

Health PPB Thematic Performance Overview Report

Directorate: Communities Directorate

Reporting Period: Quarter 4 – Period 1st January 2013 to 31st March 2013

1.0 Introduction

This report provides an overview of issues and progress for the Health PPB that have occurred during the fourth quarter 2012/13. It describes key developments and progress against key objectives and performance indicators for the service.

Given that there are a considerable number of year-end transactions still to take place, and in order to avoid providing information that would be subject to further change and amendment, it has not been possible to include Financial Summaries within this report.

The final 2012 / 13 Departmental Financial Statements will be prepared once the Council's year-end accounts have been finalised and made available via the Council's Intranet. A notice will also be provided within the Members' Weekly Bulletin as soon as they are available.

2.0 Key Developments

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

I PREVENTION AND ASSESSMENT SERVICES

Care Management and Assessment Services

The care management and assessment service was reconfigured to create a dedicated multi-disciplinary duty function team, now the 'Initial Assessment Team' (IAT), responsible for all new referrals, screening, signposting and initial assessments. There are two Operational teams dealing with complex work, (one in Widnes and one in Runcorn). The Social Care in Practice Team (SCIP) has been funded by the Clinical Commissioning Group (CCG) for a further year. This will ensure the teams are support to develop to become locality based care management teams, aligned to GP practices across Widnes and Runcorn

The "care and support for you" portal.

There is on-going development of an online, "Care and Support for You" portal. This is a website where you can easily find lots of information about Adult Social Care Support and Services to help you get on with your life and keep your independence. 'Care and Support for You' delivers information and advice, signposting citizens to the relevant information, and towards enabling self-assessment and self-directed support. The portal has now gone LIVE with over 3,000 organisations now available in the public domain. 'Care and Support for You' is also being used by our care management teams to signpost citizens to the relevant information required. System Administration access has been given to a number of providers for them to amend and change information on their own service page; this enables the information on the website to up to date. A marketing plan is being finalised. Once this has been done we can then deliver workshops to the public, clients

and external organisations to promote the website. 'Care and Support for You'. The portal was also advertised in the Easter edition of 'Inside Halton'

Integrated Care Homes Support Team

Within Halton, plans are in place to develop a multi-disciplinary 'Care Home Support Team' to provide additional support to residential and nursing homes, initially as a 12 month pilot project. The team will act as a bridge to support care homes to access existing health services, such as G.P's Community nurses, Geriatricians etc. It will work closely with the local authority Quality Assurance and Contract monitoring Services and the newly developed Safeguarding Unit. The service will have an educational role and provide enhanced support/training to care homes to improve overall standards of care and competencies within the care home sector. Staff are now recruited and the team is being established.

Learning Disability Partnership Board Annual Self-Assessment

The 2012/13 assessment of Halton's progress in implementing the Government "Valuing People Now" strategy submitted in September 2012 and validated in November 2012 by the strategic health authority.

Results for 2011 and 2012

	2011 Halton and St Helens (PCT)	2012 Halton
Green	2	13
Amber	12	13
Red	6	1

Green indicates aspects of service provision that exceeded the standard, amber indicates the standard was met and red indicates there was insufficient evidence to show the standard was met. The 1 red area for 2012 was in relation to comprehensive health checks.

The SHA panel highlighted the following as areas good work had been undertake:

- Response to Winterbourne View.
- Transformation of services.
- Quality assurance and contract monitoring.
- Equalities; pilot site for Hate Crime.
- Robust governance.
- Positive Behaviour Support Service
- Impressed by the level of evidence we were able to submit.

An Action Plan co-owned by the Council and CCG will be developed to continue to with the improvements achieved in 2013. Halton will monitor progress against the action plan via the LD Quality and Performance Board reporting to the LD Partnership Board, which is Chaired by Councillor Marie Wright and CCG Quality and Integrated Governance Committee.

Winterbourne View Review Concordat: Programme of Action was published by the Department of Health in December 2013. Halton CCG and Council are in the process of developing a localised action plan – this will be monitored through the LD quality and

performance then reported to the LD Partnership Board and CCG Quality and Integrated Governance Committee.

- By April 2014, each area will have a joint plan to ensure high quality care and support services for all people with learning disabilities or autism and mental health conditions or behaviour described as challenging, in line with best practice as a consequence; there will be a dramatic reduction in hospital placements for this group of people.
- The Council has continued to work with health colleagues to review all out of area placements regardless of funding arrangements.
- Halton have a strategic task group set up to ensure those placed out of area are managed and monitored appropriately with professionals tasked with reassessing those individuals to enable them return to Halton. This work has been on-going with successful placements now achieved locally with the co work of the care management teams, health colleagues and the PBSS team.

