

## Health Policy & Performance Board Priority Based Report

**Reporting Period:** Quarter 3: 1<sup>st</sup> October 2014 – 31<sup>st</sup> December 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 third quarter of 2014/15; 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 third quarter which include:

#### **COMMISSIONING & COMPLEX CARE SERVICES**

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

Operation Emblem was originally set up following a successful trial across Halton and Warrington, as a pilot in late 2013. This project, operated jointly between Cheshire Police and the 5BoroughsPartnership NHS, funded by NHS Halton CCG and supported by Halton Borough Council. The scheme was designed to reduce the large number of inappropriate detentions under section 136 Mental Health Act 1983 (this gives the police the power to detain anyone found in a public place who appears to be mentally disordered and in need of care or treatment). There had been a particular problem in the Northern Division of the Cheshire Police force (which covers Halton), with substantial numbers of people being detained but only relatively low numbers of people then going on to be offered psychiatric help.

Under this scheme, police officers were supported by specialist mental health nurses to assess and triage people who were liable to be detained; this was initially for specified shifts for four days a week. After 12 months, it is clear that Operation Emblem has been extremely effective; the numbers of people being detained under this legislation has dropped by up to 90%, and of those, around 90% are now receiving the psychiatric help that they need. This indicates that the right people are now receiving the appropriate support, and it is proving an effective means of fast tracking people in crisis to specialist help.

The project has now been extended from four days a week to provide full time cover, and it is being rolled out across the whole of Cheshire.

Mental Health Crisis Care Concordat: this policy directive was published by Central Government in February 2014, and requires all relevant organisations to work together to reduce the impact of mental health crisis on individuals and their families, and to ensure that appropriate services and supports are in place. Each locality was required to submit a declaration by the end of December 2014, committing itself to achieving the aims of the Concordat, and then to have an action plan in place by April 2015.

As a whole, the Halton mental health system has signed up to the declarations submitted across the local authority areas in both Cheshire and Merseyside; this is because, for planning and commissioning reasons, Halton straddles both areas. An integrated Halton approach is actively engaged in supporting the Cheshire partners in developing its action plan; in addition, however, Halton has made its own separate declaration and is developing a local action plan, which will be designed to reflect fully the plans developed across Cheshire and Merseyside. This will be reported on more fully in the next Quarterly Monitoring Report.

GP pilot: for twelve months, the Mental Health Outreach Team has been operating a pilot programme with three local GP surgeries, taking referrals about and working with people with lower level mental health needs, intervening at an earlier stage and aiming to reduce the need for more complex support in the future. This continues to show very promising results and measures are now being taken, in partnership with NHS Halton CCG, to develop this as a Borough-wide service.

Full Mental Health Review: A major review of mental health services has been commissioned covering 5 regional CCGs and LAs. This review will take an in-depth look into the successes, gaps, and opportunities around the acute care pathway (ACP). This work will also take into consideration mental health acute psychiatric beds. The results and recommendations will be completed by June 2015.

New planning and governance arrangements for mental health services: a new Mental Health Oversight Group - consisting of senior managers from key stakeholders - has now been developed, with responsibility for leading the strategic development of local mental health services, and monitoring and holding to account all organisations responsible for the delivery of those services. A Mental Health Delivery Group, accounting to the above group, has also been set up, with the primary responsibility of delivering the Halton Mental Health Action Plan.

### **Housing**

Subject to contract, the Salvation Army submitted the winning tender for the provision of the housing support service at the new homeless accommodation scheme in Albert Road, Widnes.

Plus Dane submitted the winning tender to retain the contract for the floating housing support service. Both contracts are due to commence in April 2015.

### **Other developments within the Commissioning and Complex Care Division**

Emergency Duty Team: detailed work is now being undertaken to review the role, function and effectiveness of the current arrangements for delivering emergency social service support out of hours. This service is currently delivered in partnership with St Helens Borough Council, and covers both children's and adults services; changes in legislation and increased demands on the service mean that it is timely that this service is comprehensively reviewed. In addition, Warrington Borough Council have indicated that they would like to join the partnership, and they are contributing their own information to the review as a part of this potential development.

