

## Health Policy & Performance Board Priority Based Report

**Reporting Period:** Quarter 4 – Period 1<sup>st</sup> January – 31<sup>st</sup> March 2019

### 1.0 Introduction

This report provides an overview of issues and progress against key service area objectives and milestones and performance targets, during the second quarter of 2018/19 for service areas within the remit of the Health Policy and Performance Board. These areas include:

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

### 2.0 Key Developments

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

#### **Adult Social Care:**

**Developing the use of the Mental Health Resource Centre in Vine Street, Widnes:** following an eighteen month programme of redevelopment, and using capital investment from the Borough Council, NHS Halton Clinical Commissioning Group and the North West Boroughs NHS Trust, the Mental Health Resource Centre has become a more integrated service which is more responsive to the needs of the local population. The existing Mental Health Outreach Team and Community Bridge Building teams have been joined by social workers from the borough council, and nurses and doctors from the North West Boroughs, as part of the Assessment and Home Treatment service. Plans are being developed for the latter to become a 24-hour service which can also provide a response to people in mental health crisis. This more connected and joined up service means that people in mental health need should increasingly receive the help they need in more efficient and effective ways.

**Community Connectors:** The Community connector pilot was completed in April 2019. The learning from the pilot is now being further developed to become part of the mainstream working practice. They have focused on connecting local people to their neighbourhood and communities. They are a single, local point of contact in an agreed area and proactively seek out vulnerable people who may benefit from a local area connector approach.

The Community connectors have already been busy providing advice, information and support in the community to people, families and their carers across service types.

They have identified a number of community based services and have been working closely with social workers and social care staff to aid awareness of aware of alternative services and opportunities available to people.

**Autism Action Alliance:** The Autism Action Alliance continues to search for an independent chair, following difficulty recruiting. In the mean-time the group continues to meet regularly and to ensure that the delivery plan is being actioned.

**Social Work Matters Forum:** The 'Social Work Matters Forum' is a quarterly event involving Social Work professional across services within Halton Borough Council. It is led

by the Principal Social Worker for Adult Services, Marie Lynch and agendas are set in collaboration with staff to focus on best practice, sharing information and outcomes, link local activity to national agendas and create a culture of communication and engagement.

During this quarter the event held showcased the Later Life and Memory Service, who work with older people experiencing mental health problems as a result of dementia. The presentation looked at the multi-disciplinary approach taken, from the perspective of a Social Worker and a Senior Nurse Practitioner. Attendees received a comprehensive of the services, its pathways, team processes and partnership working. Case studies highlighted the range of interventions and the impact these have made.

At the February Forum an introduction was made to the new Halton Borough Council Social Work Practice Guidance – an in-house policy document devised to clarify working practices and set standards across social work teams.

Attendees were also given the opportunity to consider and plan activities to mark World Social Work Day (held on 20 March 2019). Ideas taken forward from these collective discussions led to success community-based events on the Day.

**Transition Team:** In 2017 a dedicated Transition Team was established, supported by a new Multi-Agency Transition Protocol, to ensure that in future young people would experience transition that is planned from an earlier stage with effective joint working between professionals and taking into account the wishes and needs of young people and their families. The aim of the team is to have a joined up approach to transition from education, health and social care with increased and targeted co-ordination and communication from all agencies from a younger age. The team works with young people aged from 14 to 25 years, depending on complexity and how much support they will require to go through the transition process.

Transition Team was awarded £92,827 from DHSC as part of 'Named Social Worker' pilot. The additional funding allowed the creation an additional Social Worker post and an Advanced Practitioner post. This additional capacity allowed the team to work intensively with 17 young people with complex needs as part of the pilot. Social Workers worked with the young people and their families to prevent crisis intervention and develop a new approach to working with those who are often seen as the most challenging and therefore often end up in out-of-area residential placements.

Halton took part in the overall evaluation of the pilot on a national level and a cost-benefit analysis was completed by York Consultancy. The cost-benefit analysis revealed a Financial Return on Investment of 5.14 which means a £5.14 saving for every £1 spent on NSW support. One of the cases from Halton's pilot became a case study shared nationally as part of the positive outcomes of the NSW approach (Peter's story).

Following on from the Evaluation, A work stream across all statutory agencies has been established, 'The One Halton Board', Looking at how joint agencies can work in partnership to achieve better outcomes for the Community. The board has agreed to fund the additional social work posts permanently, allowing the continuation of the Named Social Worker model.

