

Health Policy & Performance Board Priority Based Report

Reporting Period: Quarter 4: 1st January 2014 – 31st March 2014

1.0 Introduction

This report provides an overview of issues and progress against key service area objectives and milestones and performance targets, during the fourth quarter of 2013/14; for service areas within the remit of the Health Policy and Performance Board. These areas include:

- Prevention & Assessment
- Commissioning & Complex Care (including housing operational areas)
- Public Health

2.0 Key Developments

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

COMMISSIONING & COMPLEX CARE SERVICES

Housing

Following a procurement exercise the contract for the provision of support services to adult victims of domestic abuse has been awarded to the Changing Lives organisation. The contract commences 1st July 2014 for 2 years, with an option to extend by up to 3 further years.

Domestic Abuse

The Domestic Abuse tender has been completed, and a new provider will deliver both the Refuge and Community Support Services from 1st July 2014. A contract mobilisation meeting will be held on 29th April 2014.

The refuge remodelling is on target to be completed by May 2014. The first two phases of the remodelling work have now been completed and the first floor now provides fully self-contained units. Phases 3 & 4 will remodel the ground floor accommodation and will also include improvement work on the reception area and provision of new flooring in communal areas.

Adult Social Care Market Position Statement

The Adult Social Care Market Position Statement and Evidence Paper was finalised during the fourth quarter and is now available to Providers and external agencies via the Council's Website.

Alcohol Strategy and Pathway Development

Reducing alcohol harm is a key priority for Halton and it is one of the five priorities identified in the local Health and Wellbeing Strategy. Work commenced during the fourth quarter on the development of a local Alcohol Strategy and Pathway. A multi-agency Workshop took place in mid-January to bring key stakeholders together to facilitate discussions about what local action needs to take place to tackle alcohol-related harm in the Borough. An Alcohol Strategy Steering Group was set up and has met twice since the workshop in early January. A series of sub-groups reporting to the Alcohol Strategy Steering Group have also been set up to focus on specific actions in accordance with a

lifecourse approach. Work on the development of the strategy and pathway is scheduled to run until the launch of the Strategy during Alcohol Awareness Week (mid November 2014).

Quality Assurance Framework Project

Work commenced on a new project aimed at developing a Quality Assurance Framework. Initial work started in January to gather requirements, to define the scope of the project, duration of the project and to determine the members of the project board and project team. The project will operate in a phased approach and will bring together existing and new sources of information to be presented in one place to provide a summary of information relating to the quality of services. In the first phase a Provider Portal has been developed using Sharepoint that will enable sharing of Provider Self-assessment documentation between Social Care Providers and the Council. An electronic Provider Self-Assessment Form has also been developed during this first phase. It is anticipated that the project will run throughout the whole of 2014/15 and progress on the project will be reported via the Complex Care Board.

Mental Health Services

Section 136 Mental Health Act is the legal provision which allows the police to detain anyone they find in a public place who appears to them to be mentally disordered and a risk to themselves or others. Considerable work has been taking place with key partners – the Police, the 5Boroughs and the Clinical Commissioning Group – to develop an agreed policy and procedure across the Cheshire police footprint. This has now been successfully developed and will be signed off by all parties in Quarter 1 of 2014-5.

In addition, there has been a lot of work going on across the North Cheshire area to reduce the number of Section 136 detentions taking place in the area. The Police, 5Boroughs and CCG have worked together to develop a project to attach a community nurse to police operations, and the early indications are that this has resulted in much more appropriate and effective use of the Section 136 powers. This has resulted in a slight reduction in the numbers of overall Mental Health Act assessments that have to be undertaken by the Council's mental health services and Emergency Duty Team.

The Mental Health Outreach Team continues to operate the pilot project aimed at providing earlier intervention and support to people with mental health problems who are known only to primary care services. Over 20 people have now become part of this pilot, and early indications are that positive outcomes are being achieved; for individuals, this is meaning an increase in self-confidence and engagement with a whole range of supports in the community, and it is reported the people are using less medication (by agreement with their GPs) and are attending surgeries less often.

Other developments within the Commissioning and Complex Care Division

A new national performance framework for adult social care, known as SALT (Short and Long Term packages of care) is being fully introduced as from April 2014. Considerable work has taken place to implement these new requirements, both in terms of adapting existing data collection systems and training and supporting staff to use the new system. This will be fully operational within the Directorate by Quarter 1 2014-5.

Emergency Duty Team (EDT): work is continuing through the EDT partnership Board to scope the potential for another Local Authority to join the current partnership arrangement, which is a joint service between Halton and St Helens.