Learning Disability Nursing Team

The Learning Disability Nursing Team have successfully registered with CQC for the treatment of disease, disorder and injury. Lisa Birtles-Smith is the registered manager. The team continue to work proactively with individuals, their family, carers and professionals such as GPs, allied Health professionals etc.

Progress:

- The men's group is currently taking place with a good number of attendees
- The Friendships and Relationships training via the Learning Disability Training Alliance has taken place, including 3 self-advocates co-facilitating the sessions. The feedback has been excellent and further sessions are planned for the forthcoming year. A number of care managers have attended, who have not previously worked with people with a Learning Disability.
- The walks in the park are continuing with 4 people in attendance regularly. This is being advertised following the success of the trial.
- The first session for SPARC on their 'true grit' project was delivered and a second one planned. This group of young people are some who may not require paid services but need to manage their own health. A second session is planned for the end of April.
- The Big Health Day was attended and presented at by team members. Self-advocates in Halton knew what the team were able to offer and many had positive things to say about the support they had received.
- The team have supported people to remain at home rather than be admitted to inpatients services
- Those individuals who have been admitted to inpatient services, have been monitored throughout their stay via face to face contact with the nursing team, and supported to be discharged with positive prevention plans to reduce the risk of further admissions.
- There have been over 342 referrals to the team from 28th May 2012 to date.
- The team have carried out specialists assessments and interventions, primarily in behaviour, epilepsy and dementia
- The team are working within the pro-active draft dementia pathway for people with Downs Syndrome.

Health Improvement Team

Work has progressed over the last twelve months in response to the government's vision for the need to develop a new, integrated and professional public health system. As such HBC, HCCG and Bridgewater Community NHS Trust have been reviewing the current approach to the delivery of Health Improvement Services delivered by both health and local authority providers. One of the areas specifically addressed has been to align the services provided by the Health Improvement Team (Older People) based at Bridgewater Community NHS Trust to those provided by HBC's Sure Start to Later Life. Building on this and other developments such as the work taking place on Falls Prevention and the Community Wellbeing Practice initiative, further work has taken place on the development of an overall model for the delivery of Health Improvement Services across Halton in the future. It is anticipated that the Service (being implemented from April 2013) will play a significant role in addressing the five priorities contained in Halton's Health and Wellbeing Strategy. The new Service will bring significant benefits through increasing efficiency, improving the patient experience, introducing a consistent approach and changing the culture to one of joint ownership and strong partnership working.

Public Health

Preparation for the transfer of Public Health has been on-going since March 2012. This has included a review across NHS Merseyside which is made up of the 4 Primary Care Trusts of Halton & St Helens, Knowsley, Liverpool and Sefton of all Public Health functions and services.

Halton Borough Council has developed and led a Transition Group chaired by the Director of Public Health which has overseen the safe transfer of all necessary functions including staff transfer and measures letter, public health reports, information governance, emergency resilience, contracts, data connections, risk register, budget transfer and final Public Health Annual Report.

Halton Community Alarm Service

Halton Community Alarm Service was inspected by the Telecare Services Association and has, for the third year on the run, achieved platinum accreditation. This will help to assure service-users, their families and carers that they are in receipt of a quality service they can rely on.

Personalisation

Halton joined the Putting People First Consortium, In Control, and Lancaster University to undertake a local survey on personalisation. The responses have helped to find out how personal budgets and direct payments are working within Halton and what further improvements need to be made. It is anticipated that this survey will be undertaken next year in order to assess progress.

Falls

A joint review between Halton CCG and Halton Borough Council of the falls pathway and associated services in the borough commenced in 2012. Involving key stakeholders, the review is looking at national guidance and demand and capacity to ensure all the elements that support falls prevention are in place. This work has been complemented by the Health Policy and Performance Board Scrutiny review of falls services within the borough

Complex Care Joint Working Agreement

Halton Borough Council and Halton CCG have agreed to a Pooled Budget covering services commissioned for adults with complex needs. The purpose of the pool is to support a joined up approach to delivering effective, high quality, safe and efficient services. During 2013/14 the two organisations will continue to develop the assessment and commissioning elements of the pool.