Halton continues to work alongside Social Care Institute of Excellence, the Department Of Health and Social Care and the innovation unit on rolling out national guidance on Transition, from Directors of Adult Social Services to social work Practitioners, and the

'Transition Video', that was produced by a group of young people from Halton, has been added to the guidance and tools for good practice for Social Workers to access when working with young people and their families.

Halton's 'The preparing for Adulthood' service in conjunction, with the National Development Team, has developed an action plan, looking at the holistic needs of young disabled people, their carers, future accommodation, their health, Education and employment. This will be driven by the newly formed Halton SEND carers forum and young disabled people. This is reviewed monthly.

## **Public Health**

Due to the high level of lung cancer in Halton it will become a Lung Check site. This means all over 55s who smoke and are registered with a GP will invited for an assessment. This figure totals 7,600 in Halton. It is very important that there is adequate publicity and encouragement so people take up this opportunity to spot cancer at an early stage.

### **3.0 Emerging Issues**

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

#### **Adult Social Care**

**Review of the Mental Health Act 1983:** at the last quarterly monitoring report, it was noted that there had been a detailed national review of the Mental Health Act 1983, arising from concerns that the Act was now outdated and that inappropriate numbers of people were being detained. It had been anticipated that, following the closure of the consultation, this would lead shortly to a green paper with the proposals for the new legislation, followed by a White Paper and then the final legislative process.

This has been delayed by the detailed attention that Parliament has had to give to other matters. However the developments continue: there is a team of civil servants who are:

- Grouping and prioritising the recommendations so that they can be presented to Ministers for consideration
- Bringing together an advisory group to work with Ministers and the Department of Health and Social care on developing the Act
- Briefing the Cabinet Office on progress

It is essential that the role of social work, and particularly that of the Approved Mental Health Professional (AMHP), is fully represented in this process, and this is in fact happening, with nationally-recognised lead AMHPs working directly with the civil servants to advise on developments. There is no fixed date for publication of a Green Paper at present.

**National Workforce Plan for AMHPs:** Social Work England are taking over the regulation of AMHP training. The Green Paper on Adult Social Care, and the development of the long term plan will each have sections on workforce planning, and these will include the recently-

published AMHP workforce planning requirements, as well as the new national standards for the delivery of the AMHP service.

**Debt Management:** The debt recovery project has been running for some time now. In this time there is been an increase of debt related to the non-payment of charges relating to social care services. A community care worker was recruited from invest to save monies on a 2 year temporary basis and was appointed a year ago. Once embedded in the role of community care worker the post holder has been able establish robust processes linking in with the client finance team to ensure that when there is evidence of non-payment of social care charges there is a timely response and social care issues that have led to this situation are addressed and the individuals or their families are supported to establish payment plans with the client finance team. In February 2019 the client finance team highlighted the first reduction of overall debt that had been identified for some years, this has been followed on a monthly basis by further reductions. A review of this project is currently underway which is being supported by a recent audit of the processes. Further themes and solutions are expected to be identified as part of the review process and recommendations for further changes to practice likely to be made as a result.

### **Public Health**

Halton is not meeting its targets for cancer screening so there is a renewed emphasis on encouraging people to get screened.

## **4.0 Risk Control Measures**

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

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

## **5.0 Progress against high priority equality actions**

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

## **6.0 Performance Overview**

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








“Rate per population” vs “Percentage” to express data

Four BCF KPIs are expressed as rates per population. “Rates per population” and “percentages” are both used to compare data but each expresses the same amount in a different way. A common guide used is that if a percent is less than 0.1 then a rate (e.g. per 100,000) is used. For example, permanent admissions to residential care expressed as a rate (50 admissions per or for every 100,000 people) makes more sense when comparing performance with other authorities rather than as a percentage (0.05%) which is quite a small number and could be somewhat confusing. More examples below:

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

## **Adult Social Care**

### **Key Objectives / milestones**

<b>Ref</b>	<b>Milestones</b>	<b>Q4 Progress</b>
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.	
3A	Undertake on-going review and development of all commissioning strategies, aligning with Public Health and Clinical Commissioning Group, to enhance service delivery and continue cost effectiveness, and ensure appropriate governance controls are in place.	

#### **Supporting Commentary**

1A - Small overspend.

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

1C - Information currently unavailable.

