in their own communities. This piece of work, led by NHS Halton Clinical Commissioning Group and fully supported by council staff, has nearly been completed and there was a successful workshop held at the end of September 2017 to raise awareness of these changes and developments
- Work is still continuing with a partnership approach across the council, the CCG and the North West Boroughs, to identify people with complex mental health conditions who have been placed in high cost specialist nursing or residential placements outside the Borough, to see whether local services are in a position to

offer them more effective support. A number of people have already successfully achieved a greater level of independence as a result.

Developing the use of the Mental Health Resource Centre in Vine Street, Widnes:

Work is continuing to redesign the way in which this resource is used, to tie in with some of the changes described above and ensure a more responsive local mental health service. A capital allocation is being provided by the Borough council, the CCG and the North West Boroughs to reshape the lower part of the building, to allow the North West Boroughs Assessment and Home Treatment team to be based there, and to develop a small crisis resource. Upstairs – which already houses the council's successful Community Bridge Building Team and the Mental Health Outreach Team is being turned into a flexible working area, which will allow social workers to be based in the Centre. This in turn will have positive implications for the way in which all the services work together.

Redesign of Mental Health Social Work Service and Mental Health Outreach Team:

As reported in the last Quarterly Monitoring Report, an internal review of the delivery of the mental health social work service in Halton resulted in a decision to change the way social workers working in the mental health system deliver their service. From 1st October 2017, they will no longer act as formal care co-ordinators, and will only use the council's electronic case record system; this will simplify their role and will ensure that they can focus on their core social work tasks, whilst still working fully alongside their health service colleagues. Detailed work has been taking place to ensure that there are clearly understood pathways for assessment, risk management and care management (including the assessment of the needs of carers), and these have been agreed with the managers in the North West Boroughs. A clear statement of social work roles and tasks has been developed.

A similar internal review of the role of the Mental Health Outreach Team has also taken place, and they are now moving towards delivering a more time-limited service for people with a full range of mental health conditions. This new approach will provide specific interventions, developed with the person themselves, to meet their needs and aspirations, with the aim of reducing reliance on higher level services and promoting much greater engagement with their communities.

Halton's Supported Housing Network:

HSHN provides support and care for 55 adults with disabilities across 19 properties in the Halton area, enabling them to maintain their own tenancies. The service promotes people to live as independent as possible while providing support and guidance with daily living skills. The service creates meaningful opportunities to support tenants to maintain a healthy lifestyle and access their local community. The new structure introduced as a result of the Efficiency Review completed last year is 10 months in and early teething problems have been resolved. In tandem with the new structure the service has adopted a new electronic rota system improving efficiency, reducing errors and costs. The service is currently looking at the possibility of remodelling its night time support. A pilot has been running over the summer and the service will be reporting back to members in the very near future.

Learning Disability Nurses:

- There continues to be an increase in referrals to the team. The complexity and support required for the individuals is also increasing.
- As part of the Cheshire and Merseyside implementation of the National Learning Disability Mortality Review programme (LeDeR) all of the nurses have completed training to be able to undertake mortality reviews.
- The team have booked the Family Planning Association to complete sexual health training.
- The team are working with NWBH with the Dynamic Risk Database. To identify those individuals at risk of admission to a Mental Health Inpatient setting.
- The team have representatives attending the ALD partnership Board, transition group and health groups.
- Nurses within the team are monitoring individual's mental health alongside the psychiatrist and community provision.
- The team have attended a number of Care and Treatment Reviews and have avoided admissions into MH assessment and treatment units.
- Joint work is ongoing with children's ' services supporting parents with learning disabilities.
- A member of the team has supported a number of individuals undergoing cancer treatment.
- The team are changing the way they deliver Health Action Plans to align these more closely to the annual health checks and outcome.

Care Management:

We continued to work with Meridian to conduct a study of our Social Work provision across Assessment teams IAT, Complex Care, Widnes and Runcorn, as part of our ongoing improvement process. Meridian is an international organisation specialising in process and efficiency improvement. They have extensive experience in the health and care sector and have worked throughout Ireland and the UK in the last 20 years assisting Boards, Trusts, Hospitals, Health and Care providers in service redesign, capacity planning and improving our client service.

Our primary aim is to ensure that we establish fairness and consistency in the allocation of workload for all staff. Team managers have worked closely with Meridian to review the thresholds and procedures within the three Care Management teams; Complex Care Runcorn, Complex Care Widnes and the Initial Assessment Team. We have been particularly interested in reviewing the allocation process, Duty systems and our internal Panel processes. We seek to share good practice across the teams to implement a more consistent approach to these key activities. We believe that this will provide the best outcomes for our service users through increased consistency.

