

Directorate Performance Overview Report

Directorate: People Directorate (Adult Social Care / Public Health)

Reporting Period: Quarter 1 – Period 1st April – 30th June 2018

1.0 Introduction

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

2.0 Key Developments

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

Adult Social Care:

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

Following a whole-system review of the way in which the North West Boroughs' mental health services were delivered, a series of developments have taken place across the Trust footprint, to ensure safer and more effective service delivery. For Halton, this has meant the local authority, the North West Boroughs and NHS Halton Clinical Commissioning Group (CCG) working closely together to achieve the following changes:

- Changes to the provision of inpatient services in the borough, with the development of specialist inpatient resources outside Halton for people with dementia and older people with mental illnesses
- A local borough management structure has been developed, which can relate more closely to Halton strategic structures
- Work has been going on across the whole local system to develop clear care pathways to prevent mental health deterioration and reduce the need for people to access the specialist services provided by the North West Boroughs, and support more people to be maintained in their own communities
- Plans are being developed for people with extremely complex and multiple mental health needs, who may have been placed in expensive services many miles away, to be assessed and where appropriate provided with more suitable services closer to their own homes

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

This valuable specialist resource, owned by the Borough Council, has for some time been underused, after the previous tenants left, leaving the ground floor unoccupied. The Council, CCG and North West Boroughs are working closely together to redevelop the use of this facility, with each organisation committing capital funding to allow the development of a community-based assessment and crisis support service for people with mental health problems. The Council's Mental Health Outreach Team and

Community Bridge Building Team are already based in the building, and this will allow the development of stronger links between mental health services and community support services. The capital works have now been tendered out and it is hoped that the work will be completed by November 2017.

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

Following an internal review of the Council's mental health social work service works, the decision has been taken to change the way in which it delivers care and support to people with mental health problems. From autumn 2017, social workers will no longer act as formal care co-ordinators within the North West Boroughs processes, and they will only be using the council's electronic case recording system. They will continue to work alongside North West Boroughs staff, and clear pathways will be developed to ensure that the same quality of service and response is delivered, so that people who use the services will not see any changes to the way their care is delivered. The social work role will be refocused, with a clear statement of roles and tasks, and this will allow social workers to focus more on early intervention and prevention.

The way in which the Mental Health Outreach Team delivers its services has also been reviewed, as part of the process of developing improved early intervention and prevention services for people in mental distress. The team will now be focusing on specific, time-limited (up to a year) interventions, tailored specifically to an individual's identified needs, and with measurable outcomes. This is an extension of the successful pilot into a small number of local GP practices which has taken place over the past two years, and which has delivered positive outcomes in preventing mental health deterioration. The service will be open to all people with mental health problems which are affecting their ability to cope independently in the community.

Care Management

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

The project is a year-long ongoing programme following on from an initial assessment period of 3 weeks. Meridian have provided a 10 week intensive programme roll out and will subsequently follow up throughout the year to ensure progress is being made.

Meridian work in a collaborative and inclusive way and we have the opportunity to shape new ways of working as a result of their input. Staff have been actively involved in a workload supervision exercise which has been extremely useful in getting us ready for some new, improved ways of working. Our primary aim is to ensure that we establish fairness and consistency in the allocation of workload for all staff.

Team managers have been working closely with Meridian to review the thresholds and procedures within the three Care Management teams; Complex Care Runcorn, Complex Care Widnes and the Initial Assessment Team. We have been particularly interested in reviewing the allocation process, Duty systems and our internal Panel processes. We seek to share good practice across the teams to implement a more consistent approach

to these key activities. We believe that this will provide the best outcomes for our service users through increased consistency.

Quite early on in the project staff had indicated that they would prefer to spend more time working with service users rather than on administration/carefirst. It was confirmed as part of the Meridian study that a significant percentage of time is dedicated to these areas. In response to this we are looking to reduce the form filling processes. We have therefore worked, to streamline key CareFirst forms in an attempt to reduce duplication of data entry and improve the flow of key information. This is a complex and detailed piece of work as we must remain fully compliant with the Care Act whilst meeting all statutory reporting requirements as required by the Performance team, we are continuing to implement this.