1D - The Mental Health and Dementia Delivery Group continue to oversee actions relating to the delivery of the Halton Dementia Strategy. This will continue into 2019/20. The group have focused on the refresh of the dementia dashboard, dementia awareness within the community, dementia diagnosis rates and primary care plan reviews. The dementia community pathway contract was extended during Q4, to run until end of Sept 2019. During Q4 work has been undertaken to determine commissioning intentions beyond September, working with the Operational Commissioning Committee to define what level of investment will be allocated to this service. This work is ongoing.

Halton continued to work with the NHS Cheshire and Merseyside Strategic Clinical Network sharing learning from the 'Dementia Awareness Standards in Halton' care home education pilot, supported by North West Boroughs Care Home Liaison Team. Halton has been invited to present the pilot and learning to date at the NHS Strategic Clinical Network for the North group meeting in May.

Work continued with Signature Living re the proposed Dementia housing scheme and community dementia hub. A paper was presented to the working group with a number of outline proposals for community dementia hub models, to be further worked up into 2019/20, as the scheme progresses.

**Dementia Friendly Communities Activity:**

Halton’s contribution to the LCR Dementia Pledge has been updated and reported to the LCR working group.

During Q4 planning has been underway for national Dementia Action Week (may 2019), with Halton Library Service, HIT and voluntary sectors taking action by putting on/supporting events during the week.

Following on from a dementia awareness briefing to PPB in Q3, during Q4 13 Members attended a session arranged by Halton DAA and hosted by Halton Libraries whereby they undertook the nationally recognised Dementia Friends Awareness session.

Halton Stadium’s refurbishment of the Karalius Suit considered dementia friendly design and décor principles, and were supported by Halton DAA to use a recognised dementia friendly environments checklist, to ensure that the key refurbishment decisions were ‘dementia friendly’ i.e. lighting, flooring, furniture and signage.

Halton Leisure Services met with Halton DAA to discuss the benefits of supporting staff to become more dementia aware. As a result, one of the leisure managers has committed to undertaking the dementia friends dementia champions training, which will enable him to roll out the dementia friends awareness sessions to HBC leisure staff.

HIT have reported that over 100 ‘dementia buddies’ have been made through the Healthy Schools dementia programme.

1E - Considerable work has taken place across the Clinical Commissioning Group, the borough council and the NW Boroughs to develop and clarify the pathways for people with a full range of mental health needs within the Borough. Local services within social care have been redesigned to increasingly provide support at an earlier stage in people’s conditions, and thereby to reduce the likelihood of them needing more complex interventions. The works at the Mental Health Resource Centre in Vine Street have been completed and the North West Boroughs Assessment and Home treatment Team has moved in there, providing more convenient links for Widnes residents and allowing a much greater level of contact between NHS and borough council services.

1F - Information currently unavailable.

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

**Key Performance Indicators**

Older People:							
Ref	Measure	17/18 Actual	17/18 NW	18/19 Target	Q4	Current Progress	Direction of travel
ASC 01	Permanent Admissions to residential and nursing care homes per 100,000 population 65+ <b>Better Care Fund performance metric</b>	623.31	888.8	635			Quarter 4 Data is currently unavailable due to year-end processes taking place, however an update will be provided prior to the PPB

							meeting. Based on figures available so far, we are under target for this measure.
ASC 02	Delayed transfers of care (delayed days) from hospital per 100,000 population. <b>Better Care Fund performance metric</b>	604	1200	5147			The full Q4 is not yet available, the plan and actual figures here related to January and February 2019.  Significantly better than plan.
ASC 03	Total non-elective admissions in to hospital (general & acute), all age, per 100,000 population. <b>Better Care Fund performance metric</b>	3290	272	13,289			The full Q4 is not yet available, the plan and actual figures here related to January and February 2019.  The CCG is in line to achieve the plan set with NHS England for non-elective activity, however Year-on-year growth is around 7% and an additional 1187 emergency admissions have been



							witnessed. Increases are driven almost exclusively by St Helens trust (+1243, +15%) with a small increase at Warrington (+36, +0.6%)
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+) <b>Better Care Fund performance metric</b>	N/A	N/A	N/A	N/A	N/A as no target	Data not currently available due to data issues with the CSU. No refresh on data is available beyond 2015/16.
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) <b>Better Care Fund performance metric</b>	78%	86%	75%	N/A	N/A as no target	Annual Collection - <b>Data is currently unavailable due to year-end processes taking place, however an update will be provided prior to the PPB meeting.</b>
<b>Adults with Learning and/or Physical Disabilities:</b>							
ASC 06	Percentage of items of equipment and adaptations delivered within 7 working days	94%	N/A	97%			<b>Quarter 4 Data is currently unavailable due to year-end processes taking place, however an</b>