Interface with children's services: as reported in the previous Quarterly Report, the linkages between children's and adults services are strong and continue to develop. Both services are represented on their respective Safeguarding Boards and subgroups, and adults services also contribute to the Children's Trust. In Quarter 4, a joint piece of work, promoted by the Halton Children's Safeguarding Board across adults and children's services began, looking at the way drugs and alcohol services, mental health services and children's services work together

PREVENTION & ASSESSMENT

Learning Disability Nurses

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

Progress:

- The team have completed the Royal Society of Public Health level 2
- The team have been consulted on the content of comics for health issues within LD.
- The team have carried out specialist assessments and interventions, primarily in behaviour, epilepsy and dementia
- The team continue to support the psychiatric clinics
- The team have empowered and supported individuals to promote their health and wellbeing.
- The feedback received following interventions from the team/team member is collated and demonstrates the service is meeting peoples' needs.
- A targeted MDT approach has enabled a member of a hard to reach family to have a health check!
- The team are working within the pro-active draft dementia pathway for people with Downs Syndrome, with all clients over the age of 40 having had a baseline assessment completed
- The team worked with the Health Improvement Team to make the FreshStart programme accessible for people with a learning disability. The Runcorn course started at the end of January. Further sessions are planned, plus training for staff groups
- The Women's group was held and completed. New resources were used re: sexual health and it is evidenced that the women's knowledge has increased as a result.
- The walks in the park are continuing. The number attending and walking has increased tenfold! Friendships and relationships are developing within the group.
- Links and pathway development is being made within one of the acute trusts to support the journey of patients with learning disabilities.
- Links within Epilepsy are being developed with Walton Neurological centre and North West forums to support positive epilepsy work.
- Those individuals who are recovering in inpatient services, continue to be monitored throughout their stay via face to face contact with the nursing team. One individual has been supported to be discharged with positive prevention plans to reduce the risk of further admissions.
- Next quarter will be exciting to pilot the Health Equalities Framework!

Community Multi-disciplinary Team's in General Practice

This project brings together GP's, community nurses, social care staff and other health and social care professionals to identify people at high risk of hospital admission and people with complex care needs. The team then work with the individuals to agree a plan of care aimed to improve their overall health and well-being. Running since October 2013 the project will continue in 2014/15. Evaluation of the benefits for individuals forms a central part of the work with the first reports due in the summer of 2014

Care Homes Project

This project has been running since June 2013. A team of health and social care professionals have been working with care homes in the borough to support improvements in the quality of care provided and make it easier for residents of care homes to access health and social care services. A pharmacist has joined the team and will commence reviewing the policies and procedures in the homes as well as working with GP's on reviewing individuals with complex medication needs. An initial evaluation report has been completed and further work is underway with NHS Halton Clinical Commissioning Group, Bridgewater Community NHS Trust and 5 Boroughs Partnerships to provide a long term service

Making Safeguarding Personal Update

Halton joined the Making Safeguarding Personal (MSP) project in November 2013. The intention of MSP is to facilitate person-centred, outcomes-focused responses to adult safeguarding. Since the project commenced 24 cases have now been analysed and of these cases 96% of people involved felt that the investigation was conducted in such a way that they felt in control, informed and involved.

Currently Halton Safeguarding Adults Board receives performance data in relation to safeguarding adults however this data is unable to provide Board members with any real understanding of whether the safeguarding processes in Halton are making a difference for those who are most vulnerable and at risk in the locality. Ongoing work from this project to embed this approach into day to day practice will change the nature of the performance data and will provide Halton Safeguarding Adults Board with a better understanding of people's experiences and thus serve to influence and improve the delivery of safeguarding services in Halton.

As the project moves forward, it is with a generally accepted view amongst the 53 participating local authorities that outcome focused, person centred approaches must be integrated into safeguarding procedures if people are to be supported to live their lives with as much autonomy as possible. It is clear that seeking the person's own definition of a good outcome at the start of a safeguarding process, keeps professionals focused on a person centred approach and leads to better outcomes for the person and their family. As people achieve better outcomes, they are less likely to re-enter the system at a later date, being supported to stay independent for longer and encouraged to utilise their own skills, strengths and natural supports to build a safer future for themselves.

Community Alarm Services

The Community Alarm Service has been audited by the Telecare Services Association – the professional body who regulate providers of Telecare and Alarm Services against the industry quality standards. It has inspected parts of our service against its Code of Practice and the Community Alarm Service has retained accreditation for installation, repair and maintenance, response, referrals and service tailoring at Platinum status and maintained European Standards accreditation for the 5th consecutive year.

The inspection that took place in March of this year was highly commended by the inspector and comments were of a highly organised and high quality service delivered to its service users. The Community Alarm Service continues to see itself as an important partner in the preventative agenda and will continue to support our partners to meet their goals in supporting the community to remain safe and independent in Halton.

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.

'Care and Support for You' has been upgraded to V3, this release has many new exciting features now developed in our LIVE Halton site. The site is currently being update in line with the upgrade. A detailed action plan has been developed and being kept up to date. Progress is underway in attending team meetings and organizing workshops to demonstrate the new look site. This will be subject to review.

PUBLIC HEALTH

A new conversation about Alcohol

An alcohol harm reduction event was held on the 14th January to engage with key stakeholders in Halton. The event included an overview of the national regional and local picture of alcohol harm reduction. A local resident also shared her personal story of the impact of alcohol. The event was very successful with over 60 key stakeholders attending. Partners were asked to identify the key things we should be doing in Halton to reduce alcohol related harm. The information gathered will be used to inform Halton's new alcohol harm reduction strategy.

Presentations are available via the following link:

<http://www3.halton.gov.uk/healthandsocialcare/318895/339434/>

Halton has successfully applied to participate in a pilot scheme with the Home Office to become a "Local Alcohol Action Area". Such a focus will enable key partners to work together to establish plans to reduce the harm to health from alcohol, tackle crime and improve community safety and also contribute to the stimulation of the local night time economy. The Borough is waiting to hear whether it has been successful.