We will be implementing a weekly management report to plan and monitor the Allocation and Closures of the team workers and the management of each team's desk-top. This will help us to allocate caseloads and activities in a transparent and robust manner to ensure equity and fairness for all workers. Meridian will remain with us in the teams until 21 July 2017 and after that, the project will move into an extended perpetuation phase for a full year.

The focus on the work initially has been on improving management controls within our services to support us to more accurately be able to forecast, plan, assign and follow up work. We have focused on improving our productivity in relation to undertaking reviews so that we are able to make a transition to undertaking reviews on a 6 monthly rather than annual basis. We now produce weekly productivity reports using data already available to us to help us plan review work that needs to be allocated.

By bringing reviews forward we anticipate that this will enable us to identify and plan for changes in individuals needs more effectively thus preventing a crisis and reducing the risk of people presenting either to our services or primary/secondary care.

A dedicated working group looking at strengthen on our compliance with the Care Act, A programme of updated training took place in May 2017, which was positively received. Alongside this we have devised further tools and documentation to ensure that service user communication is consistent and transparent while remaining person-centred. The developed 'conversation tool', a revised consent to share form and a refined version of the service user feedback questionnaire has been approved by SMT.

The 'conversation tool' in particular picks up on the notion of strengths-based working and is aimed at opening up dialogue through informal conversation enabling people to connect to their communities, as opposed to focusing on assessment paperwork.

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

Following on from the endorsement of the OT progression policy the team are keen to looking at improvements in working practice. A report on single-handed care was brought to SMT and further work is underway to develop this area.

Public Health:

Halton won the 'Locality award for mental health inclusion' at the PIPUK (Parent infant partnership) infant mental health awards. The award was for the collaborative work that has taken place through the Halton Health in the Early years group, on perinatal mental health, preparation for parenthood, and bonding and attachment. It was recognition of the close working between the Bridgewater midwives, Family Nurses and Health visitors, and Children's centre staff, Health improvement team, Public health and the CCG. Over the last few years the Halton Health in the early years group has worked hard to improve child development, with a focus on emotional health and is an example of good collaborative working.

We are continuing to expand on a number of pilot initiatives that have proved very successful. These include continuing to offer innovative approaches including stress management techniques and a quit buddy scheme to pregnant women to help them quit smoking. We are extending bowel screening follow up pilots to a number of other practices and have seen an increase in the numbers of people who return their sample kits to help identify bowel cancer screening earlier.

3.0 Emerging Issues

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

The Network

The pilot to assess the efficiency and impact of Waking Night staff is close to completion.

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

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

The use of this technology has allowed the service to discriminate between periods of activity and inactivity and has formed a very useful platform for determining levels of need much more accurately. Consideration will now be given as to whether this tool can be used more widely including in the authority's commissioned external services.

Halton Women's Centre:

The Halton Women's Centre, based in a borough council building in Runcorn, was first commissioned in 2008, and has been managed and delivered since then by a Warrington-based charity, the Relationship Centre. The service is the only one of its kind in the North West, delivering a range of services designed to improve the physical and mental health and wellbeing of local women. It is a highly respected and valuable service for women in the borough, which has achieved consistently positive outcomes.

Unfortunately, The Relationship Centre has had to close. However, given the importance of this service, the Council has taken over the management and running of the service,

with the previous manager therefore being able to remain in post. A review of the current service and its potential for further development will be undertaken, and decisions will then be taken about the service's long-term future.

Blue Badge:

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

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

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

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

The draft Policy will be submitted to the September HPPB.

Public Health:

Halton continue to miss the 62 day referral to treatment cancer target, while this is seen as a local and a national; priority, the local cancer system needs to ensure we are alerting people to the dangers of missing appointments, as well as ensuring that we have a cancer referral and treatment system that provides the right level of accessibility and flexibility to meet the different needs of different people, including more complex cases.