							update will be provided prior to the PPB meeting.
ASC 07	Proportion of people in receipt of SDS (ASCOF 1C – people in receipt of long term support – include brief definition) (Part 1)	66%	89%	78%			Quarter 4 Data is currently unavailable due to year-end processes taking place, however an update will be provided prior to the PPB meeting. Based on figures available so far, we are under target for this measure.
ASC 08	Proportion of people in receipt of SDS (ASCOF 1C – people in receipt of long term support – include brief definition) (Part 2) DP	33%	25%	44%			Quarter 4 Data is currently unavailable due to year-end processes taking place, however an update will be provided prior to the PPB meeting. Based on figures available so far, we have met the target for this measure.
ASC 09	Proportion of adults with learning disabilities who live in their own home or	87%	88%	87%			Quarter 4 Data is currently unavailable

	with their family (ASCOF 1G)						due to year-end processes taking place, however an update will be provided prior to the PPB meeting. Based on figures available so far, we have met the target for this measure.
ASC 10	Proportion of adults with learning disabilities who are in Employment (ASCOF 1E)	5.30%	4.4%	5%			Quarter 4 Data is currently unavailable due to year-end processes taking place, however an update will be provided prior to the PPB meeting.
ASC 11	Out of Borough Placements – number of out of borough residential placements	N/A	N/A	30	N/A	N/A	No data available
<b>People with a Mental Health Condition:</b>							
ASC 12	Percentage of adults accessing Mental Health Services, who are in employment.	0.49%	N/A	N/A			Quarter 4 Data is currently unavailable due to year-end processes taking place, however an update will be provided prior to the

							PPB meeting.
ASC 13 (A)	Percentage of adults with a reported health condition of Dementia who are receipt of services.	44.44%	N/A	TBC			Quarter 4 Data is currently unavailable due to year-end processes taking place, however an update will be provided prior to the PPB meeting.
ASC 13 (B)	Percentage of Carers who receive services, whose cared for person has a reported health condition of Dementia.	11.02%	N/A	TBC			Quarter 4 Data is currently unavailable due to year-end processes taking place, however an update will be provided prior to the PPB meeting.

**Homelessness:**

ASC 14	Homeless presentations made to the Local Authority for assistance In accordance with Homelessness Act 2002.	117	N/A	500			No data available
ASC 15	Homeless Households dealt with under homelessness provisions of Housing Act 1996 and LA accepted statutory duty	10	N/A	100			No data available
ASC 16	Number of households living in Temporary Accommodation	6	N/A	17			No data available
ASC 17	Households who considered themselves	1.64%	N/A	6.00%			No data available

	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)						
<b>Safeguarding:</b>							
ASC 18	Percentage of VAA Assessments completed within 28 days	74.49%	N/A	88%			Quarter 4 Data is currently unavailable due to year-end processes taking place, however an update will be provided prior to the PPB meeting.
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).	61%	N/A	56%	67%		We have exceeded this target and staff continue to access the appropriate training.
ASC 20 (A)	DoLS – Urgent applications received, completed within 7 days.	N/A	N/A	80%			Quarter 4 Data is currently unavailable due to year-end processes taking place, however an update will be provided prior to the PPB meeting.










ASC 20 (B)	DoLS – Standard applications received completed within 21 days.	N/A	N/A	80%			Quarter 4 Data is currently unavailable due to year-end processes taking place, however an update will be provided prior to the PPB meeting.
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)	88.9%	Not yet available	82%			Annual Collection - Data is currently unavailable due to year-end processes taking place, however an update will be provided prior to the PPB meeting.
<b>Carers:</b>							
ASC 22	Proportion of Carers in receipt of Self Directed Support.	99.27%	81.7%	TBC			Quarter 4 Data is currently unavailable due to year-end processes taking place, however an update will be provided prior to the PPB meeting. Based on figures available so far, we have met the target

							for this measure.
ASC 23	<i>Carer reported Quality of Life (ASCOF 1D, (this figure is based on combined responses of several questions to give an average value. A higher value shows good performance)</i>	8.1% 2016/17	N/A	9			This is the Biennial Carers Survey which will commence in December 2018 – unpublished data is available and will be provided prior to the PPB meeting
ASC 24	<i>Overall satisfaction of carers with social services (ASCOF 3B)</i>	48.9% 2016/17	N/A	50			This is the Biennial Carers Survey which will commence in December 2018 – unpublished data is available and will be provided prior to the PPB meeting
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)	76.6% 2016/17	N/A	80			This is the Biennial Carers Survey which will commence in December 2018 – unpublished data is available and will be provided prior to the PPB meeting