In addition, the Public Health Team has also:

Commissioned Alcohol Concern to support local activity to promote the "Dry January" campaign. Many Halton people made the commitment to stay sober in January and examine their own relationships with alcohol.

Developed a pilot “social norms” programme to examine young people’s relationship with alcohol. Work in underway to develop a Halton wide programme to change the perceived “social norms” through more intelligent presentation of facts, improving self-esteem and emphasising the normalcy of positive health behaviours as a means to promote health and reduce risky behaviour in schools.

Began work to examine the potential role of a “dry room” for Halton.

Alcohol Education and Awareness – YTD 409 Halton School Children and Young People received 1 hour’s alcohol awareness education. 252 front line staff have been trained in IBA. January has seen the Launch of the alcohol campaign “Dry January” across the borough of Halton to encourage residents to abstain from alcohol for the month to improve their health.

Sexual Health Services

Sexual Health tender – Work is progressing to go out to tender for a fully integrated Sexual Health service following approval at Executive Board on 12th December. The new service will incorporate Community Sexual Health services, Sexual Health Improvement, genitourinary medicine, Young People’s Sexual Health services and the co-ordination of chlamydia screening as part of the National Chlamydia Screening Programme. A specification for the new service, which is due to start from October 2014, is currently being drawn up with a view to advertising the tender in February.

In addition:

Sexual Health Implementation Group – a Sexual Health Implementation Group has been established for Halton. The group is attended by commissioners and Sexual Health providers across Halton and aims to improve the sexual health of people living in Halton and reduce sexual health inequalities through the initiation and implementation of developments relating to service delivery, health promotion/protection and clinical governance.

School Nursing Services

The procurement process to secure a new School Nursing service has begun. Engagement has taken place with a number of stakeholders, including children and young people, Head Teachers and other partners and further involvement will take place in parallel with the procurement to ensure a new contract is in place by Sept 2014 that is fit for purpose and value for money.

Children, Young People and Families

UNICEF Baby Friendly Status Update – Stage two accreditation awarded to Bridgewater January 2013. The baby friendly initiative works with the healthcare system to ensure a high standard of care for pregnant women and breastfeeding mothers and babies. Stage two involves assessment of staff knowledge and skills in order to implement best practice. The next twelve months will see us progress towards stage three.

Early Years Activities - 242 children and 91 parents attended an early year's programme and 149 parents/carers attend the 4 week Fit 4 Life programme 100% of those attending reporting an increased knowledge base.

Healthy Schools – 54 schools are engaged on Healthy Schools with 23 having completed the healthy Schools audit to date.

Fit 4 Life – YTD 1115 children and young people were engaged with 98% completion and 86% increased their knowledge of healthy eating and physical activity.

Adults and Older People

IGR Pathway – The Mersey IGR Pathway has been launched at both a sub regional and local level. The aim of the pathway is to identify people at risk of diabetes and refer them to IGR patient education and lifestyle services in a bid to prevent or delay the onset of diabetes. Since the last update the patient education model has been developed and Health Trainers based in the Health Improvement Team have received training on the model. The team supported the CCG in the launch of the Merseyside IGR guidelines and pathway on the 14th January. The Lifestyles service is commissioned by Public Health and is an integral part of this new pathway.

Adult Weight Management Service - Across the adult service YTD 1288 people have been screened and have received a health check. At the end of Qtr. three 632 people were engaged on the weight management “Fresh start Programme” for an initial appointment of which 457 went on to attend the 12 week programme. At the end of Qtr 3 72% of those who had completed the intensive phase of the programme were still engaged at six months with 91% reporting weight loss of 3-5% and 68% reporting >5% at the six month review.

Adult Support Stop Smoking Service – YTD 844 people have set a quit date with 399 successfully quit (NB Data set for Qtr 3 not fully complete until 31st March).

A review of the Council's Stop Smoking service is currently underway and will consider the effectiveness of the current service and the extent to which it contributes to positive health outcomes.

Early Detection of Cancer – In November 2013, the team promoted Lung Cancer Awareness Month, in conjunction with the Roy Castle Lung Cancer Foundation, the team held events in Widnes Town Centre and Halton Lea shopping centre Runcorn with the MEGA Lungs engaging with over 400 residents. The MEGA Lungs provided visitors with an interactive, educational experience about the respiratory system. The CRUK road show raised cancer awareness for two days at the Asda Runcorn and provided health checks to 30 local residents living in the Halton Area.

NEA Public Health Programme – The Council was successful in receiving up to 12 days of officer support from the environmental charity National Energy Action. The funding will be used to promote awareness of fuel poverty amongst health professionals and the

general public. Officers from NEA are attending Area Forums and are developing a booklet for GPs and other health professionals to support them in identifying those at risk of fuel poverty and referring them for help. A half day awareness-raising session for health professionals is also being planned for March.

Mental Health and Well Being

Mental Wellbeing Survey - A report on the Halton results from the North West Mental Wellbeing Survey was commissioned from the Centre for Public Health, Liverpool John Moores University. This was delivered mid-December and a communications plan is currently being developed to disseminate the results.

Mental Health Promotion – YTD 97 front line staff trained on social prescribing resources for their own face-to-face public interactions. In Qtr. 3 109 young people received suicide prevention training.

Mental Health Strategy – The team have supported the development of the Mental Health strategy to ensure that it includes specific references to promotion and prevention, as well as being focused upon treatment.