## **PREVENTION & ASSESSMENT**

### **Making It Real**

We have developed a steering group to take forward the 'Making it real: Marking progress towards personalised, community based support' in relation to the 'Personalisation' agenda. This helps check our progress and decide what we need to do to keep moving forward to deliver real change and positive outcomes for people. We met with members of the TLAP programme (Think Local Act Personal) and they helped us facilitate a 'Making It Real Live' event that took place on the 4th of June. The event was well attended and involved people using services, a wide cross sector of partners and other agencies, including the independent sector and voluntary agencies. From the event, we developed an action plan and identified leads to take forward task finish groups which the steering group will oversee. A follow up event was successfully held on the 12<sup>th</sup> of December 2014 to update those attending of the work progressed since the original event. Our action plan has been uploaded onto the TLAP website.

### **Winterbourne View**

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 Winterbourne View Strategic Group then reported to the Learning Disability Partnership Board and CCG Quality and Integrated Governance Committee.

- Department of Health have issued Winterbourne View – Time for Change (November 2014), report detailing 11 recommendations to act as a driver for change to make a reality of the Winterbourne pledge. The Council and CCG continue to work on implementing the recommendations.
- Halton has 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 to 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 Positive Behaviour team.
- Joint Health and Social Care Learning Disability SAF is scheduled for submission in January 2015.
- Autism Self Assessment Framework is scheduled for submission in March 2015
- Bryon Unit 5 Borough Partnership Inpatient bed usage currently being monitored. Usage in 2014/15 has returned to previous levels; prior to 2013/14, the bed usage at Bryon Unit was low, approx. 4/5 admissions per year; in 2013/14 this increased to over 10 admissions. The number of admissions for 2014/15 is less than 5 at present. At the end of Q4 a brief overview of bed admissions will be provided.
- Winterbourne View Inpatient review programme – Halton Borough Council and Halton CCG commissioners attended reviews at Calderstones Secure Inpatient Facility in December 2014. All inpatients will be reviewed by January 2015.

### **Learning Disability Nursing Team**

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

- The team continue to seek the view of customers on their experiences with team members. These are in easy read format and show consistently positive results
- A nursing team member has recently supported a lady with Learning Disabilities to return to live within the Halton Borough.

- A nursing team member has delivered Learning Disability awareness training to the dignity and safeguarding champions at Warrington Hospital to support people with learning disabilities accessing the acute trust. The feedback from this was very positive.
- Two team members have just completed another successful men's group. Educating people with learning disabilities around relationships, personal hygiene, consent and the law, and awareness of physical health.
- The team have been completing peer observations and management observations to ensure the service provided is of a high quality.
- A team member has been training carers alongside the Health Improvement Team to support people with a learning disability to make healthy lifestyle choices
- Team members have been working with GPs to look at their learning disability register and cleanse the data.
- To support the transition of an individual from an inpatient setting, visits have taken place with potential placements and providers to ensure the placement is of high quality with good outcomes and timely support for the individual.
- Individual one to one work has been successfully completed with a client. This work was in understanding Diabetes, the work was completed in easy read and visual format.

## **PUBLIC HEALTH**

A local Cancer Strategy has recently been developed and sets out key actions to address this priority and improve outcomes. The national Be Clear on Cancer campaign is being rolled out with a team of volunteers working with local people. Halton CCG has prioritised cancer as a key area for the new Primary Care Model. A project plan and working group are taking this forward. Weight Management is important to reduce levels of bowel cancer. A range of weight management services are delivered for children and adults on an individual or group level, such as the fresh start programmes, active play and introduction to solid food parties. The Halton Healthy Weight management care pathways for children and adults have been reviewed and opportunities to enhance provision identified. We are also working with the CCG to improve uptake in bowel cancer screening and again this is part of the Primary Care Model work. HPV Vaccination protects girls from cervical cancer in later years. Uptake remains good for HPV vaccination. Changes to the national schedule for HPV vaccination may further improve opportunities to improve uptake locally.

