

**Reporting Period:** Quarter 1: 1<sup>st</sup> April to 30<sup>th</sup> June 2016

### 1.0 Introduction

This report provides an overview of issues and progress against key service area objectives and milestones and performance targets, during the first quarter of 2016/17 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 fourth quarter which include:

#### **Adult Social Care**

##### **Mental Health Services:**

##### **Review of the 5Boroughs Acute Care Pathway and Later Life and Memory Services:**

work continues across the mental health services in Halton to deliver the changes recommended by this review, which reported early in 2016. Two local workstreams are in place within the Borough; one is examining the pathways by which people can receive help and support at an early stage in the development of a mental health problem, whilst the other is developing clear pathways for people to “step down” from secondary care to primary care services. A third area of work is taking place across the whole of the 5Boroughs footprint, looking at developing a consistent approach to delivering care to people with personality disorders and complex and challenging lifestyles.

**Direct Payments in Mental Health:** people with mental health problems have for some time been one of the groups with the lowest uptake of direct payments, both within the borough and nationally. Following an internal review of this issue in Halton in 2015, Halton Disability Partnership has been commissioned to provide a small scale support service to people with mental health needs who might wish to take up the opportunity for a direct payment. Working with mental health services to raise awareness, and working with individuals with mental health needs to take up a direct payment, this has resulted in a small but significant increase of people using this service (from 23 to 31 people). Further work on redesign of the care pathways (see above) is expected to lead to a further increase in these figures.

##### **Homelessness**

Halton commissioned a supported hostel Brennan Lodge, which officially opened July 2015. The scheme offers 39 self-contained units for single vulnerable homelessness clients. The building is owned by Halton Housing Trust and the Salvation Army were commissioned to deliver the housing management support. Unfortunately, in November 2015 a number of management/safeguarding issues were identified, which, led to the service being suspended. A number of quality inspections were completed, however,

there was little improvement in the service delivery, and consequently, the decision to terminate the Salvation Army contract was approved.

The Salvation Army have been notified of the above decision and the contractual 3 month notice has been issued. Due to the demand for the supported housing scheme, the service will be re-procured. The procurement process is underway and it is anticipated that the new provider will take over the service by January 2017.

### **Peer Review**

As part of the Gold Standard the Merseyside Sub Regional Homeless group registered for the peer review. Halton was due to be reviewed by St Helens early September 2015, however, due to work commitments; the reviewing Authority was forced to cancel. Halton is keen to progress with the Peer Review and it has been agreed that the Review will take place November 2016; the reviewing Authority is due to be confirmed.

Upon completion of the Peer Review, the Authority will then pursue registering for the Gold Standard and undertake the necessary assessment.

### **Syrian Vulnerable Person Resettlement Programme**

Asylum seekers and refugees: in common with the other local authorities within the Liverpool City Region, Halton has made a commitment to participating in the asylum seeker and refugee dispersal programme, and to supporting a proportionate number of Syrian refugees through the Syrian Vulnerable Persons Resettlement scheme. The asylum seeker scheme is managed through a Home Office-appointed body, Serco. The Syrian refugee scheme is led by local authorities, working with its key strategic partners. A multi-agency forum is in place, to ensure a collective Halton response so that people new to this area receive a positive welcome and a smooth integration into local communities and services.

### **Learning Disability Nurses**

The team continue to work proactively with individuals, their family, carers and professionals such as GPs, allied Health professionals. Key developments include:

- The team are looking at implementing the Equalities Health Framework. This is a tool that is based on the determinants of health inequalities designed to help providers and people with Learning Disabilities understand the impact and effectiveness of services
- Meetings have been held with a number of GP practices across Halton to discuss Learning Disability Health Checks. Within the meetings, support from the Learning Disability nursing Team was discussed and how to attain greater attendance and completion of the Health Checks.
- A number of team members have recently attended training as part of transforming care. This training was to enable team members to take on the role of Clinical Advisor within CTR (Care and Treatment Review) meetings.
- A team member has been attending meetings regarding transforming care/risk register and to look at how the Nursing team will be part of this.
- Sexual health and Relationship work is a large part of the work that the team complete. The team are looking into attending a 4 or 5 day course run by the Family Planning Association in the near future to build on the knowledge within the team.
- Transition support has been offered as part of a multi professional approach to ensure the smooth transition to adult services for the young person and their family.

- Regular monitoring of patients discharged from the inpatient ward is undertaken by team members, in line with good practice, to ensure they settle in their new setting.
- Breast and testicular awareness sessions have been facilitated by the Nursing Team recently at the stadium in Widnes. The sessions proved to have a positive learning experience for the clients that attended.
- The team has recently been involved in a MDT meeting that has prevented the admission of a client to an in-patient unit.

There has been an admission to Byron unit and the team have attended CTR and MDT meetings for this client. The team continue to visit Byron on a regular basis and are part of an MDT approach to find the most suitable placement for this client.

### **Domiciliary Care**

Significant consultation work has taken place to find the views of people who use domiciliary care in the borough. This information will go towards supporting the design of a new delivery model and will also form the detail for applying for external funding towards the end of 2016.

## **PUBLIC HEALTH**

### **Mental Health Awareness week**

Mental health awareness week in May was turned in to a Month across Halton with a vacant unit within Runcorn Shopping Centre being transformed into a pop up shop which played host to a number of local services, signposting and music dance and a place to chat and find out. The Shop focussed on a different theme each week: general mental health; children and young people; dementia; and carers. The first week saw a footfall of 829 and an average of 250 a week for the remaining weeks. The services identified and intervened in 3 cases of crisis.