Adult Safeguarding

In 2012 an Integrated Safeguarding Unit was developed using temporary funding. The work of the unit has been evaluated and demonstrates that this approach has improved the timeliness and quality of the investigation and management of critical safeguarding issues with a focus on multi-agency working. The unit has also supported Halton's Adult Safeguarding Board and key stakeholders in improving the outcomes for people who use services and their families and carers. Halton CCG and Halton Borough Council have agreed ongoing funding for the unit.

II COMMISSIONING AND COMPLEX CARE SERVICES

Domestic Abuse

Executive Board have agreed the priority is to improve the existing refuge provision and consider options for remodelling. Meetings have been held with Riverside/ECHG and draft plans for remodelling the building have been produced. We are currently waiting for Riverside/ECHG Board to approve the capital funding required for the service improvements.

Commissioners and the Domestic Violence Co-ordinator have been working with colleagues in Halton CCG to develop a Perpetrator Scheme to address abusive behaviour and to prevent incidence of repeat abuse. It is proposed that the scheme will be provided through Self-Help, a third sector Provider contracted by Halton CCG to deliver the Improved Access to Psychological Therapies Service (IAPT). Four members of staff will be trained under the respect programme to provide High Intensity Therapy. The service will have capacity to deliver a 26 week programme to eight Perpetrators. Subject to completion of the necessary training it is proposed that the service will be piloted in July 2013.

Homelessness

The remodelling of Orchard House into an integrated Crisis Intervention Service with YMCA Nightstop service is on hold pending confirmation from the Homes and Communities Agency (HCA) that funding has been awarded to build a new homeless hostel in Widnes.

Mental Health Services

Over the past Quarter, the service reconfiguration within the 5Boroughs has begun to settle in. All staff are now in their new teams and work is starting within the Recovery service to ensure that cases are transferred to the appropriate care co-ordinator, according to whether they have a primary health or social care need. Early indications from the redesign are that more people are being supported in the community than before and that there is less of a demand on inpatient services. This will be the subject of continuing evaluation.

Section 136 Mental Health Act 1983: these are powers which allow the police to detain in a place of safety someone found in a public place who appears to have a mental health problem which would place themselves or other people at risk. Work continues with the

police to develop a policy and procedure for these police powers which can operate across the Cheshire footprint. A county-wide group, chaired by an Assistant Chief Constable, meets regularly to deliver this. Additional work is going on within this group to look at the outcomes of referrals by the police of members of the public about whom they have general concerns as to their welfare.

Emergency Duty Team (EDT): the scoping work to consider the appropriateness of another Local Authority joining the EDT Partnership has continued, and a formal request has now been made by that Authority to take this work forward. This will be considered by the Directorate and the EDT Partnership Board, to identify further steps to take.

Interface with children's services: the Directorate continues to engage with the various developmental and practical agendas within children's services, including full involvement in the safeguarding children process, the development of the Inspiring Families programme, the continuing development of the wider team around the Family approach, and the preparation for any forthcoming inspection.

Social Work Reform Board: work has been continuing within the Directorate to deliver the recommendations of the social work reform board, in conjunction with children's services. Four newly-qualified social workers from within the Directorate are now undertaking the first Assessed and Supported Year in Employment (ASYE), which is a rigorous process designed to ensure that professional training and education continues beyond the immediate qualification period, and that staff are fully equipped for their work. A review of the council's position against the national standards for employers of social workers has now been undertaken and work on this will be taken forward in the next Quarter within both Directorates.

Supported Housing Project

In preparation for the tender of Supported Living Services for People with Learning Disabilities and Mental Health Issues, a multi-disciplinary task and finish group has been established. The core function of the group will be to carry out reviews of people in receipt of a service and to quality assure the current providers. This information will be used to evaluate how assessed needs are currently being met and whether this represents value for money, whilst ensuring quality and safety of provision is of a high standard and values are maintained. Learning will then inform the development of the new service specification.

II

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:-

I COMMISSIONING AND COMPLEX CARE SERVICES

Mental Health Services

Work is continuing to implement a pilot programme for the Mental Health Outreach Team within Primary Care, to support people with lower level needs, intervening at an earlier stage to prevent a harmful deterioration in their condition. The project has been approved in principle by the Clinical Commissioning Group; some additional development work needs to take place but it is anticipated that the project will start within the next Quarter.

II PREVENTION AND ASSESSMENT SERVICES

Deprivation of Liberty Safeguards

From 1st April 2013 Local authorities will become the Supervisory Body for the Deprivation of Liberty Safeguards in hospitals - a role currently undertaken by Primary Care Trusts. Hospitals will apply to local authority Supervisory Bodies where they think they may need to deprive a patient of their liberty to treat them.