ASC 26	Do care and support services help to have a better quality of life? (ASC survey Q 2b) <b>Better Care Fund performance metric</b>	93.30% 2016/17	N/A	93%			This is the Biennial Carers Survey which will commence in December 2018 – unpublished data is available and will be provided prior to the PPB meeting
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## Public Health

### Key Objectives / milestones

Ref	Milestones	Q4 Progress
PH 01a	Increase the uptake of smoking cessation services and successful quits among routine and manual workers and pregnant women	
PH 01b	Work with partners to increase uptake of the NHS cancer screening programmes (cervical, breast and bowel)	
PH 01c	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 reduce the number of young people (under 18) being admitted to hospital due to alcohol	



PH 04b	Raise awareness within the local community of safe drinking recommendations and local alcohol support services through delivering alcohol awareness campaigns, alcohol health education events across the borough and ensuring key staff are trained in alcohol identification and brief advice (alcohol IBA).	
PH 04c	Ensure those identified as having an alcohol misuse problem can access effective alcohol treatment services and recovery support	
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.	

### Supporting Commentary

**PH 01a** As a result of the high rates of lung cancer in Halton (and Knowsley), we have been chosen to be a site for a national pilot of the Lung Health Check pathway as identified in the NHS Long Term Plan. The Checks will invite people aged 55 to 74 who smoke or have ever smoked for a Low Dose CT scan to assess their risk of lung cancer and offer earlier diagnosis and more rapid treatment. The check will also incorporate a package of lifestyle support including smoking cessation. Development of the pathway and approach locally is in the early stages but nationally it is anticipated that it may start as early as October.

Halton is working closely with the Cheshire and Merseyside Cancer Prevention group to develop the C&M Cancer Alliance transformation funding for CURE (a secondary care based smoking cessation approach), while Halton hospitals were not successful in securing a place in the pilot, WHHT are very keen to replicate the approach and participate in subsequent rounds; we are working closely to facilitate this.

Halton Stop Smoking Service has seen an increase in maternal referrals and an increase in pregnant smokers quitting so far this year compared to the same period last year. Brief Intervention training has been delivered to Midwives this quarter taking total number of Midwives trained to 19. This reflects the successful partnership working between Halton Midwives and the Stop Smoking Service supported by funding from NHS England in 16/17 to reduce maternal smoking rates.

**PH 01b** We continue to work closely with the Cheshire and Merseyside Cancer Prevention Group in the development of proposals to support improvements in cancer screening uptake and awareness. Uptake of Bowel Screening continues to increase slowly though is still below target, while Cervical and Breast screening are currently achieving target there is a gradual local and national decline in uptake of these programmes. Health Improvement team have actively engaged in promoting the current PHE Cervical Screening uptake campaign and have engaged over 10,000 local people through their work place health programme with details of the cervical screening programme and other screening programmes.

**PH 01c** Current data suggests that overall we are failing to achieve both 2 week wait and 62 day targets. Analysis work of breaches at CCG and trust level identifies patient choice as the main factor in the breaches which is difficult to change but work is ongoing to understand what interventions we may be able to put in place to change people's attitudes to keeping the appointments.

**PH 02a** The Bridgewater health visitor, school nurse and Family Nurse Partnership (FNP) 0-19 service continues to deliver all the elements of the Healthy Child programme to families in Halton. Public Health England are providing training to health visitors in Halton on speech, language and communication, as part of a pilot programme. The aim of this work is to improve child development, through speech and language, which is one of the areas that child development scores are lower in Halton. The team will also be working closely with education partners following confirmation of Early Intervention Funding, to develop a strategic approach to speech, language and communication programmes across health and education in Halton.