Quite early on in the project staff had indicated that they would prefer to spend more time working with service users rather than on administration/carefirst. It was confirmed as part of the Meridian study that a significant percentage of time is dedicated to these areas. In response to this we are looking to reduce the form filling processes. We have therefore worked, to streamline key CareFirst forms in an attempt to reduce duplication of data

entry and improve the flow of key information. This is a complex and detailed piece of work as we must remain fully compliant with the Care Act whilst meeting all statutory reporting requirements as required by the Performance team, we are continuing to implement this.

Progress:

- Work is allocated to ensure fairness and consistency for all staff
- Management are empowered with the skills and knowledge to drive through the necessary change
- Priority CF6 forms have been reviewed and adapted to reduce duplication and re-work
- Workload supervision completed to establish an accurate and appropriately active caseload per worker
- Increase frequency of outcome focused reviews to a standard 6 month interval
- Measure productivity in a new way using Performance report to evidence completed activities per unique worked day by team

A dedicated working group looking at strengthen on our compliance with the Care Act, programme of updated training took place in May 2017, which was positively received. Alongside this we have devising further tools and documentation to ensure that service user communication is consistent and transparent while remaining person-centred. The developed 'conversation tool', a revised consent to share form and a refined version of the service user feedback questionnaire have now been implemented. An additional programme of training on strengths based social work practice ran in September, to promote excellent social work practice, to help support and empower people to live the lives they want.'

Emphasising the use of professional engagement and judgement, as opposed to procedural approaches, with a focus on the individual, taking a holistic and co-productive approach to keeping the person at the centre of all decisions, identifying what matters to them and how best outcomes can be achieved. It is about enabling people to find the best solutions for themselves, to support them in making independent decisions about how they live.

Occupational Therapy

Following on from the endorsement of the Occupational Therapy, progression policy the team now have an advanced OT practitioner in place who is now working, looking at improvements in working practice. A report on single-handed care was brought to SMT and further work is underway to develop this area. We are bench-making other areas

Blue Badge

The Blue Badge Scheme helps disabled people with severe mobility problems to access goods and services by allowing them to park close to their destination, whether they are a driver or a passenger.

The scheme was introduced in 1971 under Section 21 of the Chronically Sick and Disabled Person's Act 1970. It was amended by the Disabled Persons' Parking Badges Act 2013 and the scheme as it currently stands is governed by the Disabled Persons (Badges for Motor Vehicles) (England) Regulations 2000 (plus amendments).

A revised Blue Badge Policy, Procedure & Practice (PPP) following comprehensive review was presented to SMT in June 2017. highlighted two key issues that have arisen during the review process with regards to:

- Enforcing correct use and tackling potential abuse of the scheme; and
- The eligibility requirements for organisational badges.

The draft Policy has been submitted to the September HPPB and agreed, it has been to Pre-Agenda and agreed to have endorsement finalised at Exec Board on October 19th 2017.

Madeline McKenna:

Last year Your Housing Group (YHG) announced proposals to decommission Madeline McKenna Court a 23 bedded care home in Hough Green. The sale of the home to the Local Authority was eventually agreed and the home and staff will now transfer to the Council on the 1st November.

Public Health:

Halton has recently won the Healthcare Pioneers Award 2018 for Public Health transformation. This was awarded for an innovative partnership between Halton Local Authority and Public Health and Halton CCG and Cheshire Fire and Rescue Service for working to identify people aged over 65 years of age at risk from atrial fibrillation in their own homes through the Fire Brigade's Safe and Well Visits.

3.0 Emerging Issues

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

Adult Social Care:

Halton Women's Centre

This highly-regarded service was at risk of closure earlier in the year when the charity which had been commissioned to run it decided that they had to close. Considerable work has taken place over the summer of 2017 to develop a position which allows it to continue; management of the Centre has now been drawn into the borough council, until a detailed review can make recommendations about its longer-term future. This review is expected to be completed by late autumn 2017.

Named Social Worker Pilot

A newly developed Transition Team in Halton, was set up in February this year as a pilot. The team will ensure the smooth transition of young people with disabilities, from 14 years old to 25 who are leaving children's service into Adult services.

The Team has now been nominated to work as part of a government scheme to pilot "Named Social Workers", an approach championed by Lyn Romeo Chief Social Worker.