The programme was deemed a success and we are looking to identify if this is something that could be replicated or completed. It was recognised that it would be helpful to have more clinical services available amongst the relaxed signposting.

### **Caring Pub Launch**

Halton Launched the Caring Pub Declaration a good practice guide for licensed premises, developed by Halton Borough Council in partnership with Cheshire Police and the local Pub and Club Watch. Pubs and clubs in Halton are pledging to help their customers stay safe and healthy.

The Declaration outlines the steps the pub will take to keep customers safe and healthy while visiting their premises, such as not selling alcohol to customers who have drunk too much and asking regulars to look out for older or more vulnerable customers so they arrive home safely. Many licensed premises in Halton have signed up to the Declaration, with more to follow, and are displaying it prominently to their customers.

### **Halton Community Alcohol Partnerships Launch**

The Halton Community Alcohol Partnership (CAP) will raise awareness of the impact underage drinking has on the local community and reduce young people's access to alcohol by building on existing work already undertaken locally. The initiative sees Halton Borough Council, local services and businesses working together. An action plan of activities will aim to bring about sustainable improvements through education, intelligence-led enforcement and offering positive alternatives to young people that promote a healthy lifestyle.

### 3.0 Emerging Issues

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

#### Adult Social Care

##### **Mental Health Services:**

**Social Work for Better Mental Health:** Halton is an early implementer of this national programme, designed to make explicit the roles and tasks of social work within the mental health delivery system. The programme has been running for some months and a self-assessment has been completed. A report and action plan will shortly be produced, which will be used as a part of local service review and design.

#### **PUBLIC HEALTH**

Continued requirement to meet efficiency targets is likely to impact upon the delivery of some key programmes in the foreseeable future.

### 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 2016/17 Directorate Business Plans.

### 5.0 Progress against high priority equality actions

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

### 6.0 Performance Overview

The following information provides a synopsis of progress for both milestones and performance indicators across the key business areas that have been identified by the Communities Directorate. The way in which the Red, Amber and Green, (RAG), symbols have been used to reflect progress to date is explained at the end of this report.

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

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

Location	Rate per 100,000 population	Percent
Region A	338.0	0.34%

Region B	170.5	0.17%
Region C	225.6	0.23%

### Prevention and Assessment Services

#### Key Objectives / milestones

Ref	Milestones	Q1 Progress
PA 1	Monitor the effectiveness of the Better Care Fund pooled budget ensuring that budget comes out on target (AOF 21, 25) <b>March 2016.</b>	
PA 1	Implement the Care Act (AOF 2,4,10, 21) <b>March 2016.</b>	

#### Supporting Commentary

##### **PA 1 Monitor effectiveness of Better Care Fund pooled budget:**

The final submission for the national Better Care Fund pooled budget was agreed without conditions. The revised 3 year agreement between HBC and NHS HCCG commenced in April 2016.

##### **PA 1 Implement the Care Act:**

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

#### **Key Performance Indicators**

Ref	Measure	15/16 Actual	16/17 Target	Q1 Actual	Q1 Progress	Direction of travel
PA 2	Percentage of VAA Assessments completed within 28 days	85% <small>(estimated - further data quality work ongoing to confirm this)</small>	85%	18%		
PA 6a	Percentage of items of equipment and adaptations delivered within 7 working days	97%	95%	83%		
PA 11	Permanent Admissions to residential and nursing care homes per 100,000 population,65+ (ASCOF 2A1)	541.7%	Tbc	102.1%		

Ref	Measure	15/16 Actual	16/17 Target	Q1 Actual	Q1 Progress	Direction of travel
	<i>Better Care Fund performance metric</i>					
PA 12	Delayed transfers of care (delayed days) from hospital per 100,000 population <i>Better Care Fund performance metric</i>	247 v target 236 (to January 2016)		419 v target 472 (to May 2016)		
PA 14	Total non-elective admissions in to hospital (general & acute), all age, per 100,000 population <i>Better Care Fund performance metric</i>	15231 V plan 16668 (Feb 16)		3007 vs target of 2942 (YTD end May 2016)		
PA 15	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>	685.1				
PA 16	Proportion of Older People (65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services (ASCOF 2B1) <i>Better Care Fund performance metric</i>	63.3		N/A	N/A	N/A
PA 20	Do care and support services help to have a better quality of life? (ASC survey Q 2b) <i>Better Care Fund performance metric</i>	93.3	TBC	N/A	N/A	N/A

### Supporting Commentary

#### **PA 2 Percentage of VAA Assessments completed within 28 days:**

There continues to be ongoing issues with data loading and the dates used when completing forms; we are however confident that safeguarding investigations are being completed within the 28 day timescales. The Performance Team are working closely with operational teams to rectify these issues.

**PA 6a Percentage of items of equipment and adaptations delivered within 7 working days:**

The direction of travel is less than that as of the same time in 15/16, this is due to missing information and should be rectified for the next quarter.

**PA 11 Permanent Admissions to residential and nursing care homes per 100,000 population, aged 65+:**

Figures for admissions to permanent residential and nursing care are based on 25 admissions at the end of Q1. This is a decrease from Q1 2015/16 which is the direction of travel we are aiming for.