The Independent Living Fund (ILF) has published details of its transfer review programme, which it has designed in partnership with stakeholders to deliver an effective transfer of support for ILF users. This follows the Government announcement to close the ILF on 31 March 2015 and transfer responsibility for supporting ILF users to local authorities in England. Work is being undertaken locally to support this transfer programme.

Vision Services

In order to check progress in delivering the UK Vision strategy, SMT are supporting a Joint Review of Halton Low Vision Services. A report went to the Clinical Commissioning Group requesting their support for the review to be included in the 2013/14 work programme. And this has been agreed.

Learning Disability Nurses

The Nursing team have identified via the Friendships and Relationships training they have recently delivered, that Learning Disability awareness training would be beneficial across the council and other providers. A course is being developed and will be delivered within the next 3 months.

Urgent Care

The development of a joint Urgent Care Strategy between Halton Borough Council and Halton CCG has supported a number of work areas that will improve people's use of urgent care services. During 2013 wider consultation will be undertaken to support the development of services within the borough to provide suitable alternatives for people who currently to attend and are admitted to acute hospitals.

Community Multi-disciplinary Teams

During 2013/14 work will commence to develop community based Multi-disciplinary Teams focused around GP practices and neighbourhoods. Bringing together staff from different professional groups and organisations in the borough to jointly assess and plan treatment, care and support for people with long term conditions and frailty this development will support Halton CCG and Halton Borough Council to commission services that deliver care closer to people's homes.

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 2012/13 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 has been undertaken during Quarter 4. Progress against the application of the risk treatment measures is reported at the end of the report.

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.

I Commissioning and Complex Care Services

Key Objectives / milestones

Ref	Milestones	Q4 Progress
CCC1	Conduct a review of Homelessness Services to ensure services continue to meet the needs of Halton residents Mar 2013 (AOF4)	
CCC1	Monitor effectiveness of changes arising from review of services and support to children and adults with Autistic Spectrum Disorder. Mar 2013 . (AOF 4)	
CCC1	Implement the Local Dementia Strategy, to ensure effective services are in place. Mar 2013 . (AOF 4)	
CCC1	Implement 5Boroughs NHS Foundation Trust proposals to redesign pathways for people with Acute Mental Health problems and services for older people with Mental Health problems. Mar 2013 (AOF 4)	
CCC1	Work with Halton Carers Centre to ensure that Carers needs within Halton continue to be met. Mar 2013 (AOF 4)	
CCC2	Ensure Healthwatch is established and consider working in partnership with other Councils to deliver this. Mar 2013 (AOF 21)	
CCC2	Continue to negotiate with housing providers and partners in relation to the provision of further extra care housing tenancies, to ensure	

Ref	Milestones	Q4 Progress
	requirements are met (including the submission of appropriate funding bids). Mar 2013 (AOF18 & 21)	
CCC2	Update the JSNA summary of findings, following community consultation, to ensure it continues to effectively highlight the health and wellbeing needs of people of Halton. Mar 2013 (AOF 21 & AOF 22)	
CCC3	Consider with our PCT partners the recommendations and implications of the review of Halton's section 75 agreement in light of the publication of the Government White Paper 'Equity and Excellence: Liberating the NHS'. Mar 2013. (AOF21, AOF 24 & AOF 25)	

SUPPORTING COMMENTARY

Review of Homelessness Services

A draft review of homelessness services was completed February 2013 and a consultation event was held on 27th March 2013. The event allowed the authority to consult with all stakeholders which was considered a successful day and all the consultation details will be included in the final review document. It is anticipated that the Strategy review and Action Plan will be completed and circulated by August 2013 and the relevant Homeless Forum Sub Groups and Strategic Commissioning Group will form part of the development and implementation of the strategic review process.

Autistic Spectrum Disorder

Review recently updated and is on target.

Local Dementia Strategy

There are a small number of actions from the original dementia strategy that have not been implemented, however, the strategy and all actions have been reviewed and the strategy is being refreshed. This refresh will include a number of new actions mainly relating to the effective use of the dementia pathway as well as the commissioning of the new Later Life and Memory Service planned for June 2013.

5Boroughs NHS Foundation Trust Mental Health redesign proposals

The 5 Boroughs Partnership has successfully completed its first full quarter of service since the redesign of the Acute Care Pathway. Initial findings have been extremely positive in both the quality and the timeliness of delivery of care. Progress will continue to be monitored. The redesign of the Later Life and Memory Service for older people is currently being undertaken. Findings from an agreed pilot in Wigan have been analysed and implementation plans for Halton have been developed. The redesign will be in place by April 2013.