One-to-one support for people with learning disabilities, autism and mental health conditions is set to be trialled in Halton as part of a £400,000 Government investment. The extra investment follows the early success of a named social worker pilot scheme introduced last year across six local authorities which was received positively by those who used the service and their families.

The first stage of the earlier pilots has given a clear sense of the difference that a named social worker can make in transforming learning disability services – for example:

- A number of individuals were discharged from hospital, when this was not previously planned for them;
- They had greater choice over where they would live and were more involved in their care
- They felt better supported by their social worker, with stronger relationships and trust built

Halton Borough Council will receive £92,827 for the scheme, which will give people frequent contact with their dedicated social worker. Halton Borough Council's Executive Board Member for Health and Wellbeing, Cllr Marie Wright, said: "This is good news as providing a dedicated caseworker, who has an ongoing responsibility for someone's support, means they can be a primary point of contact, challenge decisions and advocate on that person's behalf."

'The Ambition of the Halton Borough Council, Named Social Worker pilot, is to identify all young people in Halton, who have an Educational and Health Care Plan and will require a Transitional assessment. The overall aim is to ensure that all 17/18 year olds with Complex Physical and / Learning disabilities will have an identified named social worker, who will remain open to them, throughout their Transition journey.

We will be working with young people and their families, as well as health, Education, housing and providers to ensure that all future planning is seamless to support young people leaving children's services.

For the next six months, people with these conditions will be given one primary point of contact to provide advice, work with family and carers and encourage patients to live more independently in the community. The aim is to cut down unnecessary long spells in hospitals and other NHS inpatient facilities.

Health Minister Jackie Doyle-Price said: "This is a fantastic scheme in Halton that will give people personalised community care and more support to live independently. It is an important step forward as we aim to transform learning disability services for people both in Bradford and across the country."

The pilot is part of the Department's response to the 2015 'No voice unheard, no right ignored' consultation, which sought views on strengthening the rights of people with learning disabilities, autism and mental health conditions to enable them to live more independently.

The Department has also funded the Innovation Unit – a social enterprise – and the Social Care Institute of Excellence to support the local areas, co-ordinate the pilot and to evaluate the scheme. The second phase of the pilot will now be rolled out across Bradford, Halton and Shropshire.

Autism Strategy

There is work underway to develop a new autism strategy. There has been a paper survey sent out to adults (and their carers) and children (and their parents) with autism and there will follow two consultation processes, one for adults and another for children. Local groups and organisations in the 3rd sector will also be invited to meet and provide views on behalf of the users of their services. It is expected that the strategy will be fully completed and published by the 31st March 2018.

Re-ablement

Re-ablement services are working with partners to develop and expand in order to offer an improved service for people upon discharge from hospital. The service aims to ensure a speedy discharge from hospital to home and to improve outcomes for people who use the service.

Delayed Transfers of Care

Integrated discharge teams at Warrington and Whiston hospitals and North West Boroughs Partnership work to ensure the planning of discharges for people who require support commences at an early stage after admission. People are tracked during their admission and assessment and support planning is undertaken at the earliest possible stage. Services are mobilised to meet assessed need at discharge. Delayed Transfers of Care most frequently occur where people have complex needs and where demand for care at home exceeds supply. Work continues to stabilise the care home and domiciliary care provision in the borough.

Millbrow

Poor standards in infection control and environmental hygiene have been evidenced through inspection by Infection Control specialist team and Environmental Health team. In relation to infection control, despite precautionary measures being taken and corrective action, the required level of improvement has not been achieved. During their inspection, the regulatory body CQC have identified serious safeguarding concerns regarding caring practices in the home including nutrition and hydration, falls and medication management and a poor staff culture. Four Seasons have decided to close the home and de register the service and the Council are currently seeking to purchase the service and prevent the need for people to find alternative accommodation. We are working alongside Four Seasons to ensure that residents are safe, cared for and informed.

Public Health:

We are entering the annual flu season. Based on the recent experience of the Winter Flu season from the Southern Hemisphere, it is quite likely that this years' circulating flu strain is a particular virulent strain and will have an even greater impact upon our health services and winter pressures. Halton has a Winter Flu Plan which aims to increase uptake as much as possible amongst key risk groups, with a particular focus on young children and older people in care settings. In addition to this plan, we are facilitating some joint working across the LDS footprint to encourage system working and breaking down traditional barriers to vaccination delivery to maximise the possible impact we can

have on flu vaccinations and help prevent a significant impact upon our local health economy this winter.

4.0 Progress against High Priority Equality Actions

Equality issues continue to form a routine element of the Council’s business planning and operational decision making processes. Additionally the Council must have evidence to demonstrate compliance with the Public Sector Equality Duty (PSED) which came into force April 2011.