**PA 12 Delayed transfers of care (delayed days) from hospital per 100,000 population:**  
Figures up to January 2016.

This is no longer reported as days per 100,000 population, the values reported here are total number of days only. The target was comfortably met in April with just 181 days reported, however May saw 238 days. There has been a change in the predominant reason for delay and the main reason for delay is awaiting care home placement. Target of 236 per month. Q1 419 total to May 2016 v target of 472.

**PA 14 Total non-elective admissions in to hospital (general & acute), all age, per 100,000 population:**

The CCG has queried a large increase in the number of non-elective admissions witnessed at Warrington Hospital this year (+30%) this has not been seen in the number of A&E attendances and it is believed that the new ambulatory care unit at Warrington hospital may be having an adverse impact on the number of non-elective admissions.

**PA 15 Hospital re-admissions (within 28 days) where original admission was due to a fall, aged 65+:**

Due to a change in the reporting of this we are not currently able to report re-admissions on a quarterly basis. The next formal reporting will take place in April 2017. We are working to find a solution to this with CCG colleagues.

**PA 16 Proportion of Older People (65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services:**

These figures are collected between 1st October and 31st December annually.

**PA 20 Do care and support services help to have a better quality of life?:**

We have exceeded the 15/16 target of 91%, in comparison to 14/15 figures, this indicator remains stable. Please note that this data has not yet been published. Published data will be available September 2016 and may be subject to change.

## Commissioning and Complex Care Services

### Key Objectives / milestones

Ref	Milestones	Q1 Progress
CCC 1	Continue to monitor effectiveness of changes arising from review of services and support to children and adults with Autistic Spectrum Disorder. <b>Mar 2016.</b> (AOF 4)	
CCC 1	Continue to implement the Local Dementia Strategy, to ensure effective services are in place. <b>Mar 2016.</b> (AOF 4)	
CCC 1	Continue to work with the 5Boroughs NHS Foundation Trust proposals to redesign pathways for people with Acute Mental Health problems and services for older people with Mental Health problems. <b>Mar 2016.</b> (AOF 4)	
CCC 1	The Homelessness strategy be kept under annual review to determine if any changes or updates are required. <b>Mar 2016.</b> (AOF 4, AOF 18)	

### Key Performance Indicators

#### Supporting Commentary

#### **CCC1 - Services / Support to children and adults with Autism:**

#### **CCC 1 Dementia Strategy:**

During Q1 the Dementia Strategy Action Plan was almost completed. The outstanding actions will be carried forward and the Dementia Strategy Action Plan is scheduled for refresh during Q2.

During Q 1 the Post Diagnosis Community Pathway redesign was completed with the contract for the Prime Provider (Alzheimers Society) now in place.

Work is ongoing with the Later Life and Memory Service (LLAMS) Care Home Liaison team and primary care to undertake checks in residential homes for people who may have an undiagnosed dementia in order to maintain the local dementia diagnosis rate above 70%

During the quarter the Halton Dementia Action Alliance supported the Changing Minds campaign in Runcorn Shopping Centre, putting on a Dementia Week theme of events, stakeholder activity and information provision.

Work is ongoing by the Halton DAA to seek views of people living with dementia, and their carers and planning is underway for an Advanced Care Planning and end of life care event in Q 2.

HBC are supporting the Liverpool Dementia Action Alliance with the development of the

Department of Health 'Beyond the front door' research and report, by commissioners and other stakeholders contributing to the understanding of what the concept of 'home' means to people living with dementia, and how services can better support people at key transition points.

### CCC 1 Mental Health:

Following the review of the Acute Care Pathway and the Later Life and Memory Services, a number of workstreams have been set up, both across the 5Boroughs and within the Halton area, to deliver the review's recommendations. The council is involved in each of these workstreams.

### CCC 1 Homelessness Strategy:

The homelessness strategy 2014 – 2018 is an active document that captures future change, trends, and demands. The annual homelessness forum/consultation event is due to be held September 2016 to review the action plan, which will involve both statutory and voluntary agencies to determine the level of achievement and key priorities for next 12 months.

The main priorities identified for 2016/17 were Health and Homelessness, and Complex needs. A number of initiatives have been developed to improve the level of agency integration and service area provision. The focus will be around the key priorities, with additional emphasis placed upon achieving the objectives outlined within the St Mungo's report, which will be incorporated within the reviewed strategic action plan. The purpose of the review is to ensure that the working document is current and reflects legislative and economical change.

A Youth Strategy is also being developed to identify key service areas for young people. A consultation event was held mid-2016 and the CLG consultant is working directly with Halton to identify key objectives and good practice.

### Key Performance Indicators

Ref	Measure	15/16 Actual	16/17 Target	Q1 Actual	Q1 Progress	Direction of travel
CCC 3	Adults with mental health problems helped to live at home per 1,000 population	3.21	3.00	2.78		
CCC 4	The proportion of households who were accepted as statutorily homeless, who were accepted by the same LA within the last 2 years (Previously CCC 6).	0	0	0		
CCC 5	Number of households living in Temporary Accommodation	15	17	5		

Ref	Measure	15/16 Actual	16/17 Target	Q1 Actual	Q1 Progress	Direction of travel
	(Previously NI 156, CCC 7).					

### **Supporting Commentary**

#### **CCC 3 Adults with mental health problems helped to live at home per 1,000 population:**

This continues to be a challenging target, because a reconfiguration within the 5Boroughs reduced the numbers of people who could be counted in this cohort. The work to develop new care pathways into and out of long term care should increase the numbers however.