CAMHS Event – The team has supported the organisation of an event, in partnership with the C&E team and the CCG, to bring together stakeholders to focus on CAMHS and to begin the process of establishing a new CAMHS partnership group.

Suicide Prevention strategy – Following on from the successful Suicide Prevention Planning event held in 2013 work on developing a suicide prevention strategy for Halton is now underway. The public health team have engaged with a wide range of stakeholders in this process and a task and finish group has been formed.

Drugs Strategy –The team have supported the development of the Drugs strategy to ensure that it includes specific references to promotion and prevention, as well as being focused upon treatment.

Loneliness Strategy – the team have supported the development of the Loneliness Strategy to ensure that it includes specific references to promotion and prevention and is based on best available evidence of effectiveness.

Public Health Evidence and Intelligence

Children's JSNA – work on the new children's JSNA has continued and chapter development is nearing completion. A wide range of commissioners and data analysts from Children & Enterprise, the CCG and Public Health have been involved in this. Regular progress reports have been provided to both the Children's Trust Executive Group and Halton Safeguarding Children Executive Board. A report on initial findings and priorities has been prepared.

Pharmaceutical Needs Assessment (PNA) – Halton continues to lead on the PNA across Merseyside with colleagues from Cheshire also now involved. A standardised

questionnaire has been developed to gather information from every pharmacy on a range of access and service areas. Locally a steering group has been established with representation from the local authority, CCG, Healthwatch, voluntary sector, NHS England and the Local Pharmaceutical Committee. The evidence review element of the work is currently being updated to ensure service commissioning and quality is based on best available evidence of effectiveness.

Child & Adolescent Mental Health Services (CAMHS) Needs Assessment – a rapid needs assessment was completed to support the review of CAMHS services. This details the scale and nature of children at risk of developing mental health problems as well as those in need of services now and into the future across all tiers of provision.

Speech, Language and Communications Needs of Children – a rapid needs assessment has been started (to report November 2013). It is intended to inform and support the review of services across the CCG and Halton Borough Council. This details the scale and nature of children at risk of developing speech, language and communication problems, as well the need for services now and into the future across all tiers of provision.

Health Needs Assessment of Learning Disabilities and Autism amongst children and adults – Halton public health acted as the lead commissioners and project manager for a report investigating the scale, scope and outcomes of children and adults with learning disabilities and autism. This included an easy read version for use with user partnerships. It is currently being used to inform the Self-Assessment Framework submissions.

Health Needs Assessment of Homeless People – The public health team are supporting this work, being led by Liverpool Public Health, across the Liverpool City Region. It has been commissioned from Liverpool Public Health Observatory to investigate the scale, scope and outcomes of homeless people.

Adult Lifestyles Survey - The final report for the Halton results from the Merseyside Lifestyles survey has also been agreed and plans are being developed to disseminate the results.

Health Impact Assessment guidelines – a set of guidelines have been developed by the team, in collaboration with colleagues from Regeneration and from Planning. These are aimed at developers and their agents, to improve the quality of Health Impact Assessments submitted with planning applications, as required under Policy CS22 of the Core Strategy.

Respiratory Health – A Respiratory Health profile has been developed, covering Chronic Obstructive Pulmonary Disease (chronic bronchitis and emphysema), asthma and pneumonia. It covers prevention, identification and management, hospital admissions and deaths. It will support the development of a new respiratory health action plan.

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:-

COMMISSIONING & COMPLEX CARE

Residential and Nursing Care Review

A draft Action Plan was developed towards the end of quarter four defining action needed to take place in regard to a review of Residential and Nursing Care provision within the Borough. It is anticipated that a project team will commence work in Quarter 1, 2014 to progress the actions within the Action Plan, focusing on a review of current provision of Residential and Nursing Care and defining recommendations for future provision of Residential and Nursing Care in the Borough.

Mental Health Services

In November 2013, the Care Quality Commission visited the 5Boroughs Partnership, to assess the quality of the interventions by partners of the process for assessment for admission to hospital under the Mental Health Act. An action plan in response to the visit was developed across all partners within the 5Boroughs, and implementation of the plan is being monitored in Halton by the Mental Health Strategic Partnership Board.

PREVENTION & ASSESSMENT

Transition Planning - Special Education Needs (Disability) (SEN) 2014

The SEN reforms 2014 will be implemented from September 2014 – the reforms will have implications for service delivery across the age range of 0 to 25 yrs. Multi-agency task and finish groups are currently working to adapt systems, processes and to implement the new guidance that will be introduced in September 2014.

Implementation of the Social Care Bill

A project group has been established to look at the implications and requirements of the bill in Halton.

Amethyst Living

Halton Housing Trust (HHT) are currently working with the Community Alarm Service on a project called Amethyst Living. This is a new service which will be offered to HHT residents who do not wish to move into sheltered accommodation offering them a range of services to maintain their independence in the community. Support can be provided in a person's home on a weekly, monthly or quarterly basis, with the provision of a community alarm, access to activities and events held at existing schemes, emergency responsive support

Making It Real

In Care Management Services as part of 'Personalisation' we are taking forward the 'Making it Real' marking progress towards personalised, community based support agenda. This will help check our progress and decide what we need to keep moving forward to deliver real change and positive outcomes with people. We have met with members of the TLAP programme (Think Local Act Personal) and they are helping us facilitate a 'Making It Real Live' event now planned for the 4th June 2014.