The council’s latest annual progress report in relation to achievement of its equality objectives is published on the Council’s website

<http://www4.halton.gov.uk/Pages/councildemocracy/Equality-and-Diversity.aspx>

5.0 Performance Overview

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

The way in which the Red, Amber and Green, (RAG), symbols have been used to reflect progress to date is explained at the end of this report.

Commissioning and Complex Care Services

Key Objectives / milestones

Ref	Milestones	Q2 Progress
1A	Monitor the effectiveness of the Better Care Fund pooled budget ensuring that budget comes out on target	✓
1B	Integrate social services with community health services	✓
1C	Continue to monitor effectiveness of changes arising from review of services and support to children and adults with Autistic Spectrum Disorder.	✓
1D	Continue to implement the Local Dementia Strategy, to ensure effective services are in place.	✓
1E	Continue to work with the 5Boroughs NHS Foundation Trust proposals to redesign pathways for people with Acute Mental Health problems and services for older people with Mental Health problems.	✓

1F	The Homelessness strategy be kept under annual review to determine if any changes or updates are required.	<input checked="" type="checkbox"/>
3A	Undertake on-going review and development of all commissioning strategies, aligning with Public Health and Clinical Commissioning Group, to enhance service delivery and continue cost effectiveness, and ensure appropriate governance controls are in place.	<input checked="" type="checkbox"/>

Supporting Commentary

1a - A financial recovery plan is in place to ensure the budget comes out on target

1b - Multi-disciplinary Team work is ongoing across primary care, community health care and social care

1c - A new All-Age Autism strategy is being developed with key stakeholders and people with autism and their carers. A delivery plan will be co-designed to ensure the effectiveness of services in Halton continues.

1d - The Halton Dementia Action Alliance facilitated a half day training session for over 40 GP practice Staff (Admin/reception, practice Managers, Health Care Assistants and Nurses) to receive training that incorporates the NHS Tier 1 Dementia Awareness standard and Dementia Friends session. The session also had a work shop on the tools and resources to support practices, available Alzheimer's Society Dementia Friendly Communities. This was in response to a number of enquiries, received by the supporting Policy Officer from GP practices, for dementia awareness training.

The refresh of the dementia delivery plan was undertaken during Q2 (to be signed off at the next meeting, Nov 2017). Particular focus will be on people with dementia, and their carers', experience when in hospital, understanding respite provision and care home education.

During Q2 Halton was invited by the NHS NW Coast Strategic Clinical Network for Dementia to undertake some work around care home education. Working in collaboration with the network, and Halton's Care Home Liaison Team, HBC and the CCG are reviewing care home education provision with a view to rolling out a training module on dementia care that can be used across the care home market in Halton to standardize the quality of care.

1e - As described above, this work has been continuing throughout this Quarter to implement the recommendations of the review of services in late 2016. All milestones are being achieved and local pathways have been developed.

1f - The annual homelessness strategy review event will take place in December 2017. The action plan is presently being reviewed and will be updated to reflect key priorities.







The homelessness strategy is due to be fully reviewed 2017/2018 and consultation events with partners are due to commence December 2017. A five year strategy documents will be completed and passed to senior management for approval early 2018. The strategy will include a five year action plan, which will determine the LA priorities and key objectives, to ensure it reflects economical and legislative changes.

3a - The work on developing Accountable Care System is ongoing.

Key Performance Indicators

Older People:

ASC 01	Permanent Admissions to residential and nursing care homes per 100,000 population 65+ <i>Better Care Fund performance metric</i>	515.3	635	206.3		
ASC 02	Delayed transfers of care (delayed days) from hospital per 100,000 population. <i>Better Care Fund performance metric</i>	519	TBC	280 days per 100,000 per month		
ASC 03	Total non-elective admissions in to hospital (general & acute), all age, per 100,000 population. <i>Better Care Fund performance metric</i>	3381	13,289	3,500 per 100,000		
ASC 04	Hospital re-admissions (within 28 days) where original admission was due to a fall (aged 65+) (directly standardised rate per 100,000 population aged 65+) <i>Better Care Fund performance metric</i>	N/A	N/A	N/A	N/A as no target	N/A
ASC 05	Proportion of Older People (65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services (ASCOF 2B) <i>Better Care Fund performance metric</i>	62.12%	65%	N/A	N/A	N/A
Adults with Learning and/or Physical Disabilities:						
ASC 06	Percentage of items of equipment and adaptations delivered within 7 working days	93%	96%	91%		N/A
ASC 07	Proportion of people in receipt of SDS (ASCOF 1C – people in receipt of long term support – include brief definition) (Part 1)	74%	78%	72%		N/A
ASC 08	Proportion of people in receipt of SDS (ASCOF 1C – people in receipt of long term support – include brief definition) (Part 2) DP	44%	44%	28%		N/A
ASC 09	Proportion of adults with learning disabilities who live in their own home or with their family (ASCOF 1G)	86.90%	87%	94.50%		
ASC 10	Proportion of adults with learning disabilities who are in Employment (ASCOF 1E)	6.9%	7%	5.02%		
ASC 11	Out of Borough Placements – number of out of borough residential placements	32	30	NYA	NYA	NYA
People with a Mental Health Condition:						
ASC 12	Percentage of adults accessing Mental Health Services, who are in employment.	N/A	N/A	0.49%	N/A	N/A