#### **CCC 4 The proportion of households who were accepted as statutorily homeless, who were accepted by the same LA within the last 2 years:**

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

The Authority will continue to strive to sustain a zero tolerance towards repeat homelessness within the district and facilitate reconnection with neighbouring authorities.

#### **CCC 5 Number of households living in Temporary Accommodation:**

Trends indicate a National and Local Increase in homelessness. This will have an impact upon future service provision, including temporary accommodation placements.

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

The Housing Solutions Team takes a proactive approach to preventing homelessness. There are established prevention measures in place and that the Housing Solutions team fully utilise, and continue to promote all service options available to clients.

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

### **Public Health**

#### **Key Objectives / milestones**

Ref	Milestones	Q1 Progress
PH 01	Work with PHE to ensure targets for HPV vaccination are	

	maintained in light of national immunisation Schedule Changes and Service reorganisations. <b>March 2016</b>	
PH 01	Working with partners to identify opportunities to increase uptake across the Cancer Screening Programmes by 10%. <b>March 2016</b>	
PH 01	Ensure Referral to treatment targets are achieved and minimise all avoidable breaches. <b>March 2016</b>	
PH 02	Facilitate the <i>Early Life Stages</i> development which focusses on a universal preventative service, providing families with a programme of screening, immunisation, health and development reviews, and health, well-being and parenting advice for ages 2½ years and 5 years. <b>March 2016</b>	
PH 02	Fully establish the Family Nurse Partnership programme <b>March 2016</b>	
PH 02	Facilitate the Halton Breastfeeding programme so that all mothers have access to breastfeeding-friendly premises and breastfeeding support from midwives and care support workers. Achieve UNICEF baby friendly stage 3 award <b>March 2016</b>	
PH 03	Development of new triage service between Rapid Access Rehabilitation Team and Falls Specialist Service. <b>March 2016</b>	
PH 03	New Voluntary sector pathway developed to support low-level intervention within falls in the borough. <b>March 2016</b>	
PH 04	Implement the Halton alcohol strategy action plan working with a range of partners in order to minimise the harm from alcohol and deliver on three interlinked outcomes: reducing alcohol-related health harms; reducing alcohol-related crime, antisocial behaviour and domestic abuse and establishing a diverse, vibrant and safe night-time economy. <b>March 2016</b>	
PH 04	Deliver a local education campaign to increase the awareness of the harm of drinking alcohol when pregnant or trying to conceive. <b>March 2016</b>	
PH 04	Hold a community conversation around alcohol – using an Inquiry approach based on the citizen's jury model of community engagement and ensure recommendations for action are acted upon by all local partners. <b>March 2016</b>	
PH 05	Successfully implement a new tier 2 Children and Young Peoples Emotional Health and Wellbeing Service. <b>March 2016</b>	
PH 05	Monitor and review the Mental Health Action plan under new Mental Health Governance structures. <b>March 2016</b>	
PH 05	Implementation of the Suicide Action Plan. <b>March 2016</b>	

### **Supporting Commentary**

**PH 01 HPV vaccinations:**  
No new data since last report.

Initial preliminary results show that first dose HPV vaccination are above 90% target for year, and dose 2 is already almost at target despite not being formerly reported until 2017. We will continue to engage with current school nurse providers to support high level delivery.

#### **PH 01 Cancer Screening Programmes:**

No new data since last report.

We continue to engage with all partners, to increase local uptake of cancer screening. The MOU with the Cancer Task group at PHE and Chewshire and Merseyside authorities is making progress and continues to undertake campaigns to raise awareness and attendance, including bowel screening campaigns,( in addition to local work),a nd breast screening collaborations. Other local work has iinvolved working with local pharmacies around breast screening call and recall, and making contact with people who had missed their appointment, re-engaging with them to book another screening appointment.

#### **PH 01 Referral to treatment:**

62 day breaches for referral to a cancer treatment are now being reported through the Halton System Resilience Group which includes the CCG and adult social care. Individual breaches by hospitals continue to be investigated and analysed so that the root causes for the delays can be assessed and mitigated. 62 day referral is currently below target and it is unlikely that Halton will achieve the 85% target (January 2016 data 79%). Public Health and CCG are currently working with Trusts to improve reporting and system wide assurance. A new Health and Wellbeing Cancer Action plan is being developed to address system wide issues which should help develop a system approach to reducing breaches

#### **PH 02 Early Life Stages:**

Facilitate the *Early Life Stages* development 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. **March 2016**

#### **PH 02 Family Nurse Partnership programme:**

The Health Visiting Service is delivering the additional components of the national Healthy Child Programme, including assessing the mothers emotional health at 6-8 weeks and completing and integrated developmental check at 2-21/2 , sharing the results with the early years setting to inform their assessment of the child, and services will collaboratively put in place a support package as required.

The BabyClear smoking cessation programme is underway to ensure women receive regular smoking cessation support throughout their pregnancy and all womens smoking during pregnancy is regularly monitored.

Public Health and the CCG have recruited a paediatrician, who will start working in April in the community. The aims of the pilot are to increase access to paediatric expertise within the community for families and importantly for health professionals. This will build knowledge and expertise, which has been shown elsewhere to improve patient care, and reduce attendance by families at A&E. A paediatrician has been recruited to the programme.

The CCG has invested in perinatal mental health, including training of health visitors and community staff to support mothers to bond with their baby and support mothers and fathers experiencing perinatal mental illness. Work to improve the perinatal pathway is also underway.