4.0 Risk Control Measures

Risk control forms an integral part of the Council's Business Planning and performance monitoring arrangements. During the development of the 2017/18 Business Plan, the service was required to undertake a risk assessment of all key service objectives with high risks included in the Directorate Risk Register.

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

Progress against high priority equality actions

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

6.0 Performance Overview

The following information provides a synopsis of progress for both milestones and performance indicators across the key business areas that have been identified by the

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

Commissioning and Complex Care Services

Key Objectives / milestones

Ref	Milestones	Q1 Progress
1A	Monitor the effectiveness of the Better Care Fund pooled budget ensuring that budget comes out on target	
1B	Integrate social services with community health services	
1C	Continue to monitor effectiveness of changes arising from review of services and support to children and adults with Autistic Spectrum Disorder.	
1D	Continue to implement the Local Dementia Strategy, to ensure effective services are in place.	
1E	Continue to work with the 5Boroughs NHS Foundation Trust proposals to redesign pathways for people with Acute Mental Health problems and services for older people with Mental Health problems.	
1F	The Homelessness strategy be kept under annual review to determine if any changes or updates are required.	
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 - Financial challenges remain. Processes in place for the monitoring of expenditure across the partnership

1b - An integrated MDT model is now developed and implemented via a series of workshops. Social Workers and District nurses have been grouped in alignments with GP Hubs with a series of workshops supporting the process.

1c - A new all-age Autism Strategy is currently in development, with an anticipated implementation date of April 2018. A working group of key officers from across health and social care covering both adults and children's services has been established. The group is currently arranging some initial consultation in the form of a survey with children and adults with autism and their families/carers in order to highlight what is working well and where there are gaps in services or improvements to be made. This will be followed up with more in-depth consultation in the form of a focus group type event where those with autism and their families/carers will determine the priority areas for action as part of the new strategy.

1d - The Halton Dementia Strategy delivery plan has been refreshed with actions to undertake over the next 12 months to 2 years. The refresh was based on consultation via a well-attended Halton Dementia Action Alliance event in March 2017. People living with dementia, carers, professionals and the voluntary and community sectors contributed. Halton's dementia diagnosis rate is currently 72%, working towards a Halton CCG identified target of 75%.

The Admiral Nurse service continues to deliver its service to the most complex local dementia carers, currently supporting in the region of 100 cases.

Halton Dementia Action Alliance are coordinating a GP dementia awareness session, to meet demand from GP practices for the national Dementia Friends Awareness session and also training to meet the requirements of the NHS Tier 1 mandatory dementia awareness training. Halton DAA have secured the services (free of charge) of a specialist dementia nurse from The Countess of Chester Hospital who devised an NHS England and Alzheimer's Society accredited training session that incorporates both the Dementia Friends and NHS T1 training. The session will take place in Halton in September 2017, and places were offered to all GP practices, with 11 practices securing places for their clinical and non-clinical staff (53 candidate confirmed).

1e - Detailed work has been taking place between the Borough Council, the North West Boroughs and NHS Halton Clinical Commissioning Group to develop an improved range of services for local people with mental health problems. Specialist inpatient services have been developed for older people with dementia and other mental health problems; pathways to intervene at an earlier stage in a person's condition, and to support people to recover effectively, are being developed, and considerable work is taking place to ensure that the people with the most complex needs can be supported in local services.

1f - The homelessness strategy review is due to be completed by March 2018, to identify key priorities and objectives for a five year period. The consultation with partner agencies has been scheduled for September 2017, which will allow partners to identify and agree the key priorities to be incorporated within the five year action. The final version of the strategy will be submitted to the relevant management boards January 2018 and will reflect economical and legislative changes to service delivery.