ASC 13 (A)	Percentage of adults with a reported health condition of Dementia who are receipt of services.	52.86%	TBC	11.10%	N/A	N/A
ASC 13 (B)	Percentage of Carers who receive services, whose cared for person has a reported health condition of Dementia.	11.57%	TBC	14.33%	N/A	N/A
Homelessness:						
ASC 14	Homeless presentations made to the Local Authority for assistance In accordance with Homelessness Act 2002.	NA	500	85	<input checked="" type="checkbox"/>	
ASC 15	Homeless Households dealt with under homelessness provisions of Housing Act 1996 and LA accepted statutory duty	NA	100	10	<input checked="" type="checkbox"/>	
ASC 16	Number of households living in Temporary Accommodation	1	17	7	<input checked="" type="checkbox"/>	
ASC 17	Households who considered themselves as homeless, who approached the LA housing advice service, and for whom housing advice casework intervention resolved their situation (the number divided by the number of thousand households in the Borough)	6.62	6.00%	1.93	<input checked="" type="checkbox"/>	
Safeguarding:						
ASC 18	Percentage of VAA Assessments completed within 28 days	83.5%	88%	77.75%	<input type="checkbox"/>	
ASC 19	Percentage of existing HBC Adult Social Care staff that have received Adult Safeguarding Training, including e-learning, in the last 3-years (denominator front line staff only).	48%	56%	47%	<input checked="" type="checkbox"/>	
ASC 20 (A)	DoLS – Urgent applications received, completed within 7 days.	73%	80%	N/A	N/A	N/A
ASC 20 (B)	DoLS – Standard applications received completed within 21 days.	77%	80%	N/A	N/A	N/A
ASC 21	The Proportion of People who use services who say that those services have made them feel safe and secure – Adult Social Care Survey (ASCOF 4B)	81.30%	82%	N/A	N/A	N/A
Carers:						
ASC 22	Proportion of Carers in receipt of Self Directed Support.	99.4	TBC	99.06%	N/A	N/A

ASC 23	Carer reported Quality of Life (ASCOF 1D, (this figure is based on combined responses of several questions to give an average value. A higher value shows good performance)	8.10%	9	N/A	N/A	N/A
ASC 24	Overall satisfaction of carers with social services (ASCOF 3B)	48.90%	50	N/A	N/A	N/A
ASC 25	The proportion of carers who report that they have been included or consulted in discussions about the person they care for (ASCOF 3C)	78.80%	80	N/A	N/A	N/A
ASC 26	Do care and support services help to have a better quality of life? (ASC survey Q 2b) Better Care Fund performance metric	93.30%	93%	N/A	N/A	N/A

Supporting Commentary

Older People:

ASC 01 As at the end of quarter 2 we have placed 46 clients into permanent residential / nursing care. For the same period in 2016/17 we had placed 45 clients. Performance slightly less compared to last year due to a change in population figures.

ASC 02 Target is for 450 delayed days per month on average, this equates to 346 per 100,000 population per month. The figure reported in Q2 relates to the three month period Jun/July/Aug. Septembers data will not be available until mid-November. Halton had a very good June and July with 258 and 325 delayed days respectively, however August saw 514 delayed days. Over the three month period this averages 365 days per month, a rate of 280 per 100,000. This is almost exactly the same as the same period last year.

ASC 03 The target for the full year is 13,289 per 100,000. The CCG has individual monthly targets. For the period Jun/July/Aug the CCG saw 4550 non-elective admissions, (a rate of 3500 per 100,000) against a target of 4317 (rate of 3320) so missed the target. This was also above the same number of admissions in the same period of last year (4408 admissions, rate of 3390). Although Q2 was above target the CCG had a good start to the year and the cumulative YTD position is only slightly above target. The performance over the winter period will be a key determinant if this target is to be met.