The report into child development in Halton has been completed and the final report is awaited.

#### **Parent Craft**

A Parentcraft programme (Your Baby and You) of 4 sessions has been designed, developed and implemented for pregnant Mums in Halton. The 4 sessions are:

- Session One : Nurturing the needs of your baby – delivered by Family Nurse Partnership
- Infant Feeding – delivered by HIT Infant Feeding Team
- Labour and Birth – delivered by Midwives
- Getting it right for you and your baby – delivered by Health visitors and Children’s Centre staff

### **Parent Workshops**

During April – June 2016, we have delivered 15 parent workshops, with a total of 81 parents attending. 12 of which were delivered in schools and the remaining 3 were delivered in nurseries

### **PH 02 Breastfeeding programme:**

Breastfeeding support continues to be available across the borough in community and health settings. The infant feeding coordinator and children’s centres are working towards achieving BFI in the children’s centres.

### **Baby Welcome Award Data Jan – March 2016**

During April – June 2016, we have renewed 132 settings and have awarded 1 new setting the Breastfeeding Friendly Award

### **National Breastfeeding Celebration Week in June 2016**

As part of National Breastfeeding Celebration Week the focus was around the breastfeeding friendly venues with the aim of raising the profile of these instead of just focusing on the benefits of breastfeeding. We have created new business cards to support this (which has our contact details on for BF support as well as a QR code to access the most up to date list of BF friendly venues. We now also have an online map for families to find out where the venues are - <http://hit.activehalton.co.uk/breast-feeding-venues/> which will make it easier to find venues close to where the families will be

### **PH 03 New triage service - Rapid Access Rehabilitation Team and Falls Specialist Service:**

The triage service has been fully implemented and is showing considerable positive outcomes for individuals. A baseline review of this will be completed in October 2016.

### **PH 03 Voluntary sector pathway to support low-level intervention within falls:**

Pathway is in place and is working well, there have been an increase in the number of referrals between organisations that has reduced waiting times for people accessing low-level services.

### **PH 04 Alcohol Strategy Action Plan:**

Good progress continues to be made towards implementing the Halton alcohol strategy action plan. 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).
- Reviewing and updating the early identification and brief advice (alcohol IBA) training and resources across the lifecourse stages (pregnancy, children and young people, working age adults, older people).
- Reduce underage drinking and associated antisocial behaviour through the launch of the Halton Community Alcohol Partnership.
- Working closely with colleagues from licensing, the community safety team, trading standards and Cheshire Police to ensure that the local licensing policy supports the alcohol harm reduction agenda, promoting more responsible approaches to the sale of alcohol e.g. through the development of a “Caring Landlords Declaration”
- Working to influence government policy and initiatives around alcohol e.g. 50p minimum unit price for alcohol, restrictions of all alcohol marketing, public health as a fifth licensing objective.

#### **PH 04 Education campaign around alcohol:**

The 'please stop drinking mummy' FASD (Foetal Alcohol Syndrome) continues to be promoted within the borough. The campaign has had positive feedback from both local women and midwives who have reported that it has helped them to discuss drinking habits with pregnant women.

In addition the Halton Health Improvement Team have delivered Making Every Contact Count (MECC) training to midwives, health visitors, Family Nurse Partnerships nurses and Breast Feeding Coordinators to signpost and deliver advice on alcohol and Tobacco.

Hold a community conversation around alcohol – using an Inquiry approach based on the citizen's jury model of community engagement and ensure recommendations for action are acted upon by all local partners.

#### **PH 04 Community conversation around alcohol:**

The Inquiry group have developed recommendations for local action related to: alcohol education in schools and educating parents, alcohol licensing and promoting responsible retailing, alcohol advertising and education around alcohol especially awareness of alcohol units and recommended safe drinking levels. These were shared with local stakeholders at a well-attended launch event held in June. Local stakeholders will now support the group going forward in making these recommendations a reality. Members of the Inquiry group attended the local alcohol strategy group to ensure their recommendations are taken forward locally.

#### **PH 05 Children and Young People Health and Wellbeing Service:**

Five Boroughs NHS trust have been jointly commissioned by the CCG and Public Health to deliver the tier 2 children and young people's mental health service. This service has now been in place since July 2015 and as well as providing the targeted mental health service, work will include mental health and wellbeing training for staff working with children and young people, such as schools, school based face-to-face work and an online counselling service.

Additional funding has been secured through the CCG for the provision of a schools liaison worker and also a Youth Offender Service worker specifically to work to build capacity, knowledge and access to emotional health and wellbeing support.

Utilising transformational monies the CCG has established a grants scheme to ensure the outcomes of the Future in Mind report can be realised in Halton. Activities funded have included: Perinatal mental health training; Youth engagement ; and the development of Apps and other technology to support this important agenda.

#### **PH 05 Mental Health Action plan:**

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

A refresh of the mental health action plans, and suggested high level indicators is due to begin shortly to reflect additional strategic direction guided by the 5 year forward view for mental health , which will be completed by October 2016

#### **PH 05 Suicide Action Plan:**

Good progress is being made towards implementing the Suicide strategy action plan. This work is being overseen by the Halton suicide prevention partnership.

Key developments include:

- Working towards Halton being a suicide safer community  
This area is developing and should be completed by early 2017
- Developing a local multi-agency suicide awareness campaign plan  
Area is in development
- Developing a local training plan to deliver suicide awareness training for community

members, local community groups and key professionals who interact with known groups at high risk of suicide  
This is underway and a training package is rolled and being constantly reviewed.