3a - This work aligns with the developing accountable care approach to the commissioning, contracting and performance of health and care provision in the borough

Key Performance Indicators

Older People:						
ASC 01	Permanent Admissions to residential and nursing care homes per 100,000 population 65+ <i>Better Care Fund performance metric</i>	515.3	635	55.7		
ASC 02	Delayed transfers of care (delayed days) from hospital per 100,000 population. <i>Better Care Fund performance metric</i>	519	TBC	520		
ASC 03	Total non-elective admissions in to hospital (general & acute), all age, per 100,000 population. <i>Better Care Fund performance metric</i>	3381	13,289	2211		

ASC 04	Hospital re-admissions (within 28 days) where original admission was due to a fall (aged 65+) (directly standardised rate per 100,000 population aged 65+) <i>Better Care Fund performance metric</i>	N/A	N/A	N/A	N/A as no target	N/A
ASC 05	Proportion of Older People (65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services (ASCOF 2B) <i>Better Care Fund performance metric</i>	62.12%	65%	N/A	N/A	N/A
Adults with Learning and/or Physical Disabilities:						
ASC 06	Percentage of items of equipment and adaptations delivered within 7 working days	93%	96%	64%	N/A	N/A
ASC 07	Proportion of people in receipt of SDS (ASCOF 1C – people in receipt of long term support – include brief definition) (Part 1)	74%	78%	70%		N/A
ASC 08	Proportion of people in receipt of SDS (ASCOF 1C – people in receipt of long term support – include brief definition) (Part 2) DP	44%	44%	35%		N/A
ASC 09	Proportion of adults with learning disabilities who live in their own home or with their family (ASCOF 1G)	86.90%	87%	86%		
ASC 10	Proportion of adults with learning disabilities who are in Employment (ASCOF 1E)	6.9%	7%	5.5%		
ASC 11	Out of Borough Placements – number of out of borough residential placements	32	30	N/A	N/A	N/A
People with a Mental Health Condition:						
ASC 12	Percentage of adults accessing Mental Health Services, who are in employment.	N/A	N/A	8.1%	N/A	N/A
ASC 13 (A)	Percentage of adults with a reported health condition of Dementia who are receipt of services.	52.86%	TBC	56.71%	N/A	N/A
ASC 13 (B)	Percentage of Carers who receive services, whose cared for person has a reported health condition of Dementia.	11.57%	TBC	14.75%	N/A	N/A
Homelessness:						
ASC 14	Homeless presentations made to the Local Authority for assistance In accordance with Homelessness Act 2002.	NA	500	95		

ASC 15	Homeless Households dealt with under homelessness provisions of Housing Act 1996 and LA accepted statutory duty	NA	100	12		
ASC 16	Number of households living in Temporary Accommodation	1	17	11		
ASC 17	Households who considered themselves as homeless, who approached the LA housing advice service, and for whom housing advice casework intervention resolved their situation (the number divided by the number of thousand households in the Borough)	6.62	6.00%	1.35		
Safeguarding:						
ASC 18	Percentage of VAA Assessments completed within 28 days	83.5%	88%	78%		
ASC 19	Percentage of existing HBC Adult Social Care staff that have received Adult Safeguarding Training, including e-learning, in the last 3-years (denominator front line staff only).	48%	56%	47%		
ASC 20 (A)	DoLS – Urgent applications received, completed within 7 days.	73%	80%	21%		New Measure
ASC 20 (B)	DoLS – Standard applications received completed within 21 days.	77%	80%	5.73%		New Measure
ASC 21	The Proportion of People who use services who say that those services have made them feel safe and secure – Adult Social Care Survey (ASCOF 4B)	81.30%	82%	N/A	N/A	N/A
Carers:						
ASC 22	Proportion of Carers in receipt of Self Directed Support.	99.4	TBC	73.7%		New 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>	8.10%	9	N/A	N/A	N/A
ASC 24	<i>Overall satisfaction of carers with social services (ASCOF 3B)</i>	48.90%	50	N/A	N/A	N/A
ASC	The proportion of carers who report that	78.80%	80	N/A	N/A	N/A

25	they have been included or consulted in discussions about the person they care for (ASCOF 3C)					
ASC 26	Do care and support services help to have a better quality of life? (ASC survey Q 2b) <i>Better Care Fund performance metric</i>	93.30%	93%	N/A	N/A	N/A

Supporting Commentary

Older People:

ASC 01 The current figure for Q1 is lower than for the same period last year at 74.3% which show less people are being admitted to residential / nursing care.