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

ASC 05 Annual collection only to be reported in Q4.

Adults with Learning and/or Physical Disabilities:

ASC 06 Figure provided is at the end of August as HICES data for September has yet to be received, therefore direction of travel cannot be assigned.

ASC 07 There is no comparable data for the same period in 2016/17. Current performance

on track to achieve target at year end.

ASC 08 There is no comparable data for the same period in 2016/17.

ASC 09 Target exceeded.

ASC 10 We are on track to meet this target.

ASC 11 Data is not yet available for Q2.

People with a Mental Health Condition:

ASC 12 This is a new indicator for 2017/18, therefore no comparable data.

ASC 13 This is a new indicator for 2017/18, therefore no comparable data.
(A)

ASC 13 This is a new indicator for 2017/18, therefore no comparable data.
(B)

Homelessness:

ASC 14 In accordance with the Homelessness legislation, all Local Housing Authorities have a statutory duty to administer and address homelessness within the Borough. It must offer advice and assistance and give due consideration to all applications for housing assistance.

The Local Authority must have a reason to believe that an applicant may be homeless or threatened with homelessness, and make the necessary enquiries in accordance with the Homelessness Act 2002, to determine whether a duty is owed under Part 7 of the Housing Act 1996

The figure identified for quarter two is low, however, this is due to the increased prevention activity administered by the Housing Solutions Team. The team fully utilise the prevention initiatives and financial resources available to assist client and resolve homelessness.

ASC 15 Part 7 of the Housing Act 1996 sets out the powers and duties of housing authorities where people apply to them for assistance in obtaining accommodation.

The Local Authority has a statutory duty to provide both temporary and secure accommodation to clients accepted as statutory homeless. The figures are generally low, which is due to the high level of officer activity and initiatives to prevent homelessness.

ASC 16 National and Local trends indicate a gradual increase in homelessness, which will impact upon future service provision, including temporary accommodation placements.

The introduction of the Homelessness Reduction Act 2016 will have a big impact upon homelessness services, which will result in a vast increase in the use of the temporary accommodation provision.

The Housing Solutions Team are 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.

ASC 17 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 strive 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.

Safeguarding:

ASC 18 Performance slightly down compared to the same period last year. However, an exception report detailing assessments open longer than 28 days is sent to the teams monthly for them to action.

ASC 19 The figures will exceed last year’s records and are on focus to meet this years extended targets.

ASC 20 Data not available due to reporting issues which are being investigated.
(A)

ASC 20 Data not available due to reporting issues which are being investigated.
(B)

ASC 21 Annual collection only to be reported in Q4.

Carers:

ASC 22 New indicator for 2017/18 therefore no comparable data.

ASC 23 Annual collection only to be reported in Q4.




ASC 24 Annual collection only to be reported in Q4.











ASC 25 Annual collection only to be reported in Q4.

ASC 26 Annual collection only to be reported in Q4.

Public Health

Key Objectives / milestones

Ref	Milestones	Q2 Progress
PH 01a	Increase the uptake of smoking cessation services and successful quits among routine and manual workers and pregnant women	
PH 01b	Work with partners to increase uptake of the NHS cancer screening programmes (cervical, breast and bowel)	
PH 01c	Ensure Referral to treatment targets are achieved and minimise all avoidable breaches. AND/ OR Increase awareness among the local population on the early signs and symptoms of cancer.	

PH 02a	Facilitate the Healthy child programme which focusses on a universal preventative service, providing families with a programme of screening, immunisation, health and development reviews, and health, well-being and parenting advice for ages 2½ years and 5 years.	
PH 02b	Maintain the Family Nurse Partnership programme.	
PH 02c	Facilitate the implementation of the infant feeding strategy action plan	
PH 03a	Expansion of the Postural Stability Exercise Programme.	
PH 03b	Review and evaluate the performance of the integrated falls pathway.	
PH 04a	Work in partnership to reducing the number of young people (under 18) being admitted to hospital due to alcohol	
PH 04b	Raise awareness within the local community of safe drinking recommendations and local alcohol support services through delivering alcohol awareness campaigns, alcohol health education events across the borough and ensuring key staff are trained in alcohol identification and brief advice (alcohol IBA	
PH 04c	Ensure those identified as having an alcohol misuse problem can access effective alcohol treatment services and recovery support	
PH 05a	Monitor and review the Mental Health Action plan under the Mental Health Governance structures (covering actions to promote mental health and wellbeing and the early detection and effective treatment of mental health conditions.	
PH 05b	Implementation of the Suicide Action Plan.	