### Key Performance Indicators

Ref	Measure	15/16 Actual	16/17 Target	Q1	Current Progress	Direction of travel
PH LI 01	Mortality from all cancers at ages under 75 Directly Standardised Rate, per 100,000 population  <i>Published data based on calendar year, please note year for targets.</i>	179.8 (2014)	185.6 (2015)	169.2 (2015)		
PH LI 02	A good level of child development	46% (2013/14)	56.7%	54.7% (2014/15)	N / A	
PH LI 03	Falls and injuries in the over 65s. Directly Standardised Rate, per 100,000 population (PHOF definition).	3237.6 (2014/15)	3263.9	2904.1 (Oct 14 – Sep 15)		
PH LI 04	Alcohol related admission episodes - narrow definition Directly Standardised Rate, per 100,000 population	767.2 (2014/15)	808.4	820.4 Provisional (Q4 15/16)		
PH LI 05	Under 18 alcohol-specific admissions Crude Rate, per 100,000 population	51.0 (12/13 to 14/15)	55.0	Annual data only		N / A
PH LI 06	Self-reported wellbeing: % of people with a low happiness score	12.1% (2013/14)	11.10%	11.8% (2014/15)		

### Supporting Commentary

#### **PH LI 01 Mortality from all cancers at ages under 75:**

No update from previous quarter available.

#### **PH LI 02 Child development:**

No update from previous quarter available.

#### **PH LI 03 Falls and injuries in the over 65s:**

No update from previous quarter available.

**PH LI 04 Alcohol related admissions:**

Provisional alcohol related admission data have shown an increase since last quarter. This trend is reflected across the region and work is being undertaken via the Halton alcohol strategy to reverse this trend (as outlined in section above).

**PH LI 05 Under 18 alcohol-specific admissions:**

No update from previous quarter available.

**PH LI 06 Self-reported wellbeing:**

No update from previous quarter available.

# APPENDIX 1 – Financial Statements

## ADULT SOCIAL SERVICES & PREVENTION AND ASSESSMENT DEPARTMENT

### Revenue Budget as at 30<sup>th</sup> June 2016

	Annual Budget	Budget To Date	Actual To Date	Variance To Date (underspend)
	£'000	£'000	£'000	£'000
<b>Expenditure</b>				
Employees	7,694	1,833	1,805	28
Other Premises	80	14	15	(1)
Supplies & Services	342	117	113	4
Aids & Adaptations	113	9	9	0
Transport	18	2	3	(1)
Food Provision	28	4	4	0
Other Agency	23	3	0	3
	2,224	0	0	0
<b>Transfer to Reserves</b>				
Contribution to Complex Care Pool	17,761	2,937	2,934	3
<b>Total Expenditure</b>	<b>28,283</b>	<b>4,919</b>	<b>4,883</b>	<b>36</b>
<b>Income</b>				
Fees & Charges	-306	-77	-75	(2)
Reimbursements & Grant Income	-209	-81	-80	(1)
Transfer from Reserves	-2,464	-18	-18	0
Capital Salaries	-111	-28	-28	0
Government Grant Income	-86	-49	-49	0
<b>Total Income</b>	<b>-3,176</b>	<b>-253</b>	<b>-250</b>	<b>(3)</b>
<b>Net Operational Expenditure</b>	<b>25,107</b>	<b>4,666</b>	<b>4,633</b>	<b>33</b>
<b>Recharges</b>				
Premises Support	389	93	93	0
Central Support Services	1,874	441	441	0
Internal Recharge Income	-1,677	-381	-381	0
Transport Recharges	29	7	6	1
<b>Net Total Recharges</b>	<b>615</b>	<b>160</b>	<b>159</b>	<b>1</b>
<b>Net Department Expenditure</b>	<b>25,722</b>	<b>4,826</b>	<b>4,792</b>	<b>34</b>

### Comments on the above figures:

In overall terms, the Net Department Expenditure for the first quarter of the financial year is £31,000 under budget profile excluding the Complex Care Pool.

Employee costs are currently showing £28,000 under budget profile. This is due to savings being made on vacancies within the department. Some of these vacancies have been advertised and have been or are expected to be filled in the coming months and therefore it is not anticipated that the same level of variance continue for the remainder of the financial year.

At this stage in the financial year, it is anticipated that spend will be to budget at year-end.

**Capital Projects as at 30<sup>th</sup> June 2016**

	2016-17 Capital Allocation £'000	Allocation To Date £'000	Actual Spend To Date £'000	Total Allocation Remaining £'000
Upgrade PNC (Telehealthcare Lifeline System)	100	11	11	89
Community Meals Oven	10	0	0	10
<b>Total</b>	<b>110</b>	<b>11</b>	<b>11</b>	<b>99</b>

**Comments on the above figures:**

Work is ongoing with the PNC upgrade. Hardware has been purchased and the contractor is liaising with the council to start the build. Completion is expected within the next six months.

The purchase of the Community Meals oven is expected to take place within the financial year, with spend to match the capital allocation.