Carers Centre

The Directorate continues to work closely with the Carers Centre to ensure that the highest quality support is delivered to local carers. A review of the way that assessments of carers needs take place across a range of agencies has been agreed, as has a review of the performance requirements for reporting activity on carers breaks, and these reviews will start in the next Quarter.

Establishment of Local Healthwatch

Healthwatch Halton went live on April 1st. The organisation has been set up as a community interest company and two non-paid Directors have been recruited. The contract and service specification has been completed and a separate tender exercise to commission the

Independent Complaints Advocacy Service took place with Liverpool City Council as the lead commissioner. A six month action plan is being developed to ensure statutory workload is managed and completed.

Development of Extra Care Housing Provision

Bids have been submitted to the Homes and Communities Agency for two extra care schemes, each of 50 units, on land at Halton Brook and Pingot. The outcome of the bids is expected in May 2013.

Joint Strategic Needs Assessment

Completion of the summary JSNA 2012 has been delayed due to delays in publication of nationally verified data.

Data has been updated e.g. hospital admissions and GP QOF data. This is available on the public health page of the HBC intranet (public health evidence & intelligence/JSNA).

An in depth needs assessment of children & adults with autism and learning disabilities is in development, due for completion July 2013.

A completion date for the summary has not yet been agreed but is likely to be May 2013.

Section 75 Agreements

Aligning Public Health, the Clinical Commissioning Group and Directorate priorities is underway. The Executive Board has approved a proposal to establish a pooled budget across Health and Social Care. Work is also underway of reviewing commissioning priorities across Health and Social Care.

As an example the new integrated strategy for Mental Health is being developed.

Key Performance Indicators

Ref	Measure	11/12 Actual	12/13 Target	Q4	Current Progress	Direction of travel
<u>CCC 6</u>	Adults with mental health problems helped to live at home per 1,000 population (Previously AWA LI13/CCS 8)	3.97	3.97	3.23		
<u>CCC 7</u>	Total number of clients with dementia receiving services during the year provided or commissioned by the Council as a percentage of the total number of clients receiving services during the year, by age group. (Previously CCC 8)	3.4%	5%	4.0%		
<u>CCC 8</u>	The proportion of households who were accepted as statutorily homeless, who were accepted by the same LA within the last 2 years (Previously CCC 9).	0	1.2	0		
<u>CCC 9</u>	Number of households living	6	12			

	in Temporary Accommodation (Previously NI 156, CCC 10).			6		
CCC 10	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) (Previously CCC 11).	4.71	4.4	5.42		
CCC 11	Carers receiving Needs Assessment or Review and a specific Carer's Service, or advice and information (Previously NI 135, CCC 14).	21.64%	25%	18.87 %		

Supporting Commentary

CCC 6

Although this indicator has reduced, the actual numbers of people concerned are small. There are two main reasons for this – the overall adult population figures for Halton have increased as a result of the latest census (which reduces the overall proportion of people who are receiving a service), and redesign of the service provided by the 5Boroughs means that a number of people have been discharged back into primary care services. This means that the service is now targeted more effectively on those people who most need care and support from social workers.

CCC 7

Target not met, however performance for Q4 is better than performance reported in Q4 in the previous year (3.4%).

It is clear that there are issues on how dementia is recorded within Carefirst. This is particularly challenging as people diagnosed with dementia may well have dual diagnosis and this would be how they are categorised on Carefirst.

In addition, there has been a significant increase in the number of people supported by both 5 Boroughs Partnership and the Alzheimer's Society, but neither cohort is currently recorded on Carefirst. A solution to this is being sought.

CCC 8

The Authority signed up to the Merseyside Sub Regional, No Second Night Out scheme in 2012. The service provides an outreach service for rough sleepers and has a close working partnership with Halton to identify and assist this vulnerable client group.. The Authority will continue to strive to sustain a zero tolerance towards repeat homelessness within the district.

CCC 9

Established prevention measures are in place and the Housing Solutions team will continue to promote the services and options available to clients.

There has also been a change in the TA process and accommodation provider

contracts. The emphasis is now focused on independence, which has developed stronger partnership working and contributed towards an effective move on process for clients. The Authority will strive to sustain the reduced TA provision.

CCC 10

The Housing Solutions Team promotes a community focused service. During the last 2 years there has been an increase in prevention activity, as officers now have a range of resources and options to offer clients threatened with homelessness. Due to the proactive approach, the officers have continued to successfully reduce homelessness within the district.