ASC 02 Delayed transfers of care (delayed days) from hospital per 100,000 population.
Better Care Fund performance metric

ASC 03 Q1 figure (per 100,000 all ages is 2886 actual admissions for the months of April and May only, June admissions are not available until the middle of August. The 2886 actual admissions compares favourably to the plan of 2962 and the same period last year of 2975

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

ASC 05 Annual collection only to be reported in Q4.

Adults with Learning and/or Physical Disabilities:

ASC 06 We have not received the HICES data since April 2017. The person who previously supplied the data has left and we have been unable to clarify who will provide the data; this is having a knock on effect with the figures; so comparison against this period last year cannot be made.

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

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

ASC 09 We are on track to meet this target.

ASC 10 We are on track to meet this target.

ASC 11 Definitions and sources are to be agreed, figures will be available at Q2.

People with a Mental Health Condition:

ASC 12 New Measure, further details to be provided at Q2.

ASC 13 New Measure
(A)

ASC 13 Percentage of Carers who receive services, who's cared for person, has a reported health condition of Dementia.
(B)

Homelessness:

- ASC 14 In accordance with the Homelessness legislation, all Local Housing Authorities must give proper consideration to all applications for housing Assistance. If they have reason to believe that an applicant may be homeless or threatened with homelessness, they must make inquiries to see whether they owe them any duty under Part 7 of the Housing 1996 Act.
The Local Authority anticipates a gradual increase in Homelessness. The figure identified for quarter one is generally low, due to identified client trends.
- ASC 15 Part 7 of the 1996 Act sets out the powers and duties of housing authorities where people apply to them for assistance in obtaining accommodation. The 2002 The Local Authority has a statutory duty to provide both temporary and secure accommodation to clients accepted as statutory homeless. The figures are generally low, which is due to the high level of officer activity and initiatives to prevent homelessness.
- ASC 16 National and Local trends indicate a gradual Increase in homelessness, which will impact upon future service provision, including temporary accommodation placements.
The changes in the TA process and amended accommodation provider contracts, including the mainstay assessment, have had a positive impact upon the level of placements and positive move on process.
The Housing Solutions Team is community focused and promote a proactive approach to preventing homelessness.
The emphasis is focused on early intervention and empowerment to promote independent living and lifestyle change
- ASC 17 The Housing Solutions Team promotes a community focused service, with emphasis placed upon homeless prevention.
The officers now have a range of resources and options that are offered to vulnerable clients threatened with homelessness. The team strive to improve service provision across the district.
Due to the early intervention and proactive approach, the officers have continued to successfully reduce homelessness within the district.

Safeguarding:

- ASC 18 At quarter 1 we are in a good position to achieve the target overall
- ASC 19 If this figure is correct we are in a really good position to exceed last year's figures and meet the new target
- ASC 20 (A) This is a new indicator. The majority of urgent requests are often inappropriate due to people being discharged from hospital during the assessment period
- ASC 20 (B) The number of referrals is outstripping capacity. Action plan is addressing the backlog and a new prioritisation programme has been introduced to target the most in need

ASC 21 Annual collection only to be reported in Q4.

Carers:

ASC 22 New Measure

ASC 23 Annual collection only to be reported in Q4.

ASC 24 Annual collection only to be reported in Q4.

ASC 25 Annual collection only to be reported in Q4.

ASC 26 Annual collection only to be reported in Q4.

Public Health

Key Objectives / milestones

Ref	Milestones	Q1 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 focuses on a universal preventative service, providing families with a programme of screening, immunisation, health and development reviews, and health, well-being and parenting advice for ages 2½ years and 5 years.	
PH 02b	Maintain the Family Nurse Partnership programme.	
PH 02c	Facilitate the implementation of the infant feeding strategy action plan	
PH 03a	Expansion of the Postural Stability Exercise Programme.	
PH 03b	Review and evaluate the performance of the integrated falls pathway.	
PH 04a	Work in partnership to reducing the number of young people (under 18) being admitted to hospital due to alcohol	
PH 04b	Raise awareness within the local community of safe drinking recommendations and local alcohol support services through delivering alcohol awareness campaigns, alcohol health education events across the borough and ensuring key staff are trained in alcohol identification and brief advice (alcohol IBA	
PH 04c	Ensure those identified as having an alcohol misuse problem can access effective alcohol treatment services and recovery support	
PH 05a	Monitor and review the Mental Health Action plan under the Mental Health Governance structures (covering actions to promote mental health and wellbeing and the early detection and effective treatment of mental health conditions.	
PH 05b	Implementation of the Suicide Action Plan.	