**PH 02b** The Family Nurse Partnership service continues to be fully operational with a full caseload and works intensively with first time, teenage mothers and their families. The programme is currently trialling joint home visits with the sexual health service to encourage and enable the mothers to access contraception following the birth of their child.

**PH 02c** Progress has been made in many of the areas on the action plan, and an operational group is looking at refreshing the action plan for 2020, to focus ensuring we achieve those areas that are ongoing, such as breastfeeding policies, social marketing campaigns and parent education sessions. Infant feeding support continues to be offered to all mothers following discharge from hospital.

**PH 03a** Health Improvement Team continues to deliver a 45 week Age Well (postural stability) exercise programme across the borough. We are continuing to identify areas and opportunities to maximise uptake of the exercise programme.

We are collaborating with many partners both in the community and within hospital settings to explore opportunities to develop new initiatives to improve screening for falls and promotion of preventative service. Currently we are piloting a project with the Musculoskeletal Clinical Assessment Team whereby they are undertaking a FRAT and making onward referrals to the Health Improvement Team. From this referral the team will then discuss an appropriate exercise programme for the person to engage with to improve physical wellbeing, this includes PSI. This process is to encourage people to remain active whilst they are awaiting an appointment with a physio therapist from their team.

We continue to promote and deliver the Age Well Awareness program to all front line staff which includes training on the use of the Falls Risk Assessment Tool and advising on the appropriate falls referral pathways. This training package has been changed to provide more holistic messages around falls as opposed to the focus purely being on the FRAT. This next quarter we are looking at devising a training package specifically for falls prevention in care homes.

Work is continuing with the CCG to look at the opportunities to work closer with our health colleagues for improving the promotion and the uptake of the Age Well exercise programme and focus more on Prevention.

We continue to raise public awareness about falls, the steps that people can take to minimise the risk of falls and the various services across the borough that can support people at risk.

**PH 03b** As part of the ongoing work of the falls steering group, there is a workshop set up for the 9th May where all key partners who deliver a service around falls prevention will come together, to map existing services, look at where they fit in relation to the current pathways and identify any gaps in the service. This will also be an opportunity to review and evaluate the performance of the pathways currently in place.

**PH 04a** The data for 2015/16-17/18 shows that the Halton rate has decreased slightly from the previous year.

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

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

- Developing a coordinated alcohol awareness campaign plan.
- Delivery of alcohol education within local school settings (Healthitude, 0-19 Service, Young Addaction, Amy Winehouse Foundation, Cheshire Police).
- Ensuring the early identification and support of those drinking above recommended levels through training key staff members in alcohol identification and brief advice (alcohol IBA).
- Reviewing alcohol treatment pathways.
- Working closely with colleagues from licensing, the community safety team, trading standards and Cheshire Police to ensure that the local licensing policy supports the alcohol harm reduction agenda, promoting more responsible approaches to the sale of alcohol and promoting a diverse night-time economy.
- Working to influence government policy and initiatives around alcohol: 50p minimum unit price for alcohol, restrictions of all alcohol marketing, public health as a fifth licensing objective.

**PH 04c** During Q3, CGL received 70 new referrals for alcohol only and 26 for alcohol and non-opiate problems. Local data suggests that by the end of Q2, 144 individuals were engaged in structured treatment where alcohol was the primary concern, and a further 50 clients were in receipt of support for non-opiate and alcohol problems. 93 were involved in post treatment recovery support.

At the end of Q3, the rate for successful alcohol completion rate in Halton was 49.8%, above both PHE and CGL national average. The alcohol and non-opiate completion rate is just below national average, sitting at 31.6%.

For this quarter CGL have commenced 11 hospital alcohol detoxes. During the quarter CGL continued the trial of working with Birchwood Detoxification Unit and Wirral CGL to offer the alcohol cohort the option of a step down detox processes for those unsuitable for community detoxification.

**PH 05a** Halton has been successful in its application to become a Time to Change Hub. This will mean that we get support and guidance to deliver a range of services to improve mental health, with a primary focus on men's mental health. Halton continues to deliver its broad range of community and locality based programmes to promote health and wellbeing, reduce the stigma of mental health and provide training and advice on mental health and suicide.