The Family Nurse Partnership team has been recruited and began to start work with first time teenage mothers in November 2014. Work is underway to ensure the safe transition of the Health Visiting service to be commissioned by the Local authority by October 2015. To date we have had a successful workshop with all providers and partners on the 0-19 child pathway.

### 3.0 Emerging Issues

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

#### **COMMISSIONING & COMPLEX CARE**

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

Mental Health Act Code of Practice: a full and detailed review of the Code of Practice to the Mental Health Act has been conducted by the Department of Health, and Halton Borough Council made a substantial contribution to the national consultation. The revised Code will be issued in Quarter 4 and will then be the subject of detailed training for key staff; relevant policies and procedures will also need to be revised.

Review of the Acute Care Pathway (ACP): the ACP was developed within the 5Boroughs in 2013 as a model for the delivery of services to people under the age of 65 with complex mental health problems. The CCGs across the footprint of the 5Boroughs - supported by the Local Authorities - are now taking forward a review of the ACP as a whole, to establish the level of positive outcomes that have been achieved.

Redesign of Borough Council services for people with mental health problems: given the positive results coming from the pilot programme run by the Mental health Outreach Team with GP surgeries, the decision has been made to review in detail the way that social services as a whole are provided for local residents with mental health problems. Although there will always be a need to provide comprehensive support to people with the most complex needs and levels of risk, the intention is to establish the extent to which social services can engage at an earlier stage with people and reduce the need for complex interventions. This should result in greater opportunities to support partner agencies – particularly the police, children’s services and the local housing bodies – to manage and support people whose needs can be very challenging, but who do not fit the criteria for referral to the specialist psychiatric services. This review will also involve a detailed examination of the pathways into step-down services with lower levels of support, to ensure that the right services are provided to people at the right time. The Review is designed to complement the review of the ACP, described above.

5Boroughs locality-based service: following an internal restructure, the 5Boroughs are moving to develop a more borough-based approach to the delivery of their services, so as to match local commissioning requirements more exactly. This is welcomed by the Borough Council and it should continue the effective engagement by the 5Boroughs in local strategic planning processes.

##### **Halton Supported Housing**

Halton Supported Housing Network continues to work to bring back people to the borough, closer to family and friends. The shop in Widnes should be open in the next 5 weeks and we are in the process of selecting goats for our cheese and milk production.

##### **Carers Respite**

A new specification is being developed to cover a range of areas related to Carers respite. This new specification is aimed at improving outcomes as well as value for money. It is envisaged that the specification will be completed by February 2015.

### **Information Model**

Work has begun on co-producing an information model that will help local people to navigate through the challenges of accessing information. This work is being carried out as a response to the implementation of the Care Act that comes into operation in April 2015.

## **PREVENTION & ASSESSMENT**

### **The Personal Budgets Outcomes and Evaluation Tool (POET)**

The Personal Outcomes Evaluation Tool (POET) is a survey that has been developed over the last 10 years by In Control and Lancaster University as a way of measuring what is and isn't working with personal budgets. The Government recommends that all councils use the tool. Two surveys have been carried out in Halton – one with Personal Budget (PB) recipients (73 respondents) and the other with carers of PB holders (62 respondents). Surveys were conducted by the Direct Payments Team, mostly over the telephone but also face-to-face and via post. Responses were inputted directly onto the In Control website system to allow them to complete analysis and reporting. The report from the survey feedback from In Control is being analysed and will be taken through the respective reporting mechanisms.

### **Independent Living Fund (ILF)**

The Independent Living Fund (ILF) delivers financial support to disabled people so they can choose to live in their communities rather than in residential care. On 8<sup>th</sup> December 2014 the High Court upheld the Government's decision to close the ILF. This will affect approximately 18,000 disabled people across Britain and more specifically 54 people in Halton. On 30<sup>th</sup> June 2015, funding for ILF users will be transferred to the Local Authority to administer. A task and finish group will be set up to ensure that all ILF recipients in Halton are assessed prior to the transfer and to develop a transition plan. ILF are working with Halton to ensure a timely transfer.