CCC 11

Performance in this area has dipped this year. This is mainly due to major reorganisation in the way social work services have been set up, which has meant that some performance delivery has reduced. A project is currently being established to look at how carers assessments can be delivered more efficiently in 2013-14, and how this links in a more structured way to services delivered by the Carers Centre, and this is expected to lead to an improvement in performance.

II Prevention and Assessment Services

Key Objectives / milestones

Ref	Milestones	Q 4 Progress
PA1	Support the transition of responsibility for Public Health and Improvement from NHS Halton & St Helens to Halton Borough Council. Mar 2013. (AOF 2 & 21)	
PA1	Implementation of the Early Intervention/Prevention strategy with a key focus on integration and health and wellbeing. Mar 2013. (AOF 3 & 21)	
PA1	Review current Care Management systems with a focus on integration with Health (AOF 2, AOF 4 & AOF 21) Aug 2012	
PA1	Continue to establish effective arrangements across the whole of Adult Social Care to deliver Self-directed support and Personal Budgets. Mar 2013 (AOF 2, AOF 3 & AOF 4)	
PA1	Continue to implement the Local Affordable Warmth Strategy, in order to reduce fuel poverty and health inequalities. Mar 2013 (AOF 2)	

SUPPORTING COMMENTARY

Transfer of Public Health to Halton Borough Council

The Public Health team has now successfully transferred to Halton Borough Council. Preparation for the transfer has been on-going since March 2012. This has included a review across NHS Merseyside which is made up of the 4 Primary Care Trusts of Halton & St Helens, Knowsley, Liverpool and Sefton of all Public Health functions and services.

Halton Borough Council has developed and led a Transition Group which has overseen the safe transfer of all necessary functions including staff transfer and

measures letter, public health reports, information governance, emergency resilience, contracts, data connections, risk register, budget transfer and final Public Health Annual Report.

Implementation of the Early Intervention/Prevention strategy

HBC, HCCG and Bridgewater Community NHS Trust have been reviewing the current approach to the delivery of Health Improvement Services delivered by both health and local authority providers. One of the areas specifically addressed has been to align the services provided by the Health Improvement Team (Older People) based at Bridgewater Community NHS Trust to those provided by HBC's Sure Start to Later Life. Building on this and other developments such as the work taking place on Falls Prevention and the Community Wellbeing Practice initiative, further work has taken place on the development of an overall model for the delivery of Health Improvement Services across Halton in the future. It is anticipated that the Service (being implemented from April 2013) will play a significant role in addressing the five priorities contained in Halton's Health and Wellbeing Strategy. The new Service will bring significant benefits through increasing efficiency, improving the patient experience, introducing a consistent approach and changing the culture to one of joint ownership and strong partnership working.

Review of current Care Management Configuration

A new model for adult services has been launched at the beginning of June 2012. An Initial Assessment Team (IAT) is now responsible for all new referrals, screening, signposting and initial assessments. There are two Operational teams dealing with complex work, (one in Widnes and one in Runcorn) that are to become locality based care management teams with workers aligned to GP practices. This will be supported by Social Care in Practice (SCIP) in the coming year.

Self-directed support and Personal Budgets

Self-directed support is offered across the whole of Adult Social Care and with personal budgets to all Service Users. Systems are continually monitored and reviewed for improvement. There is a working group reviewing the direct payments and self-directed support policy and guidance.

Affordable Warmth Strategy

Implementation of the strategy continuing and a review will be due in Quarter 1, 2013- 2014

Key Performance Indicators

Ref	Measure	11/12 Actual	12/13 Target	Q4	Current Progress	Direction of travel
PA 1	Numbers of people receiving Intermediate Care per 1,000 population (65+) (Previously EN 1)	91.67	99	84.35		
PA 4	Number of people receiving Telecare Levels 2 and 3 (Previously PA 6)	240	259	262		