PUBLIC HEALTH

No Emerging Issues for Public Health

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 2013/14 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 is undertaken during Quarter 2 and Quarter 4.

COMMISSIONING & COMPLEX CARE

Ref	Risk Identified	Q2 Progress
CCC1 (1)	Not implementing the Local whole system Dementia Strategy	
CCC1 (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.	

SUPPORTING COMMENTARY:

CCC1 (1) The Dementia Strategy has now been ratified and is the process of being implemented, owned by the Halton Dementia Partnership Board.

CCC1 (2) Both pathways have been fully developed and are fully operational.

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.

Commissioning and Complex Care Services

Key Objectives / milestones

Ref	Milestones	Q4 Progress
CCC1	Continue to monitor effectiveness of changes arising from	

Ref	Milestones	Q4 Progress
	review of services and support to children and adults with Autistic Spectrum Disorder. Mar 2014. (AOF 4) KEY	
CCC1	Continue to implement the Local Dementia Strategy, to ensure effective services are in place. Mar 2014. (AOF 4) KEY	<input checked="" type="checkbox"/>
CCC1	Continue to 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 2014 (AOF 4) KEY	<input checked="" type="checkbox"/>
CCC1	Develop a new housing strategy, in accordance with Part 7 of the Local Government Act 2003, to continue meeting the housing needs of Halton. Mar 2014. (AOF 4, AOF 18) KEY (NEW)	<input checked="" type="checkbox"/>
CCC1	Develop a Homelessness strategy for 3-year period 2013-2016 in line with Homelessness Act 2002. March 2014. (AOF 4, AOF 18) KEY (NEW)	<input checked="" type="checkbox"/>
CCC1	Conduct a review of Domestic Violence Services to ensure services continue to meet the needs of Halton residents. Mar 2014 (AOF11) KEY	<input checked="" type="checkbox"/>
CCC2	Ensure Healthwatch is established and consider working in partnership with other Councils to deliver this. Mar 2014 (AOF 21) KEY	<input checked="" type="checkbox"/>
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 2014 (AOF 21 & AOF 22) KEY	n/a
CCC3	Develop a newly agreed pooled budget with NHS partners for complex care services for adults (community care, continuing health care, mental health services, intermediate care and joint equipment services). Apr 2013. (AOF 21 & 25) KEY (NEW)	<input checked="" type="checkbox"/>
CCC3	Undertake on-going review and development of all commissioning strategies, aligning with Public Health and Clinical Commissioning Groups, to enhance service delivery and continue cost effectiveness, and ensure appropriate governance controls are in place. Mar 2014. (AOF 21 & 25)	<input checked="" type="checkbox"/>

SUPPORTING COMMENTARY

Services for children and adults with autistic spectrum disorder

The Autism Strategy group continues to monitor the progress of the Autism Strategy 2012 – 2016 action plan.

Key milestones have been:

- The funding of an ADHD/Autism Carers worker within the Carers Centre,
- The re-designation of Ashley School

- The implementation of an ASD co-coordinator post for the children's diagnosis pathway.

Autism Self-Assessment Framework submitted to iHals and presented to the Health and Well-being Board (January 2014).

Refresh of the Autism Strategy Action Plan 2014 to reprioritise key areas to reflect local needs and national guidance.

Winterbourne Concordant Action Plan continues to be monitored and work completed in line with the national programme, this includes a task and finish group with a focus on appropriately repatriating individuals placed out of area.

Implementation of Dementia Strategy

Dementia Strategy has now been ratified and is in the process of being implemented through the Dementia Partnership Board. Actions that have had notable progression include the development of a community Dementia case finding/screening programme due to be launched in June 2014. Delivery of a Dementia Direct Enhanced Service has been extended into 2014/15. The dementia business case for delivery of community based care and support is underway.

Implementation of service redesign with 5 Boroughs Partnership

The Acute Care Pathway (for adults with mental health problems) and the Later Life and Memory Service (LLAMS) (for older people with dementia) have both been fully implemented. Social workers are integrated into the new services and play a full part in service delivery. Progress in the Acute Care Pathway is monitored through the Mental Health Strategic Partnership, whilst the outcomes from LLAMS are reported to the Dementia Strategy Group.

Development of Housing Strategy

The 2013/18 Strategy is complete and was approved by Executive Board on 27th June 2013.

Development of Homelessness Strategy

The 2013/18 Homelessness Strategy was approved by Executive Board on 27th March 2014

Review of Domestic Violence Services

During a review of domestic violence services it was highlighted that the current refuge was not fit for purpose. Riverside ECGH secured funding to remodel the refuge into self-contained units, and the improvement work is underway. The first two phases have been completed and all first floor units are now fully self-contained. The remodelling is expected to be completed by May 2014, and will include improvement work to reception and communal areas.

Establishment of Healthwatch

The contract with Healthwatch Halton has been extended for a further year to cover the period 1st April 2014 – 31st March 2015. This follows an initial one-year contract to establish Healthwatch Halton as a new organisation. The extension of the contract will enable Healthwatch Halton to become established further within the local community, providing a representative voice on local health and social care issues for the local residents of Halton.