PH 01a Increase the uptake of smoking cessation services and successful quits among routine and manual workers and pregnant women
The throughput of clients accessing Halton Stop Smoking Service between April 2017 to June 2017 (Q1) compared to the same period in 2016 is showing a decrease from 255 to 216 so far. However, most Stop Smoking Services are experiencing a reduction in throughput at this time.
The quit data for Q1 is incomplete as 4 week outcomes for some clients are still outstanding due to the length of the programme delivered over a 12 week period. Halton's smoking prevalence at time of delivery for pregnant women (SATOD) indicates a reduction from 15% in Q1 2016/17 to 13% in Q1 2017/18.

Halton CCG has received £75,000 of funding from NHS England for use in this financial year (2017/18) to reduce maternal smoking rates. An action plan with focussed outcomes has been developed outlining joint proposals for the use of this funding for evidence based effective interventions to reduce maternal smoking.

PH 01b Work with partners to increase uptake of the NHS cancer screening programmes (cervical, breast and bowel)

The 2 year Cheshire and Merseyside Cancer Screening Task force has now finished, though Halton is continuing to work alongside local partners within the Cancer Alliance, including the Prevention and Early Detection Boards, and within local LDS Cancer groups to ensure that there is a joint focus on improving cancer screening. We continue to work with local PHE Screening and Immunisation Team to develop practice specific plans to help identify where local practice performance may be below expected and develop targeted plans for improvement.

Uptake of breast and cervical cancer screening is increasing slightly against a nationally decreasing trend. Local Bowel Cancer screening has seen a significant increase following local targeted activity to increase participation.

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.

Referral to treatment targets were not met. Analysis of significant breaches suggest complex cases and diagnostic, alongside patient choice as a causal factor. National focus on improving 62 day target achievement by September 2018 and work across the Cancer Alliance should help improve patient flow and access to timely and appropriate diagnostics.

PH 02a Facilitate the Healthy child programme which focusses on a universal preventative service, providing families with a programme of screening, immunisation, health and development reviews, and health, well-being and parenting advice for ages 2½ years and 5 years.

The health child programme is being combined under one specification for children aged 0-19, (25 with special educational needs). The procurement process for this new programme is under way. The specification will include health visiting, Family Nurse partnership, School Nursing, NCMP, Vision and hearing screening, and immunisations. The vaccination and Immunisation component of the programme is commissioned by NHS England. The new integrated specification should improve consistency of approach, streamline services and improve efficiencies.

Child development is a priority area for being developed. The commissioned

independent report into child development and the outcomes from the themed Ofsted visit have been used to form the framework for the action plan. Recently published school readiness data for 2015/16 shows a 7% improvement in Halton, narrowing the gap with England.

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

PH 02b Maintain the Family Nurse Partnership programme.

Family Nurse Partnership is fully operational with a full caseload; it continues to work intensively with first time, teenage mothers and their families. The service works with some very complex cases and is building their multidisciplinary links across a wide range of agencies, to improve outcomes for these families. The service will be an integral part of the new 0-19 Service.

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

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

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

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

PH 03a Expansion of the Postural Stability Exercise Programme.

The Falls Prevention Pathway has seen the development of the 'Age Well programme' which positions itself at both ends of the falls continuum i.e. as part of the treatment pathway for somebody who has fallen or as an initial entry point for those who are at risk of falling. The 'Age Well' programme currently delivers six classes per week on a rolling programme with a review every 15 weeks up to 45 weeks in total for each client. To date over 200 people have accessed the programme with 92% of clients showing improvements in strength, balance and gait at 3rd review. Recent developments have seen the integration of Sure Start to Later Life and SCIP workers at first & final review to address frailty & social engagement aspects for clients.