## **PUBLIC HEALTH**

Current child development status shows an improvement from 37% in 2013/14 to 46% this quarter. We expect this figure to continue to improve.

Since 2010/11 breastfeeding has increased by 11.3%. Halton has a Child Poverty Strategy and Action Plan and is part of the City Region Child Poverty Commission. There is a wide range of work underway to address this area including Children's Centres Programmes, healthy eating, working with food banks, increasing breastfeeding, increasing free school meal uptake, plain packaging for cigarettes, smoking prevention, work with mums and tots, support for the New Shoots Food Co-op, Credit Crunch Cooking, work with Housing Trusts around welfare reforms, Healthy Homes/ Warm Homes initiatives, work with the CAB and Supporting Residents at Risk of Home Repossession project.

## 4.0 Risk Control Measures

Risk control forms an integral part of the Council's Business Planning and performance monitoring arrangements. As such Directorate Risk Registers were updated in tandem with the development of the suite of 2014 – 15 Directorate Business Plans.

Progress concerning the implementation of all Directorate high-risk mitigation measures was reported in Quarter 2 and Risk Registers are currently being reviewed for 2015 – 16 in tandem with the development of next year's Directorate Business Plans.

## 5.0 Progress against high priority equality actions







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

## 6.0 Performance Overview

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

### Commissioning and Complex Care Services

#### Key Objectives / milestones

Ref	Milestones	Q3 Progress
CCC1	Continue to monitor effectiveness of changes arising from review of services and support to children and adults with Autistic Spectrum Disorder. <b>Mar 2015.</b> (AOF 4)	
CCC1	Continue to implement the Local Dementia Strategy, to ensure effective services are in place. <b>Mar 2015.</b> (AOF 4)	
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. <b>Mar 2015</b> (AOF 4)	
CCC1	The Homelessness Strategy be kept under annual review to determine if any changes or updates are required. <b>Mar 2015.</b> (AOF 4, AOF 18)	
CCC2	Ensure Healthwatch is established and consider working in partnership with other Councils to deliver this. <b>Mar 2015</b> (AOF 21)	
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. <b>Mar 2015.</b> <b>(AOF 21 &amp; 25)</b>	
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## ***Key Performance Indicators***

### **Supporting Commentary**

#### **CCC 1 Services / Support to children and adults with Autism**

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

Key milestones have been:

- Autism Capital Funding completed to develop and amend local services to meet the needs of individuals with Autism.
- Autism Self-Assessment will be submitted in March 2015.
- Supported Accommodation being developed through 2014/15 to meet the needs of individuals with autism.

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

During Q3 the Dementia Partnership Board identified funding and endorsed the decision to commission an Admiral Nurse service in Halton to further strengthen community dementia provision. This action will be progressed during Q4.

During Q3 achievement of the 67% diagnosis rate target was a priority, supported by the roll out of the NHSE Data Quality Tool Kit. The Dementia Partnership Board continues to work with local GP Practices to achieve this target by end of March 2015.

It was agreed in December 2014 that 'ward rounds' will be undertaken by a consultant psychiatrist in two residential care homes, commencing in February 2015.

#### **CCC 1 Mental Health**

The Council continues to work closely with both the 5Boroughs and the CCG to monitor the delivery of the Acute Care Pathway (ACP) and the Later Life and Memory Service. A detailed review of the effectiveness of the ACP is being put in place, developed by the CCG but fully supported by the Council. In addition a review is taking place of the roles and tasks of the social work and outreach services (see above), which will feed directly in to the ACP review.

#### **CCC 1 Homelessness Strategy**

The 2013/18 Homelessness Strategy has been implemented and a number of actions within the action plan have been achieved. The designated sub groups will continue to meet on a bi monthly basis to discuss and implement the strategic action plan. The focus is presently around improving the monitoring & performance of the service, with further emphasis to develop prevention initiatives around Health. The strategy will be reviewed on an annual basis to ensure it is a working document that captures future change, trends and demands









### **CCC 2 HealthWatch**

Healthwatch continues to develop and events for local residents are scheduled. Discussion with partner Councils related to advocacy services are underway to ensure the best possible service is delivered. A report is going to the Council's Executive Board in the near future with options to the provision of advocacy.