Update JSNA

JSNA now dealt with by Public Health

Development of Pooled Budget

The established pooled budget continues to be carefully monitored through Complex Care Board and a Better Care Fund submission has now been made to the Department of Health (the Better Care Fund is an important Government initiative to promote integration across Health and Social Care, and has significant resource implications).

Review and Development of Commissioning Strategies

Strategies continue to be reviewed and work is also underway to review the related specifications and contracts that derive from the commissioning priorities. This work will continue throughout financial year 2014/15.

Key Performance Indicators

Ref	Measure	12/13 Actual	13/14 Target	Q4	Current Progress	Direction of travel
CCC 4	Adults with mental health problems helped to live at home per 1,000 population	3.23	3.97	2.64		
CCC 5	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)	4.0%	5%	4.01		
CCC 6	The proportion of households who were accepted as statutorily homeless, who were accepted by the same LA within the last 2 years (Previously CCC 8).	0	[1.2]	0		
CCC 7	Number of households living in Temporary Accommodation (Previously NI 156, CCC 10).	6	[12]	2		
CCC 8	Households who considered themselves as homeless, who approached the LA	5.42	[4.4]	2.0		

	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).					
CCC 11	Carers receiving Assessment or Review and a specific Carer's Service, or advice and information (Previously NI 135, CCC 14).	18.87 %	25%	21.29		

SUPPORTING COMMENTARY:

CCC4 This figure has declined steadily in the past 12 months. The reasons for this have been carefully considered, and are due in part to a change in the population figures, which changed the baseline against which this indicator is measured. However a more significant reason is the successful implementation of the Acute Care Pathway within the 5Boroughs – a multidisciplinary approach specifically for people with severe and complex mental health needs. This means that the social care service is targeted more on people with the greatest levels of need and risk, whilst people with less complex needs are now being supported more through the primary care service. Plans are being developed to provide a greater social work input to the primary care service, to intervene at an earlier stage and prevent people from needing a referral to the 5Boroughs. It is expected that this will increase this performance figure through 2014/15.

CCC5 There is under-reporting of the numbers of people with dementia currently, and in addition there is no absolute requirement to record this information on the Directorate's IT systems. This will be rectified for financial year 2014/15. It is likely therefore that the Q1 figures for 2014/15 will be significantly higher.

CCC6 Halton forms part of the Merseyside Sub Regional, No Second Night Out scheme which is proven to be a successful resource and fully utilised across the Merseyside Authorities. The service provides an outreach service for rough sleepers and has successfully worked in 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 and facilitate reconnection with neighbouring authorities.

CCC7 The Housing Solutions Team has taken a proactive approach to preventing homelessness. There are established prevention measures in place and the Housing Solutions team will continue to promote the services and options available to clients. The changes in the Temporary Accommodation process and amended accommodation provider contracts has had a big impact upon allocation placements. The emphasis is focused on early intervention and further promotes independent living. The improved service process has developed stronger partnership working

and contributed towards an effective move on process for clients. The Authority will strive to sustain the reduced Temporary Accommodation provision.

CCC8 The Housing Solutions Team promotes a community focused service, with emphasis placed upon homeless prevention. 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. The service has achieved an annual prevention target of 4.8 which exceeds target set for 2013/14

CCC11 Although this indicator has not achieved the target figure, the activity this year represents a significant improvement on 2012-13. Carers remain a priority for the Directorate, and a new process of consultation and dialogue with carers from all service areas is now in place. As a part of this, carers are being asked for their views on ways of contacting and supporting “hidden carers” – those people who have not yet made themselves known to the Directorate and who are not therefore accessing the services that may provide them with support. In addition, the Carers Centre continues to attract increasing numbers of previously-unknown carers, and they are working closely with us to encourage these new carers to accept a formal assessment of their needs.

Prevention and Assessment Services

Key Objectives / milestones

Ref	Milestones	Q4 Progress
PA1	Implement and monitor the pooled budget with NHS partners for complex care services for adults (community care, continuing health care, mental health services, intermediate care and joint equipment services). Apr 2014. (AOF 21 & 25) KEY (NEW)	
PA1	Engage with new partners e.g. CCG, Health LINKs, through the Health and Wellbeing Partnership to ensure key priorities, objectives and targets are shared, implementing early intervention and prevention services. Mar 2014. (AOF1, 3 & 21) KEY (NEW)	
PA1	Review the integration and operation of Community Multidisciplinary Teams. Mar 2014. (AOF 2, 4, & 21). (NEW) KEY	
PA1	Develop working practice in Care Management teams as advised by the Integrated Safeguarding Unit. Mar 2014 (AOF 10) (NEW) KEY	
PA1	Embed and review practice in care management teams following the reconfiguration of services in 2012/13 to ensure the objectives of the review have been achieved. Mar 2014 (AOF 2, 4). (NEW) KEY	

PA1	Continue to establish effective arrangements across the whole of adult social care to deliver personalised quality services through self-directed support and personal budgets. Mar 2014 (AOF 2, AOF 3 & AOF 4) KEY	
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SUPPORTING COMMENTARY:

Implementation of Pooled Budget

The pooled budget has now been in place for 12 months, and operating effectively. The outturn for 2013/14 demonstrated a small underspend.

Engagement with partners to ensure delivery of early intervention and prevention services

Steering group continues to meet on a regular basis.