## COMPLEX CARE POOL

### Revenue Budget as at 30<sup>th</sup> June 2016

	Annual Budget	Budget To Date	Actual To Date	Variance To Date (overspend)
	£'000	£'000	£'000	£'000
<b>Expenditure</b>				
Intermediate Care Services	4,196	505	424	81
End of Life	192	48	57	(9)
Sub Acute	1,727	5	4	1
Urgent Care Centres	815	50	47	3
Joint Equipment Store	615	115	100	15
Contracts & SLA's	987	316	288	28
Intermediate Care Beds	596	149	178	(29)
BCF Schemes	1754	424	424	0
Adult Care:				
Residential & Nursing Care	21,387	4,270	4,005	265
Domiciliary & Supported Living	9,678	2,075	2,327	(252)
Direct Payments	5,033	1,642	1,866	(224)
Day Care	434	65	58	7
Frailty Pathway	155	0	0	0
Contingency	518	0	0	0
<b>Total Expenditure</b>	<b>48,087</b>	<b>9,664</b>	<b>9,778</b>	<b>(114)</b>
<b>Income</b>				
Residential & Nursing Income	-5,059	-777	-914	137
Community Care Income	-1,840	-283	-235	(48)
Direct Payments Income	-253	-51	-83	32
BCF	-9,491	-2,373	-2,373	0
CCG Contribution to Pool	-12,846	-3,211	-3,211	0
Other CCG income	-114	-32	-28	(4)
ILF Grant	-723	0	0	0
<b>Total Income</b>	<b>-30,326</b>	<b>-6,727</b>	<b>-6,844</b>	<b>117</b>
<b>Net Department Expenditure</b>	<b>17,761</b>	<b>2,937</b>	<b>2,934</b>	<b>3</b>

#### Comments on the above figures:

The overall net department budget is £3k under budget profile at the end of the first financial quarter.

Intermediate Care Services includes spend for the Therapy & Nursing Teams, Rapid Access Rehabilitation and Reablement. There are currently a few staff vacancies in this area and some contracts have been renegotiated hence the underspend.

Intermediate Care Beds includes payments for 6 extra beds. As these beds become vacant they will no longer be used in Intermediate care so spend should reduce in year.

The Adult Care budget is currently £83k over budget profile.

The total number of clients receiving a residential care package decreased by 1.9% during the first quarter of the financial year, from 592 clients in April to 581 clients in June. However, the average cost of a residential package of care increased from £557 to £561 for the same period.

The total number of clients receiving a domiciliary package of care reduced by 2.8% during the first quarter, from 807 clients in April to 785 clients in June. However, the average cost of a domiciliary care package increased from £235 to £242 in the same period.

The total number of clients receiving a Direct Payment increased 8.6% during the first quarter, from 444 clients in April to 482 clients in June. The average cost of a DP package reduced from £271 to £253 for the same period.

Work is ongoing to realign the Adult Care budget in line with projected spend.

A number of high cost packages of care are included in the forecast, including Continuing Healthcare, which continues to be a pressure. Although we are anticipating a balanced budget at year end, this could change if new high cost packages appear. Therefore, as this budget is volatile in nature, it will be closely monitored.

### **Capital Projects as at 30<sup>th</sup> June 2016**

	2016-17 Capital Allocation £'000	Allocation To Date £'000	Actual Spend To Date £'000	Total Allocation Remaining £'000
Disabled Facilities Grant	788	140	114	674
Stair lifts (Adaptations Initiative)	157	75	86	71
RSL Adaptations (Joint Funding)	140	50	62	78
Madeline McKenna Residential Home	450	0	0	450
<b>Total</b>	<b>1,535</b>	<b>265</b>	<b>262</b>	<b>1,273</b>

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

Total capital funding consists of £1,378,000 Disabled Facilities Grant (DFG) for 2016/17, and £157,000 DFG funding carried forward from 2015/16, to fund ongoing expenditure. The allocation of the funding between DFGs, Stair Lifts and RSL adaptations will be reviewed during the year, and may be reallocated between these projects depending on demand. It is anticipated, however, that total spend on these three projects can be contained within the overall capital allocation.

The £450,000 earmarked for the purchase of the Madeline McKenna residential home includes an allowance for the refurbishment of the premises. It is anticipated that the purchase will take place in the second quarter of the financial year.

## **COMMISSIONING & COMPLEX DEPARTMENT**

### **Revenue Budget as at 30 June 2016**

	Annual Budget £'000	Budget To Date £'000	Actual To Date £'000	Variance to Date (Overspend) £'000
<b><u>Expenditure</u></b>				
Employees	6,418	1,576	1,524	52
Other Premises	243	71	81	(10)
Supplies & Services	342	86	86	0
Other Agency Costs	618	66	66	0
Transport	187	47	37	10
Carer's Breaks	429	93	91	2
Contracts & SLAs	151	23	21	2
Emergency Duty Team	94	23	22	1
Payments To Providers	3,149	482	482	0
<b>Total Expenditure</b>	<b>11,631</b>	<b>2,467</b>	<b>2,410</b>	<b>57</b>
<b><u>Income</u></b>				
Sales & Rents Income	-198	-99	-102	3
Fees & Charges Income	-290	-41	-35	(6)
Reimbursements & Other Grant Income	-492	0	0	0
CCG Contribution To Service	-340	-75	-53	(22)
Transfer From Reserves	-1,351	0	0	0
<b>Total Income</b>	<b>-2,671</b>	<b>-215</b>	<b>-190</b>	<b>-25</b>
<b>Net Operational Expenditure</b>	<b>8,960</b>	<b>2,252</b>	<b>2,220</b>	<b>32</b>
<b><u>Recharges</u></b>				
Premises Support	236	59	59	0
Transport	393	98	114	(16)
Central Support Services	1,090	264	264	0
Internal Recharge Income	-649	-140	-140	0
<b>Net Total Recharges</b>	<b>1,070</b>	<b>281</b>	<b>297</b>	<b>(16)</b>
<b>Net Department Expenditure</b>	<b>10,030</b>	<b>2,533</b>	<b>2,517</b>	<b>16</b>

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

Net departmental expenditure is currently £16,000 below budget profile at the end of the first quarter of the financial year.