### **CCC 3 Review and development of commissioning strategies to align with Public Health and Clinical Commissioning Groups**

Work in this area is progressing as scheduled. The Integration agenda continues to move towards greater alignment around governance and the integrated approach to performance management. For example, new Governance arrangements for Mental Health and other work streams have been put in place.

### **Key Performance Indicators**

Ref	Measure	13 / 14 Actual	14 / 15 Target	Q3 Actual	Q3 Progress	Direction of travel
CCC 4	Adults with mental health problems helped to live at home per 1,000 population	2.64	3.5	2.57		
CCC 5	The proportion of households who were accepted as statutorily homeless, who were accepted by the same LA within the last 2 years (Previously CCC 6).	0	1.2	0		
CCC 6	Number of households living in Temporary Accommodation (Previously NI 156, CCC 7).	11	12	4		

### **Supporting Commentary**

#### **CCC 4 Adults with mental health problems helped to live at home per 1,000 population**

This month's figures are part of a continuing trend, arising from the reduced numbers of people who are managed through the 5Boroughs Partnership, following the introduction of the Acute Care Pathway last year. The redesign of the social care services (described earlier) is anticipated to increase this figure.

#### **CCC 5 The proportion of households who were accepted as statutorily**

**homeless, who were accepted by the same LA within the last 2 years**








Merseyside Sub Regional, No Second Night Out scheme which provides an outreach service for hard to reach clients and rough sleepers. The service has proven invaluable and the organisation has successfully worked in partnership with Halton to identify and assist this vulnerable client group.

The contract is due to end March 2015 and each Authority is looking to develop an exit strategy to ensure that adequate services are made available to sustain a zero tolerance towards repeat homelessness within the district and facilitate reconnection with neighbouring authorities.

**CCC 6 Number of households living in Temporary Accommodation**

The changes in the TA process and amended contracts for accommodation providers has had a positive impact upon allocation placements and resulted in the reduction of TA accommodation.

**Prevention and Assessment Services****Key Objectives / milestones**

Ref	Milestones	Q3 Progress
PA 1	Fully implement and monitor the effectiveness of the complex care pooled budget <b>March 2015. (AOF 2,3,4,10,21)</b>	
PA 1	Continue the integrated provision of frontline services including multidisciplinary teams, care homes, safeguarding services and urgent care <b>March 2015 (AOF 2,3,4,10,21)</b>	
PA 1	Develop a Care Management Strategy to reflect the provision of integrated frontline services for adults <b>March 2015 (AOF 2,3,4,10,21)</b>	
PA 1	Work within adult social care to focus on preventative service to meet the needs of the population <b>March 2015 (AOF 2,3,4,10,21)</b>	
PA 1	Develop an integrated approach to the delivery of Health and Wellbeing across Halton <b>March 2015 (AOF 2,3,4,10,21)</b>	
PA 2	Continue to establish effective arrangements across the whole of adult social care to deliver personalised quality services through self-directed support and personal budgets <b>March 2015 (AOF 2, 3,4,10,21)</b>	
PA 2	Continue to review the quality of commissioned services and continue to develop the role of the integrated safeguarding unit <b>March 2015 (AOF 2, 3,4,10,21)</b>	

## Supporting Commentary

### **PA 1 Complex care pooled budget**

Fully implemented.

### **PA 1 Integrated provision of frontline services**

These teams are now fully operational.

### **PA 1 Develop a Care Management Strategy**

The Care Management Strategy has been presented to Senior Management Team; it will now follow a period of consultation and be presented to respective boards and partners.

### **PA 1 Work within Adult Social Care focussing on Preventative Services**

The Initial Assessment team (IAT) continues to work closely with Sure Start/Bridge Building Teams and Telecare. IAT is starting to look at better signposting and capturing information that ensures positive outcomes for people using services. There has been improved delivery of stair-lifts for people with end of life care needs.