The sharing of key priorities, objectives and targets have been agreed for Community Multidisciplinary Teams

Develop working practice within care management teams which is advised by the Integrated Safeguarding Unit

Working practice continues to develop including, champions being identified across care management. We are also taking part in "Making Safeguarding Personal 2013-14" a sector-led improvement project. This work aims to facilitate a shift in emphasis from processes to a commitment to improve outcomes for people at risk of harm.

Continue to embed and review practice within care management teams

The care management service has now implemented a new range of streamlined self-directed support documents and resource allocation system, guidance for service users and carers, a programme of training has now been undertaken for staff to roll out this work with a focus on asset based approaches.

Continue to ensure the delivery of personalised quality services through self-directed support and personal budgets

The use of self-directed support and personal budgets is in place across all service areas. As part of 'Personalisation' we will be taking forward the 'Making it real' marking progress towards personalised, community based support agenda. This will help check our progress and decide what we need to keep moving forward to deliver real change and positive outcomes with people. A Making it real Live event facilitated by TLAP is planned for the 4th June 2014.

Key Performance Indicators

Ref	Measure	12/13 Actual	13/14 Target	Q4	Current Progress	Direction of travel
PA 2	Numbers of people receiving Intermediate Care per 1,000 population (65+) (Previously EN 1)	84.35	99	81.31		

PA 3	Percentage of VAA Assessments completed within 28 days (Previously PCS15) (Previously PA5 [12/13], PA8 [11/12])	86.73%	82%	87.69		
PA 7	Percentage of items of equipment and adaptations delivered within 7 working days (Previously PA11 [12/13], PA14 [11/12], CCS 5)	94%	97%	96.3%		

SUPPORTING COMMENTARY:

PA2 The quarter 4 figure for this year was 3 people less than the previous year. The overall numbers increase by 21 compared to 2012 / 13. However the older person population estimate increased by 955 between the 2 years. If the older people population had remained the same as 2012/13 which was 18648, the figure achieved would have been 85%.

PA3 This target has been exceeded.

PA7 The figure achieved has increased on the 12/13 figure of 94%, however, it has fallen just below 13/14 target of 97%. Significant work has been undertaken in this quarter to address some issues and this will be realised going forward

Public Health

Key Objectives / milestones

Ref	Milestones	Q4 Progress
PH03	Work with the public and service providers to raise awareness of the early signs and symptoms of bowel, breast and lung cancer so we can identify it an early stage in the population. March 2014	
PH03	Increase smoking quitter rates amongst 16+ age range by working with local Hospital Trusts and the local 'Stop Smoking Service'. March 2014	
PH03	Reduce obesity rates in the local population, thereby reducing the incidence of bowel cancer through promoting healthy eating and screening programmes for adults and children via a range of services. March 2014	

PH03	Work proactively with GPs, all service providers, Alcohol Liaison Nurses, teachers in schools to reduce the number of people drinking to harmful levels and alcohol related hospital admissions given the rise in pancreatic and liver cancer rates. March 2014	
PH03	Implement and monitor the new Cancer Action plan to decrease morbidity and mortality from cancer locally. March 2014	
PH04	Facilitate the Early Life Stages development which focusses on a universal preventative service, providing families with a programme of screening, immunisation, health and development reviews, and health, well-being and parenting advice for ages 2½ years and 5 years. March 2014	
PH04	Facilitate the Halton Breastfeeding programme so that all mothers have access to breastfeeding-friendly premises and breastfeeding support from midwives and care support workers. March 2014	
PH05	Working with all service providers, implement the action plan to reduce falls at home in line with the Royal Society for the Prevention of Accidents (ROSPA) guidance as outlined in the new Falls Strategy. March 2014	
PH06	Implement the alcohol harm reduction plan working with a range of providers including schools, focusing on preventive interventions and behaviour change to target the following vulnerable groups – pregnant women, women with babies and young people under 16 years. March 2014	
PH07	Implement the Mental Health and Wellbeing Programme in all schools and provide training for GP Practices and parenting behaviour training in the Children's Centres. March 2014	
PH07	Implement the Mental Health and Wellbeing Action Plan to improve the physical wellbeing of people with mental ill health. March 2014	

SUPPORTING COMMENTARY:

Raise awareness of Bowel, Breast and Lung Cancer

This is a priority for Halton Health & Wellbeing Board and sits within its underlying action plans. We are making good progress through the roll out of the national Be Clear on Cancer campaign and the team of volunteers that work with local people to deliver the message. We do not yet have easy access to staging data from the local hospitals.

A national ovarian cancer campaign, conducted by Public Health England (PHE) was launched on 10th February and ran until 16th March and included TV, radio, posters and press advertising together with adverts on pharmacy bags and GP TV screens and advertising space in the Weekly News and World. GP practices have been supported to conduct the cancer audit.

Increase smoker quitter rates

Halton's smoking rate is just above the national average. Smoking quit rates are seasonal with most people quitting in January. As data is cumulative, we cannot definitively state that we will not meet the target, but given current rates, it seems unlikely. Rate of quitters for 2012/13 did not reach expected targets. This was partly due to population changes from census data but predominantly related to the impact of electronic cigarettes which are impacting upon those achieving quit status (e-cigarettes are not an NHS recognised quit tool).