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

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

- **Whole settings approaches to support educational settings and workplaces** – 9 educational settings and 4 workplaces engaged. Riverside College currently being supported via the One Halton Population work stream. Multi agency steering group established and action plan developed to help improve the mental health and wellbeing of young people.
- **Training offer to improve early detection of mental health conditions and mental health and wellbeing, available to both staff and the community** – 306 front line staff trained in mental health awareness
- **Campaigns to tackle stigma and raise awareness-** Halton Borough Council - along with Halton Mind and local partners - has been successful in its bid to become a Time to Change hub. Haltons Time to Change Hub will be supported by Time to Change over the next 18 months to tackle mental health stigma in young people and men.





#### Future developments-
















A partnership micro website (microsite) is under development which will be a single point of information for both the support available and how to keep yourself mentally well. This development enhances the Thrive model currently in place and will help both the public and professionals navigate support and resources available. CHAMPS are developing a transformational wellbeing commission targeting mental wellbeing through the workplace.









#### PH 05b

We are in the process of analysing the first years data from the Real Time Surveillance system, which we will assess against the 2018 Suicide Audit when completed (currently underway). The suicide prevention action plan is continuously driven forward by the suicide prevention partnership board. The plan links closely with the Cheshire and Merseyside No More Suicides strategy. A real time surveillance intelligence flow is in place which will enable faster identification of potential trends and clusters. A procedure has been established to raise concerns of front-line staff who have struggled to obtain support for clients who are presenting with suicidal ideation. All concerns are discussed at the suicide prevention partnership board and relevant actions taken. The suicide prevention pathway for children and young people has been developed and is currently in the process of being signed off by relevant partners and boards. 244 front line staff have been trained in suicide awareness including PCSO's and Police officers for Cheshire Police. Champs have been successful in their C&M NHSE funded self harm and suicide prevention application with work due to focus on those who have died by suicide who previously self-harmed; the recently completed self-harm audit across the Champs foot print will be used to inform this new piece of work. Champs have also undertaken a bereavement service audit to identify any gaps in provisions across the Champs footprint.

#### Key Performance Indicators

Ref	Measure	17/18 Actual	18/19 Target	Q4	Current Progress	Direction of travel
PH LI 01	A good level of child development (% of eligible children achieving a good level of development at the end of reception)	60.9% (2016/17)	63.0% (2017/18)	64.5%		
PH LI 02a	Adults achieving recommended levels of physical activity (% adults achieving 150+)	65.2% (2016/17)	66.0% (2017/18)	Annual data only		

	minutes of physical activity)					
PH LI 02b	Alcohol-related admission episodes – narrow definition (Directly Standardised Rate per 100,000 population)	838.2 (2017/18) <i>Provisional</i>	836.0 (2018/19)	832.1 (Q4 '17/18 – Q3 '18/19) <i>Provisional</i>		
PH LI 02c	Under-18 alcohol-specific admissions (crude rate per 100,000 population)	57.8 (2015/16-2017/18) <i>Provisional</i>	57.0 (2016/17-2018/19)	62.5 (Q4 '15/16-Q3 '18/19) <i>Provisional</i>		
PH LI 03a	Smoking prevalence (% of adults who currently smoke)	16.6% (2016)	15.0% (2017)	15.0% (2017)		
PH LI 03b	Mortality from cardiovascular disease at ages under 75 (Directly Standardised Rate per 100,000 population) <i>Published data based on calendar year, please note year for targets</i>	93.6 (2015-17)	91.0 (2016-18)	90.4 (2016-18) <i>Provisional</i>		
PH LI 04a	Self-harm hospital admissions (Emergency admissions, all ages, directly standardised rate per 100,000 population)	337.9 (2017/18) <i>Provisional</i>	335.0 (2018/19)	324.3 (Q3 '17/18 – Q2 '18/19) <i>Provisional</i>		
PH LI 04b	Self-reported wellbeing: % of people with a low happiness score	12.2% (2016/17)	11.1% (2017/18)	9.7% (2017/18)		
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>	173.7 (2015-17) <i>Provisional</i>	173.0 (2016-18)	175.8 (2016-18) <i>Provisional</i>		
PH LI 06ai	<b>Male</b> Life expectancy at age	17.3 (2014-16)	17.5 (2015-17)		N/A	N/A