### **PA 1 Develop an integrated approach to the delivery of Health and Wellbeing across Halton**

The Health Improvement Team (HIT) has now transferred to the local authority and is working well.





### **PA 2 Personalisation/Self-directed Support**



To ensure effective arrangements for 'Personalisation' across adult social care, we have developed a steering group to take forward the 'Making it Real' agenda. TLAP (Think Local Act Personal) supported us to facilitate a 'Making It Real Live' event that took place on 4th June. From the event we developed an action plan and have now identified leads to take forward task finish groups which the steering group will oversee. The Action Plan has now been loaded on the TLAP website. A follow up event was now held in December 2014 to update those attending the original event. This work is ongoing with work-streams adopting a co-production approach working with people who use services.

### **PA 2 Integrated Safeguarding**

Continuing to develop and embed a care and safeguarding dashboard which will enable professionals to receive up to date information across the Halton landscape.

## **Key Performance Indicators**

Ref	Measure	13 / 14 Actual	14/15 Target	Q3 Actual	Q3 Progress	Direction of travel
PA 2	Numbers of people receiving Intermediate Care per 1,000 population (65+)	81.31	82	58.3		
PA 3	Percentage of VAA Assessments completed within 28 days	87.69%	85%	87.2%		

Ref	Measure	13 / 14 Actual	14/15 Target	Q3 Actual	Q3 Progress	Direction of travel
PA 7	Percentage of items of equipment and adaptations delivered within 7 working days	96.3%	97%	96.3%		

### Supporting Commentary

#### **PA 2 Numbers of people receiving Intermediate Care per 1,000 population (65+)**

On track to meet end of year target. Please note though current figures are approximate as awaiting further data from Whiston hospital team.

#### **PA 3 Percentage of VAA Assessments completed within 28 days**






We are on track to meet this target.



#### **PA 7 Percentage of items of equipment and adaptations delivered within 7 working days**

Performance continues to improve. It is expected that target will be met.

### Public Health

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

Ref	Milestones	Q3 Progress
PH 01	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. <b>March 2015</b>	
PH 01	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. <b>March 2015</b>	
PH 01	Meet the target for the take up of HPV vaccination in girls 11-13, to reduce cervical cancer rates by working proactively with the School Nursing Service and GPs. <b>March 2015</b>	
PH 01	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. <b>March 2015</b>	
PH 02	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. <b>March 2015</b>	
PH 03	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 <b>March 2015</b>	
PH 05	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. <b>March 2015</b>	

### **Supporting Commentary**

#### **PH 01 Raise awareness of Bowel, Breast and Lung Cancer**

This remains a priority for Halton Health & Wellbeing Board and sits within its underlying action plans. The national Be Clear on Cancer campaign continues to be rolled out with a team of volunteers working with local people. We are working closely with Halton CCG to develop additional early detection programmes along the lines of a Cancer Rehabilitation programme. We are still working towards improving access to staging data from the local hospitals.

#### **PH 01 Reduce Obesity Rates**

A range of weight management services are delivered for children and adults on an individual or group level, such as the fresh start programmes, active play and introduction to solid food parties. The Halton Healthy Weight management care pathways for children and adults is under review and opportunities to enhance provision being identified.

Community Food Workers have been reviewed and the dietetic service is out to tender .

#### **PH 01 Reduce Cervical Cancer Rates**

Uptake remains good for HPV vaccination. Changes to the national schedule for HPV vaccination (reduction from 3 to 2 dose schedule) may further improve opportunities to improve uptake locally.

#### **PH 01 Reduce the number of people drinking to harmful levels**

An alcohol harm reduction strategy for Halton has been developed and was launched during alcohol awareness week (17-23 November). The strategy was developed in partnership with colleagues from health, social care, education, voluntary sector, police and the community safety team. The strategy sets out actions across the life course to reduce alcohol related harm and reduce hospital admissions. Good progress has been made related to reducing Under 18 admission rates locally. Alcohol health education sessions are being delivered in all local schools

#### **PH 02 Facilitate Early Life Stages development**

The healthy child programme continues to be delivered across Halton, conducting screening, immunisations and health reviews. The Family Nurse Partnership team

started recruiting first time teenage mothers from November 2014. Work continues to ensure the safe transition of the Health Visiting service and Family Nurse Partnership to be commissioned by the Local authority by October 2015.