Reduce obesity rates

We have good Healthy Eating and Weight Management Programmes in Halton. The Fresh Start Programme for adults shows 1,100 patients through per annum with 67% retention of clients at 6 months 90% losing at least 5% of their weight. This is in line with NICE recommended weight loss. There has been reduction in excess weight for year 6 and Reception age children.

Reduce number of people drinking to harmful levels

Halton promoted the Dry January campaign to encourage local people to abstain from drinking.

Halton has been selected as a Local Alcohol Action Area (LAAA). Work is underway to develop a multi-agency action plan to pull together all activity to support a reduction in the harm to health, antisocial behaviour and crime and the diversification of the night-time economy.

A new alcohol strategy and action plan is also in development to expand and develop the work of the LAAA over a longer period.

Work is ongoing with the Whiston Alcohol Liaison Nurse Service to improve the local pathway, to develop better relationships with community services and also improve outcomes for those who regularly attend hospital as a result of drinking. A similar piece of work is due to start soon with the equivalent service in Warrington.

Implement and Monitor new Cancer Action Plan

A Cancer Action Plan that sits beneath the Health & Wellbeing Strategy is in place. This has been monitored by the Cancer Action Team and is currently making good progress with all actions that were expected to be achieved to date on track.

Halton has continued to implement the Cancer Action plan. A refreshed and updated action plan will be developed to support local activity.

Facilitate Early Life Stages Development

Universal health visitor service is currently being delivered, and health visitor numbers are increasing in line with department of health guidance. Family Nurse partnership, which is an intensive programme for first time teenage mothers is being commissioned by NHS England, and is due to be operational by October.

2014. Work is currently underway looking at access to support for parenting, and is incorporated into the neglect strategy.

Facilitate Halton Breastfeeding Programme

The 'Breastmilk it's amazing' website has been re-launched, and was well received. This has a map showing all the breastfeeding friendly premises in the area. The breastfeeding support team continue to provide peer support across the borough.

Implement action plan to reduce falls at home

Community falls awareness training launched this month as per action plan. Already leading to increase in referrals to falls specialist team

Implement Alcohol Reduction Plan

A social marketing campaign is under development to highlight the dangers of drinking through pregnancy, and encouraging abstinence.

The Healthitude programme is being developed to ensure consistent messages are provided by partner organisations in line with national curriculum requirements.

A social norms programme is being developed to challenge young people's perceptions of alcohol use locally and promote positive behaviour change.

Implement the Mental Health and Wellbeing Programme

A review of all local mental health and wellbeing provision is underway to ensure that there are consistent, high quality services available.

A new Mental Health and Wellbeing strategy has been developed and this will inform the development of a new action plan to meet local need across all ages and levels of need.

Implement the Mental Health and Wellbeing Action Plan

Halton has continued to implement the Cancer Action plan. A refreshed and updated action plan will be developed to support local activity.

Key Performance Indicators

Ref	Measure	12/13 Actual	13/14 Target	Q4	Current Progress	Direction of travel
PH LI 10 (SCS HH8)	16+ current smoking rate prevalence – rate of quitters per 100,000 population (Previously NI 123)	930.4	1263.6	437.4 (Q1-Q3 2013/14)		
PH LI 11 (SCS HH2)	Prevalence of Breastfeeding at 6-8 weeks (Previously NI 53)	17.81%	24%	22.8% (Quarter 3)		
PH LI 14 (SCS)	Admissions which are wholly attributable to alcohol AAF = 1, rate per 100,000 population	878.0	1039	949.0		

HH1)				(Jan – Dec '13)		
PH LI 15 New SCS measure Health 2013-16	Excess under 75 mortality rate in people with serious mental illness (NHSOF and PHOF)	850.7 (2010/11)	TBC	Latest data available is for 2010/11	N/A	N/A
PH LI 09 (SCS HH7)	Mortality from all cancers at ages under 75 (Previously NI 122)	142.94 (2012)	125.1	138.6 (Oct '12 – Sep '13)		

SUPPORTING COMMENTARY:

PH LI 10 Halton's smoking rate is just above the national average. Smoking quit rates are seasonal with most people quitting in January. As data is cumulative, we cannot definitively state that we will not meet the target, but given current rates, it seems unlikely. Rate of quitters for 2012/13 did not reach expected targets. This was partly due to population changes from census data but predominantly related to the impact of electronic cigarettes which are impacting upon those achieving quit status (e-cigarettes are not an NHS recognised quit tool)

PH LI 11 The choice to breastfeed is influenced by local cultural beliefs, and as such change takes time. The results for this quarter show improvements. There is always seasonal variation with breastfeeding rates. Data coverage continues to exceed the target of 95%.

PH LI 14 The 2012/13 local rate is provisional data and will be updated nationally in next month. Current quarter data shows an increase in the rate from 2012/13 although it is currently below target.

PH LI 15 No recent data available.

PH LI 09 Halton during the last 12 month rolling period has witnessed a lower rate of mortality from under 75 cancers, than during 2012. Rates are much lower recently than they were during 2009.

APPENDIX 1 – Financial Statements

COMMISSIONING & COMPLEX CARE DEPARTMENT

Not Yet Available

PREVENTION & ASSESSMENT DEPARTMENT

Not Yet Available

PUBLIC HEALTH DEPARTMENT

Not Yet Available

APPENDIX 2 – Explanation of Symbols

Symbols are used in the following manner:

Progress	Objective	Performance Indicator
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.