PH 01a Throughput of clients accessing smoking cessation services in Halton is marginally lower during Q2 2017 (July-September) than the same period in 2016. However, most Stop Smoking Services nationally are experiencing reductions in throughput and throughput is often seasonal, with greater numbers of people setting a quit date at the turn of the calendar year.

Halton CCG has received £75,000 of funding from NHS England for use in this financial year (2017/18) 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. Home visits are offered to allow pregnant women referred into the service.

PH 01b Haltons Health Protection Forum oversee's the cancer screening programmes, including screening uptake. A sub group of this meeting has just been formed to enable closer scrutiny and action planning regarding screening and immunisation, recognising that a steady decline has been observed in both of these over recent years (since 2013 transition of responsibility to PHE). We will be working across all screening programmes to identify approaches to increase uptake and reverse the recent declines.

We have completed an extension to the Bowel Screening Navigator pilot which had shown early success and have identified very significant improvements in uptake, by up to 10%. We are seeking ways to develop a sustainability plan to embed this activity in the long term and extend the approach across Breast and Cervical screening programmes also.

PH 01c Significant improvements were seen this quarter in Cancer waiting time performance following improved processes at Warrington & Halton Hospitals NHS Foundation Trust in escalation procedures and early identification of potential breaches.

Halton is engaging closely with partner trusts through the Cancer Alliance and LDS workstreams which are focussing on, amongst other things, improving pathways to improve the 2 week and 62 day treatment outcomes. The 2 week target has been achieved although the 62 day target has not been achieved this quarter.

We continue to participate in early signs and symptoms awareness campaigns, and have recently participated in the Be Clear On Cancer Respiratory Symptoms campaign.

PH 02a 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 includes 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.

The Health Visiting Service is delivering all the 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 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. The service will be an integral part of the new 0-19 Service.

PH 02c 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, and all families have access to introduction to solid food sessions.

For the first time both Bridgewater Community NHS Trust and Halton Children's centres were assessed by UNICEF, to determine if they are Baby Friendly. All agencies successfully achieved BFI stage 3, which is the highest

award. UNICEF gave very positive feedback on staff's skills and knowledge in supporting families to breastfeed.

Photos of local mums have been made into art work to celebrate International Breastfeeding Week. The response we received was amazing and we've turned the pictures into posters which are being displayed in various locations in Runcorn and Widnes.

PH 03a Health Improvement continues to provide the "Age Well programme" across the borough. Work is underway to integrate the Age well service in with intermediate care to facilitate safer discharges back to the community for those accessing intermediate services, both residential and in the community. HIT Continue to deliver staff training to frontline professionals to raise awareness of falls prevention and the appropriate falls pathways. Week comm. 25th September as part of falls prevention the team delivered in partnership, a community programme under the banner of healthy active ageing to raise awareness of the various activities that are available for older people across the borough and encourage referrals into services.

PH 03b Over this Qtr the falls steering group has reconvened to look to develop a new strategy 2018 -2022. As part of this work there are a number of work streams focusing on different parts of the pathway – health promotion, secondary prevention and recovery post falls. A multi-agency clinical working group has been set up to review the current service against NICE guidelines and make recommendations for service changes/development. A comprehensive training programme is to be rolled out to raise confidence in the use of screening tools and to increase capacity in service via staff having the skills to work more effectively with patients to improve strength, balance and gait without referring for specialist services.

PH 04a 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 Work continues to raise awareness among the local community of safe drinking recommendations and to train staff across the health, social care, criminal justice, community and voluntary sector in alcohol identification and brief advice (alcohol IBA).

PH 04c CGL continue to support individuals with alcohol misuse problems in Halton and support their recovery. During Q1, the service received 79 new referrals for alcohol only (50) or alcohol and non-opiate problems (29). Local data








suggests that by the end of Q1 110 individuals were engaged in structured treatment where alcohol was the primary concern, and 41 were involved in post treatment recovery support. A further 47 clients were in receipt of support for non-opiate and alcohol problems. For Q1, 25.9% of individuals who have commenced extended brief interventions have completed successfully.

PH 05a Mental Health delivery group action plans are now being signed off. Halton and its partners continue to promote mental health and wellbeing and develop awareness campaigns across the Borough. This quarter Halton Health Improvement team launched its first monthly mental health hub in September which brings together appropriate support organisations and raises awareness; providing Halton residents with a direct link to support and help they need.