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

A review of the integrated falls pathway was undertaken via a multi-agency implementation group involving all key stakeholders and service user representatives. Access to treatment services and the patient journey has been

reviewed in order to streamline processes and to release capacity within the system. As an outcome of the review the FRAT (Falls Risk Assessment Tool) has been embedded into frontline practice across the Health and Social Care system including primary care (social workers, IAT, Complex care, hospital discharge teams, district nursing and intermediate care assessments) and is now part of the SAQ on Care First. To date there has been an increase in the usage of FRAT by at least 20%.

As a result of this work the number of people accessing the falls service has increased three-fold from 2011/2012 baseline (223 per annum to 750+ per annum). This number includes a rise in the number of people referred post fall from hospital into the falls prevention service.

- PH 04a** Work in partnership to reducing the number of young people (under 18) being admitted to hospital due to alcohol
Good progress continues to be made in reducing the number of young people being admitted to hospital due to alcohol. Key activity includes:
- Delivery of alcohol education within local school settings (Healthitude, R U
 - Different, Amy Winehouse Foundation, Cheshire Police, Alcohol education Trust, wellbeing web magazine).
 - Delivery of community based alcohol activity.
 - Delivering early identification and brief advice (alcohol IBA) training and resources for staff who work with children and young people).
 - Running the Halton Community Alcohol Partnership which brings together partners to reduce underage drinking and associated antisocial behaviour.

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

- PH 04b** Raise awareness within the local community of safe drinking recommendations and local alcohol support services through delivering alcohol awareness campaigns, alcohol health education events across the borough and ensuring key staff are trained in alcohol identification and brief advice (alcohol IBA)

Work continues to raise awareness among the local community of safe drinking recommendations and to train staff in alcohol identification and brief advice (alcohol IBA).

- PH 04c** Ensure those identified as having an alcohol misuse problem can access effective alcohol treatment services and recovery support
CGL continue to support individuals with alcohol misuse problems in Halton and support their recovery. During Q4, the service received 73 new referrals for alcohol only (50) or alcohol and non-opiate problems (23). Local data suggests that by the end of Q4 120 individuals were engaged in structured treatment where alcohol was the primary concern, and 78 were involved in post treatment recovery support. A further 46 clients were in receipt of support for non-opiate and alcohol problems. For Q4, 38.7% of individuals who have commenced extended brief interventions (EBI) have completed successfully.

Monitor and review the Mental Health Action plan under the Mental Health

PH 05a Governance structures (covering actions to promote mental health and wellbeing and the early detection and effective treatment of mental health conditions.

A review of the mental health action plans is taking place for each thematic group and these will be reviewed at the next Oversight group.

PH 05b Suicide action plan is being updated to reflect recent national progress and strategy changes. Training has been rolled out across partner agencies and Champs will be applying for regional suicide safe accreditation within the near future.

Key Performance Indicators

Ref	Measure	16/17 Actual	17/18 Target	Q1	Current Progress	Direction of travel
PH LI 01	A good level of child development (% of eligible children achieving a good level of development at the end of reception)	61.9% (2015/16)	65.0% (2016/17)	Annual data only	N/A	N/A
PH LI 02a	Adults achieving recommended levels of physical activity (% adults achieving 150+ minutes of physical activity)	48.5% (2015)	49.0% (2016)	Annual data only	N/A	N/A
PH LI 02b	Alcohol-related admission episodes – narrow definition (Directly Standardised Rate per 100,000 population)	841.7 (2015/16)	841.7 (2016/17)	Annual data only	N/A	N/A
PH LI 02c	Under-18 alcohol-specific admissions (crude rate per 100,000 population)	55.5 (2013/14-2015/16)	54.1 (2014/15-2016/17)	Currently Annual data	N/A	N/A
PH LI 03a	Smoking prevalence (% of adults who currently smoke)	16.6% (2016)	16.2% (2017)	Annual data only	N/A	N/A
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>	92.0 (2016)	89.8 (2017)	85.5 (Apr '16 – Mar '17)	U	
PH LI 04a	Self-harm hospital admissions (Emergency)	341.5 (2015/16)	332.3 (2016/17)	Currently Annual	N/A	N/A