Employee costs are currently £52,000 below budget profile. This results from savings made on vacant posts above the targeted staff savings level of £300,000. The majority of these savings are currently being made within Day Services and Mental Health Services. These posts are currently in the process of being recruited to, and it is not anticipated that the level of savings above target will continue for the remainder of the financial year.

Premises expenditure is currently running above budget profile by £10,000. This budget will be monitored carefully during the year, given that the winter months will bring additional pressures on utility costs, and remedial action will be taken if necessary to ensure a balanced budget at year-end.

Whilst there is currently spend below budget on external transport costs, this is more than offset by spend above profile on internally recharged costs for transport costs. This situation will be monitored closely during the year with the aim of preventing an overall overspend.

Income is less than anticipated at budget setting time.. Whilst the minor variances between sales and rents and fees and charges are expected to balance out by year-end. the income received from the Clinical Commissioning Group remains a concern. This income relates to Continuing Health Care funded packages within Day Services and the Supported Housing Network. The income received is dependent on the nature of service user's care packages. The shortfall is currently projected to be £90,000 for the year.

At this stage in the financial year, it is anticipated that spend will be to budget at year-end.

### **Capital Projects as at 30 June 2016**

<b>Capital Expenditure</b>	<b>2016/17 Capital Allocation £'000</b>	<b>Allocation to Date £'000</b>	<b>Actual Spend £'000</b>	<b>Total Allocation Remaining £'000</b>
ALD Bungalows	299	0	0	299
Social Care Capital Grant	356	0	0	356
Grangeway Court Refurbishment	343	172	172	171
Community Capacity Grant	57	0	0	57
<b>Total Capital Expenditure</b>	<b>1,055</b>	<b>172</b>	<b>172</b>	<b>883</b>

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

Building work on the ALD Bungalows is expected to be completed within the financial year, with spend to match allocation.

The Social Care Capital grant consists of funding which was received in the 2015/16 financial year, and has been earmarked for the intended reconfiguration of Bredon hostel.

Work to refurbish Grangeway Court is currently underway, and it is expected that the works will be completed in the first half of the financial year. At this stage in is anticipated that total expenditure will remain within the capital allocation.

The Community Capacity Grant allocation represents unspent grant funding from previous financial years, which is available to fund new capital projects, or augment existing capital allocations.

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

### **Revenue Budget as at 30<sup>th</sup> June 2016**

	Annual Budget	Budget To Date	Actual To Date	Variance To Date (underspend)
	£'000	£'000	£'000	£'000
<b>Expenditure</b>				
Employees	3,385	818	779	39
Supplies & Services	273	27	26	1
Other Agency	21	21	16	5
	7,556	1,324	1,322	2
<b>Contracts &amp; SLA's</b>				
	<b>11,235</b>	<b>2,190</b>	<b>2,143</b>	<b>47</b>
<b>Total Expenditure</b>				
<b>Income</b>				
Other Fees & Charges	-57	-16	-14	(2)
Sales Income	-44	-44	-44	0
Reimbursements & Grant Income	-166	-121	-121	0
Government Grant	-10,718	0	0	0
Transfer from Reserves	-500	0	0	0
	<b>-11,485</b>	<b>-181</b>	<b>-179</b>	<b>(2)</b>
<b>Total Income</b>				
<b>Net Operational Expenditure</b>	<b>-250</b>	<b>2,009</b>	<b>1,964</b>	<b>45</b>
<b>Recharges</b>				
Premises Support	162	40	40	0
Central Support Services	592	113	113	0
Transport Recharges	18	5	4	1
Support Income	-64	0	0	0
<b>Net Total Recharges</b>	<b>708</b>	<b>158</b>	<b>157</b>	<b>0</b>
	<b>458</b>	<b>2,167</b>	<b>2,121</b>	<b>46</b>
<b>Net Department Expenditure</b>				

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

In overall terms, the Net Department Expenditure for the first quarter of the financial year is £46,000 under budget profile.

Employee costs are currently £39,000 under budget profile. This is due to savings being made on vacancies within both of the Environmental, Public Health & Health Protection and Public Health Divisions. Some of these vacancies have been advertised and are expected to be filled in the coming months. However if not appointed to, the current underspend will continue to increase beyond this level.

### **Capital Project as at 30 June 2016**

<b>Capital Expenditure</b>	2016/17 Capital Allocation £'000	Allocation to Date £'000	Actual Spend £'000	Total Allocation Remaining £'000
Halton Recovery & Wellbeing Project	45	0	0	45
<b>Total Capital Expenditure</b>	<b>45</b>	<b>0</b>	<b>0</b>	<b>45</b>

**Comments on the above figures.**

Work is underway on the physical refurbishment of the Halton Recovery Hub in line with the grant application. The work is expected to be completed during July 2016.

## APPENDIX 2 – 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 <u>intervention or remedial action</u> taken.</i>

### Direction of Travel Indicator

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

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