PA 5	Percentage of Vulnerable Adult Abuse (VAA) Assessments completed within 28 days (Previously PA 8)	90.80%	82%	86.73%		
PA 11	% of items of equipment, and adaptations delivered within 7 working days (Previously CCS 5, PA 14)	97.04%	97%	94%	N/A	N/A
PA 12	Clients receiving a review as a percentage of adult clients receiving a service (Previously PCS 6 PA16)	80.77	80	82.87		
PA 14	Proportion of People using Social Care who receive self-directed support and those receiving Direct Payments (ASCOF 1C) (Previously NI 130, PA 29)	48.31%	55%	75%		
PA 15	Permanent Admissions to residential and nursing care homes per 1,000 population (ASCOF 2A) (Previously PA 31)	147.89	130	86.12		
PA 16	Delayed transfers of care from hospital, and those which are attributable to adult social care (ASCOF 2C) (Previously NI 131, PA 33)	1.86 (as at end March 2012)	3.0 (PCT Target)	2.05 (Q3 data)	Refer to comment	Refer to comment
PA 17 (SCS HH 10)	Proportion of Older People Supported to live at Home through provision of a social care package as a % of Older People population for Halton	15.7%	14.8%	14.2%		
PA 18	Repeat incidents of domestic violence (Previously NI 32, PA 28)	27.6%	27%	36%		
PA 19	Number of people fully independent on discharge from intermediate care/reablement services (Previously PA 5)	58%	42%	57%		

SUPPORTING COMMENTARY

PA 1

This is a cumulative figure of 1573 and equates to 409 people in receipt of Intermediate Care this quarter in the 65+ age bracket. This indicator is subject to increases in the estimated population of older people in Halton.

PA 4

This target has been exceeded.

PA 5

We have exceeded this target. The discrepancy from last year's figure is due to changes to the Safeguarding threshold.

PA 11

Unable to access full March 2013 data from Helena Partnerships website. Therefore 94% is data as at 08/04/2013.

PA 12

We have exceeded this target and the performance from the previous year. Better performance is likely to be as a result of Carefirst 6 now practitioners are loading their own assessments.

PA 14

We have exceeded this target. This is due to every new service user is going through a self-directed support process and existing clients who are reviewed.

PA 15

This is the position at February 2013 and it looks like the target will be achieved. Performance has improved considerably in comparison to last year.

PA 16

Q4 data is not available therefore Q3 data has been used as a guide. Currently we are bench marking performance against baseline year 2010-11. Delays in transfer's delays have increased in Q3 due to winter/systems pressures across Trusts.

PA 17

We have fallen just short of our set target. A population increase of approximately 7% as evidenced by the last Census has impacted on this target.

PA 18

(27%) is a local historical target and we should be looking to move away from it 2013-14; CAADA (Coordinated Action Against Domestic Abuse) is the National lead for all things MARAC, I have included their guidance in the update, CAADA suggest that for a mature MARAC such as Halton's the range should be between 28% 40% so in that sense we are in fact on target and I would suggest that in the future we should be looking to their National expertise rather than local historical targets. *Research has shown that it takes the average victim of domestic abuse more than 35 incidents of domestic abuse incidents against them before they call the Police – consequently and particularly if a victim chooses to stay in the relationship and the case has appeared at MARAC once and not again, it is very likely domestic abuse is continuing in the household but they are choosing not to seek support, a worse scenario especially if there are children or vulnerable adults in the household. There is an argument to suggest that repeat cases at MARAC could be indicative that victims have a growing confidence in local statutory agencies and*

their ability to assist not only them but their children.

PA 19

Intermediate Care services have continued to work together and with community, primary and acute care sectors to support more people to live independently in their own homes and arranging long term services as required.

Adult Social Care Outcomes Framework Indicators (2011/12)

Finalised statutory return information is available in Q1 2012/13 for the previous financial year's performance, as shown in the Table below.

Ref	Measure	10/11 Actual	11/12 Actual	12/13 Target	Direction of travel
CCC 18	Social Care-related Quality of life (ASCOF 1A) (Previously CCC 38)	18.9	19.7	19	
CCC 19	The proportion of people who use services who have control over their daily life (ASCOF 1B) (Previously CCC 39)	79.2%	80.6%	80%	
CCC 23	Overall satisfaction of people who use services with their care and support (ASCOF 3A)	61.7%	69.2%	65%	
PA 20	Proportion of Older People (65 and over) who were still at home 91 days after discharge from hospital into reablement/ rehabilitation services (ASCOF 2B) (Previously NI 125, PA 32)	68.83%	74.07%	70%	
PA 21	The Proportion of people who use services and carers who find it easy to find information about support – Adult Social Care Survey (ASCOF 3D) (Previously PA 34)	65.4%	65.5%	65%	
PA 22	The Proportion of People who use services who feel safe – Adult Social Care Survey (ASCOF 4A) (Previously PA 35)	51.3%	66.2%	54%	
PA 23	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 Previously PA 36)	N/A New Indicator for 11/12	79.1%	79.1%	N/A

SUPPORTING COMMENTARY

CCC 18 – This is a composite measure which brings together the outcomes from a number of questions asked as part of the Adult Social Care Survey. The set of eight questions are aggregated to provide an overall indication of quality of life. Out of a possible total score of 24, those included in the 2011/12 survey resulted in a score of 19.7. This score indicates a strong score for quality of life.