	admissions, all ages, directly standardised rate per 100,000 population)			data		
PH LI 04b	Self-reported wellbeing: % of people with a low happiness score	12.7% (2015/16)	11.1% (2016/17)	Annual data only	N/A	N/A
PH LI 05	Mortality from all cancers at ages under 75 (Directly Standardised Rate, per 100,000 population) <i>Published data based on calendar year, please note year for targets</i>	177.2 (2016)	169.2 (2017)	184.1 (Apr '16 – Mar '17)	U	
PH LI 06ai	Male Life expectancy at age 65 (Average number of years a person would expect to live based on contemporary mortality rates) <i>Published data based on 3 calendar years, please note year for targets</i>	17.3 (2013-15)	17.6 (2014-16)	Annual data only	N/A	N/A
PH LI 06aii	Female Life expectancy at age 65 (Average number of years a person would expect to live based on contemporary mortality rates) <i>Published data based on 3 calendar years, please note year for targets</i>	18.8 (2013-15)	19.1 (2014-16)	Annual data only	N/A	N/A
PH LI 06b	Falls and injuries in the over 65s (Directly Standardised Rate, per 100,000 population; PHOF definition)	3016. (2015/16)	3000.5 (2016/17)	Currently Annual data	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)	72.2% (2015/16)	75.0% (2016/17)	Annual data only	N/A	N/A

Supporting Commentary

PH LI 01 A good level of child development (% of eligible children achieving a good level of development at the end of reception)

New data not yet available but direction of travel shows significant improvements in Halton and narrowing the gap between Halton and England

PH LI 02a Adults achieving recommended levels of physical activity (% adults achieving 150+ minutes of physical activity)

No new data available but direction of travel suggests that more adults are undertaking greater levels of physical activity locally

PH LI 02b Alcohol-related admission episodes – narrow definition (Directly Standardised Rate per 100,000 population)

New data not available.

PH LI 02c Under-18 alcohol-specific admissions (crude rate per 100,000 population)

No new recent data but current annual data shows improvements.

PH LI 03a Smoking prevalence (% of adults who currently smoke)

Current data suggests a continues small improvement in the number of people who smoke in Halton

PH LI 03b Mortality from cardiovascular disease at ages under 75 (Directly Standardised Rate per 100,000 population) *Published data based on calendar year, please note year for targets*

Currently achieving target, but too early in the year to state whether we will achieve target.

PH LI 04a Self-harm hospital admissions (Emergency admissions, all ages, directly standardised rate per 100,000 population)

Data not available to comment at the present time

PH LI 04b Self-reported wellbeing: % of people with a low happiness score

Data not available to comment at the present time

PH LI 05 Mortality from all cancers at ages under 75 (Directly Standardised Rate, per 100,000 population) *Published data based on calendar year, please note year for targets*

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

PH LI 06ai Male Life expectancy at age 65 (Average number of years a person would expect to live based on contemporary mortality rates) *Published data based on 3 calendar years, please note year for targets*

Data not available to comment at the present time

PH LI 06aii Female Life expectancy at age 65 (Average number of years a person would expect to live based on contemporary mortality rates) *Published data based on 3 calendar years, please note year for targets*

Data not available to comment at the present time

PH LI 06b Falls and injuries in the over 65s (Directly Standardised Rate, per 100,000 population; PHOF definition)

Data not available to comment at the present time

PH LI 06c Flu vaccination at age 65+ (% of eligible adults aged 65+ who received the flu vaccine, GP registered population)

Current data suggests a slow local annual decline in the number of people 65+ who take up the

offer of seasonal flu vaccination. This reflects a regional and national pattern.

APPENDIX: Explanation of Symbols

Symbols are used in the following manner:

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

Direction of Travel Indicator

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

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