### PH 03 Falls Reduction Action Plan

Implementation of the falls strategy is on track, the main emphasis remains workforce development, public awareness and training and the development of an integrated pathway. All of these elements have seen either a completion or increase in activity. The next stage of development is to agree a new falls business case that will see an increase in prevention work to support the positive rehabilitation work that has been carried out as part of the strategy.

### PH 05 Mental Health and Wellbeing Programme

The children's mental health service went out to tender and the announcement of the service provider is awaited. A new mental health and wellbeing action plan has been refreshed.

### Key Performance Indicators

Ref	Measure	13/14 Actual	14/15 Target	Q3	Current Progress	Direction of travel
PH LI 01 (SCS HH 7)	Mortality rate from all cancers at ages under 75 (previously PH LI 04 [2013/14], NI 122)	145.1 July 13 to June 14	140	126 (Oct 13 – Sept 14)		
PH LI 02	A good level of child development	37%	40%	46% (2013/14)		
PH LI 03 New SCS Measure Health 2013-16)	Falls and injuries in the over 65s (Public Health Outcomes Framework) (previously PH LI 06 [2013/14])	2,850.4 (Jan 13 – Dec 13)	2,847	2,796.3 (Jul 13 – Jun 14)		
PH LI 04	Admissions which are wholly attributable to alcohol AAF=1, rate per 100,000 population.	947.5 (2013/14)	1,038	Data unavailable		N/A
PH LI 05	Mental Health: Self-reported wellbeing (previously PH LI 08, 2013/14)	N/A	69%	N/A	N/A	N/A

## **Supporting Commentary**

### **PH LI 01**

There is some progress with a slight decrease in the mortality rate from cancers. It is too early to identify an ongoing trend, although the activity against the Cancer Action Plan will maximise reduction going forward.

### **PH LI 02**

Quarter 3 has shown an increase in the number of children reaching a good level of child development by school age. There has been a lot of work in this area, for example piloting an integrated assessment between education and health and parenting programmes that contribute to this improvement.

### **PH LI 03**

Although there has been a slight rise in the rate of falls and injuries, it is not significantly higher. Also the figure is still considerably lower than the 2013/14 figure. The slight increase can be attributed to a higher level of people being present in either hospital or residential care settings, both of which see a higher level of falls compared to people who live at home. Work is ongoing to address this area of concern.

### **PH LI 04**

Data for 2014/15 is not available until later this year.

### **PH LI 05**

No data available yet.

## **APPENDIX 1 – Financial Statements**



## COMMISSIONING & COMPLEX CARE DEPARTMENT

### Revenue Budget as at 31<sup>st</sup> December 2014

	Annual Budget	Budget To Date	Actual To Date	Variance To Date (overspend)
	£'000	£'000	£'000	£'000
<b>Expenditure</b>				
Employees	7,434	5,356	5,278	78
Premises	304	206	202	4
Supplies & Services	1,922	1,494	1,499	(5)
Carers Breaks	423	353	353	0
Transport	200	153	153	0
Contracts & SLAs	160	100	91	9
Payments To Providers	3,816	2,216	2,216	0
Emergency Duty Team	103	26	18	8
Other Agency Costs	795	484	488	(4)
<b>Total Expenditure</b>	<b>15,157</b>	<b>10,388</b>	<b>10,298</b>	<b>90</b>
<b>Income</b>				
Sales & Rents Income	-284	-242	-277	35
Fees & Charges	-173	-148	-112	(36)
CCG Contribution To Service	-840	-553	-526	(27)
Reimbursements & Grant Income	-662	-497	-487	(10)
Transfer From Reserves	-948	-948	-948	0
<b>Total Income</b>	<b>-2,907</b>	<b>-2,388</b>	<b>-2,350</b>	<b>(38)</b>
<b>Net Operational Expenditure</b>	<b>12,250</b>	<b>8,000</b>	<b>7,948</b>	<b>52</b>
<b>Recharges</b>				
Premises Support	192	151	151	0
Transport	436	274	274	0
Central Support Services	1,685	1,245	1,245	0
Asset Charges	76	0	0	0
Internal Recharge Income	-1,685	-1,597	-1,597	0
<b>Net Total Recharges</b>	<b>704</b>	<b>73</b>	<b>73</b>	<b>0</b>
<b>Net Departmental Total</b>	<b>12,954</b>	<b>8,073</b>	<b>8,021</b>	<b>52</b>