	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>					
PH LI 06aii	<b>Female</b> Life expectancy at age 65 (Average number of years a person would expect to live based on contemporary mortality rates) <i>Published data based on 3 calendar years, please note year for targets</i>	19.1 (2014-16)	18.3 (2015-17)		N/A	N/A
PH LI 06b	Falls and injuries in the over 65s (Directly Standardised Rate, per 100,000 population; PHOF definition)	3014.9 (2017/18) <i>Provisional</i>	2970.0 (Q3 17/18 – Q2 18/19) <i>Provisional</i>		N?A	N/A
PH LI 06c	Flu vaccination at age 65+ (% of eligible adults aged 65+ who received the flu vaccine, GP registered population)	74.0% (2017/18) <i>Provisional</i>	Not yet available			
PH LI 07a	% of successful completions (drugs) as proportion of all treatment (18+) (Increase)	17.3% (2016/17)	12.9% (Feb '18 - Jan '19)			
PH LI 07b	Individuals re-presenting to drug services within 6 months of discharge (reduction)	8.9% (2016/17)	18.4% (Feb '18 - Jan '19)			

## Supporting Commentary

PH LI 01	Data is released annually.
PH LI 02a	Data is released annually. No update from Q3.
PH LI 02b	Provisional data for 2017/18 indicated a rate marginally below that of the published figure. So, although the provisional data for the year to Q3 2018/19 would be seen to be meeting target, the value is currently above that of 2017/18. <i>Provisional figures are based on unverified data and as such caution is advised in their use.</i>
PH LI 02c	Although based on provisional data, the rate to Q3 2018/19 has risen from the end of year rate for 2017/18. The rate to Q3 2018/19 would provisionally indicate that we are not meeting the target. The small numbers of such admissions means it is not possible to definitively state that we will or will not meet target by year end. <i>Provisional figures are based on unverified data and as such caution is advised in their use.</i>
PH LI 03a	Adult smoking prevalence has reduced once again and has met the target for 2017. <i>Data is available annually; 2018 target will be set for the Q1 2019/20 QMR.</i>
PH LI 03b	Provisional data would indicate that premature mortality from CVD has fallen to the 3-year period to the end of 2018. Although it would also indicate that the 2016-18 target was achieved, this data is subject to change and so progress against the target will remain provisional; especially given the marginal difference between the provisional 2016-18 data and the target. <i>Mortality indicators are now based on 3-year periods.</i>
PH LI 04a	Although based on provisional data, the rate to Q2 2018/19 has fallen from the end of year rate for 2017/18. Though we are below the target for the year, it is still too early to state whether the year-end target will be achieved. <i>Provisional figures are based on unverified data and as such caution is advised in their use.</i>
PH LI 04b	The value of 9.7% for 2017/18 represents the lowest percentage of people with a low happiness score in Halton over the entire period available (since 2011/12).
PH LI 05	Provisional data would indicate that premature mortality from cancer has risen to the 3-year period to the end of 2018. The data would also indicate that the 2016-18 target was not achieved, this data is subject to change and so progress against the target will remain provisional; especially given the small difference between the provisional 2016-18 data and the target. <i>Mortality indicators are now based on 3-year periods.</i>
PH LI 06ai	Data is available annually. <i>2016-18 target will be set in Q1 2019/20 QMR</i>
PH LI 06aii	Data is available annually. <i>2016-18 target will be set in Q1 2019/20 QMR</i>
PH LI 06b	Provisional data would indicate that falls admissions have risen to the year ending Q2 2018/19. The data indicates the 2018/19 target is on course to be achieved. <i>Provisional figures are based on unverified data and as such caution is advised in their use.</i>
PH LI 06c	For 2017/18, Halton failed to meet the 75% target for flu vaccination uptake amongst those residents aged 65+. However, there was an increase in population flu vaccination coverage in this age group, from 71.5% (2016/17) to 73.7% (2017/18).

PH LI 07a	Re-presentations within 6 months (according to the NDTMS website) are higher compared to the national (10.4%) and North West (10.5%) averages. The Halton percentage has also increased from the same period the previous year (3.9%).
PH LI 07b	Successful completions (according to the NDTMS website) show good progress and are higher compared to the national (14.0%) and North West (14.6%) averages. However, the Halton percentage has decreased from the same period the previous year (21.7%).

## **ADULT SOCIAL CARE DEPARTMENT**

### **Comments on the above figures**

## **PUBLIC HEALTH & PUBLIC PROTECTION DEPARTMENT**

## **APPENDIX 2 – Explanation of Symbols**

Symbols are used in the following manner:

### **Progress**

#### **Green**



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

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

#### **Amber**



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

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

#### **Red**






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

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

### **Direction of Travel Indicator**

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



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