CCC 19 – Performance increased from 2010/11 to 2011/12, 80.6% of those who responded to the Adult Social Care survey in 2011/12 reported that positively that they have control over their daily life. To contribute to this score, respondents answered either; ‘I have as much control over my daily life as I want’ or “I have adequate control over my daily life”.

CCC 23 – Performance increased from 2010/11 to 2011/12, 69.2% of those who responded to the Adult Social Care survey in 2011/12 reported that they were either ‘extremely’ or ‘very’ satisfied with the care and support services they receive from Halton Borough Council.

PA 20 - Performance increased from 2010/11 to 2011/12, from 68.83% to 74.07%. This measures the benefit to individuals from re-ablement, intermediate care and rehabilitation following a hospital episode, by determining whether an individual remains living at home 91 days following discharge – the key outcome for many people using reablement services. A higher figure is better.

PA 21 – Performance remained constant from 2010/11 to 2011/12, 65.5% of those who responded to the Adult Social Care survey in 2011/12 reported that they found information about support was either, ‘Very easy to find’ or ‘fairly easy to find’.

PA 22 - Performance increased from 2010/11 to 2011/12, 66.2% of those who responded to the Adult Social Care survey in 2011/12 reported ‘I feel as safe as I want’.

PA 23 - 79.1% of those who responded to the Adult Social Care survey for the first time in 2011/12 reported that support services helped them to feel safe. This indicator reflects directly whether the support services that Halton Borough Council provides has an impact on an individual’s safety. This is in comparison to PA21 which is a general measure of whether an individual feels safe – which could be as a result of a multitude of factors. A higher figure is better.

Ref	Risk Identified	Treatment Measure	Progress	Supporting Commentary
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Commissioning & Complex Care

Ref	Description
CCC1	Working in partnership with statutory and non-statutory organisations, evaluate, plan, commission and redesign services to ensure that they meet the needs and improve outcomes for people with Complex Care Needs.

1	Not implementing the Local whole system Dementia Strategy.	Review existing action plans to ensure consistency.	<input checked="" type="checkbox"/>	The local Dementia strategy has been reviewed and refreshed, although there are a small number of actions that have not been completed the strategy and action plan have been refreshed to clearly react to the new commissioning requirements of the Clinical Commissioning group.
2	Failure to implement 5 Boroughs NHS Foundation Trust proposals to redesign pathways for people with acute Mental Health problems and services for Older People with Mental Health problems.	Monitor the usage of inpatient beds at 5boroughs and resulting pressures on the associated systems.	<input checked="" type="checkbox"/>	The planned rollout has taken place from January 2013. All of the processes are in place and the new pathway and associated referral processes will go live in June 2013. Although this is later than originally planned, it has been important to ensure that the rollout is ready and not rushed.

Ref	Risk Identified	Treatment Measure	Progress	Supporting Commentary
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Prevention & Assessment

Ref	Description
PA 1	Working in partnership with statutory and non statutory organisations, evaluate, plan, commission and redesign services to ensure that they meet the needs and improve outcomes for vulnerable people.

1	Transition of responsibility for Public Health and Health Improvement to HBC not fully embedded and appropriately embedded.	Ensure sufficient transfer of finance associated with Public Health to ensure effective delivery of statutory responsibilities.		The announcement of the ring fenced public health grant allocations on 10th January was favourably received with national figures of £2.5billion for 2013/14 and £2.8billion for 2014/15 representing real term growth. The allocation for Halton is £8,510 million for 2013/14 and £8,749 million for 2014/15 which is an increase from the anticipated initial allocation of 2.8% each year.
2	Uncertainties in relation to the future direction the Department of Health will take in terms of the impact the wider health changes will have.	Work with Mersey region transition group to ensure effective and appropriate responses to changes can be made.		Halton's Transition Group has effectively worked with the Merseyside Transition Group to ensure all key milestones have been met for a smooth transfer. A paper has been signed off by Halton's Executive Board to this effect. Halton's Public Health Team are working with PHE, the NHS Commissioning Board and Merseyside Commissioning Support Unit to ensure services commissioned and delivered by parties other than the LA are in place.

APPENDIX

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.