PH 05b The action plan has been updated and continues to be implemented. The plan links closely with the Cheshire and Merseyside No More Suicides strategy. Champs are leading on a collaborative approach to gain Suicide Safer Community Status.

Key Performance Indicators

Ref	Measure	16/17 Actual	17/18 Target	Q2	Current Progress	Direction of travel
PH LI 01	A good level of child development (% of eligible children achieving a good level of development at the end of reception)	61.9% (2015/16)	65.0% (2016/17)	Annual data only	?	N/A
PH LI 02a	Adults achieving recommended levels of physical activity (% adults achieving 150+ minutes of physical activity)	48.5% (2015)	49.0% (2016)	Annual data only	?	N/A
PH LI 02b	Alcohol-related admission episodes – narrow definition (Directly Standardised Rate per 100,000 population)	841.7 (2015/16)	841.7 (2016/17)	839.6 (2016/17) Provisional	✓	↑
PH LI 02c	Under-18 alcohol-specific admissions (crude rate per 100,000 population)	55.5 (2013/14-2015/16)	54.1 (2014/15-2016/17)	58.9 (2014/15-2016/17) Provisional	✗	↓
PH LI 03a	Smoking prevalence (% of adults who currently smoke)	16.6% (2016)	16.2% (2017)	Annual data only	?	N/A
PH LI 03b	Mortality from cardiovascular	92.0	89.8	102.2	✗	↓

	disease at ages under 75 (Directly Standardised Rate per 100,000 population) <i>Published data based on calendar year, please note year for targets</i>	(2016)	(2017)	(Jul '16 – Jun '17) Provisional		
PH LI 04a	Self-harm hospital admissions (Emergency admissions, all ages, directly standardised rate per 100,000 population)	341.5 (2015/16)	332.3 (2016/17)	336.7 (2016/17) Provisional		
PH LI 04b	Self-reported wellbeing: % of people with a low happiness score	12.7% (2015/16)	11.1% (2016/17)	Annual data only		N/A
PH LI 05	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>	177.2 (2016)	169.2 (2017)	184.2 (Jul '16 – Jun '17) Provisional		
PH LI 06ai	Male Life expectancy at age 65 (Average number of years a person would expect to live based on contemporary mortality rates) <i>Published data based on 3 calendar years, please note year for targets</i>	17.3 (2013-15)	17.6 (2014-16)	Annual data only		N/A
PH LI 06aii	Female Life expectancy at age 65 (Average number of years a person would expect to live based on contemporary mortality rates) <i>Published data based on 3 calendar years, please note year for targets</i>	18.8 (2013-15)	19.1 (2014-16)	Annual data only		N/A

PH LI 06b	Falls and injuries in the over 65s (Directly Standardised Rate, per 100,000 population; PHOF definition)	3016. (2015/16)	3000.5 (2016/17)	3301.2 (2016/17) Provisional		
PH LI 06c	Flu vaccination at age 65+ (% of eligible adults aged 65+ who received the flu vaccine, GP registered population)	72.2% (2015/16)	75.0% (2016/17)	71.5% (2016/17)		

Supporting Commentary

PH LI 01 - No new data currently available

PH LI 02a - No new data currently available.

A new calculation method has been generated for this indicator – from next year historical data will not be comparable and targets/in-year values may change.

PH LI 02b - We now have direct access to hospital admissions data (HES); as such we are able to update annual progress with provisional data prior to the release of published data. Based on provisional data, we achieved the target for alcohol-related admission episodes.

PH LI 02c - We now have direct access to hospital admissions data (HES); as such we are able to update annual progress with provisional data prior to the release of published data. Based on provisional data, we failed to meet the target for under-18 alcohol specific admission episodes.

PH LI 03a - No new data currently available.

PH LI 03b - 35 deaths from cardiovascular disease in Q2.

PH LI 04a - We now have direct access to hospital admissions data (HES); as such we are able to update annual progress with provisional data prior to the release of published data. Based on provisional data, the 2016/17 rate is slightly above the target set.

PH LI 04b - No new data currently available

PH LI 05 - Currently missing target, but too early in the year to state whether we will achieve target.

PH LI 06ai - No new data currently available.




PH LI 06aii - No new data currently available.

PH LI 06b - We now have direct access to hospital admissions data (HES); as such we are able to update annual progress with provisional data prior to the release of published data. Based on provisional data, we failed to meet the target for falls injuries in 2016/17.

PH LI 06c - For 2016/17, we failed to meet the 75% target for flu vaccinations amongst the over 65.




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 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.