#### Comments on the above figures:

Net operational expenditure is £52,000 below budget profile at the end of the third quarter of the financial year.

Employee costs are currently £78,000 below budget profile. This results from savings made on vacant posts, specifically in relation to Mental Health and Day Services. The majority of these posts have now either been filled, or are in the process of being recruited to. It is therefore not anticipated that the current spend below budget profile will continue at this level for the remainder of the financial year, and will not impact significantly on the 2015/16 budget year.

Income is below target to date. There is an anticipated shortfall on Fees & Charges income due to the temporary closure and refurbishment of a homeless facility. Additionally, income received from the Clinical Commissioning Group is projected to be below target. This income relates to Continuing Health Care funded packages within Day Services and the Supported Housing Network. The income received is dependent on the nature of service user's care packages, and is out of the direct control of the service. This shortfall is partly offset by an over-achievement of trading income from Day Services ventures, which is reflected in income above target to date of £35,000 for Sales and Rents. This trend is anticipated to continue for the remainder of the financial year.

At this stage in the financial year, it is anticipated that a balanced budget overall will be achieved for the year. Whilst income is projected below target, this will be offset by in-year savings in other areas, principally savings on staff turnover above the set target.

#### **Capital Projects as at 31<sup>st</sup> December 2014**

	2014-15 Capital Allocation £'000	Allocation To Date £'000	Actual Spend To Date £'000	Total Allocation Remaining £'000
ALD Bungalows	100	0	0	100
Lifeline Telecare Upgrade	100	0	0	100
Halton Carer's Centre Refurbishment	50	16	16	34
Section 256 Grant	55	0	0	55
Community Capacity Grant	166	0	0	166
<b>Total</b>	<b>471</b>	<b>16</b>	<b>16</b>	<b>455</b>

## PREVENTION & ASSESSMENT DEPARTMENT

### Revenue Budget as at 31st December 2014

	Annual Budget	Budget To Date	Actual To Date	Variance To Date (underspend)
	£'000	£'000	£'000	£'000
<b>Expenditure</b>				
Employees	6,510	4,735	4,644	91
Other Premises	63	31	27	4
Supplies & Services	935	245	247	(2)
Aids & Adaptations	113	90	109	(19)
Transport	8	6	9	(3)
Food Provision	28	20	22	(2)
Other Agency	23	16	15	1
	962	77	77	0
<b>Transfer to Reserves</b>				
Contribution to Complex Care Pool	17,971	9,330	9,326	4
<b>Total Expenditure</b>	<b>26,613</b>	<b>14,550</b>	<b>14,476</b>	<b>74</b>
<b>Income</b>				
Other Fees & Charges	-232	-155	-174	19
Reimbursements & Grant Income	-898	-112	-122	10
Transfer from Reserves	-2,485	-2,485	-2,485	0
Capital Salaries	-39	0	0	0
Government Grant Income	-155	-137	-137	0
CCG Contribution to Service	-597	-504	-507	3
<b>Total Income</b>	<b>-4,406</b>	<b>-3,393</b>	<b>-3,425</b>	<b>32</b>
<b>Net Operational Expenditure</b>	<b>22,207</b>	<b>11,157</b>	<b>11,051</b>	<b>106</b>
<b>Recharges</b>				
Premises Support	221	166	166	0
Asset Charges	210	0	0	0
Central Support Services	1,980	1,412	1,412	0
Internal Recharge Income	-419	-307	-307	0
Transport Recharges	50	34	38	(4)
<b>Net Total Recharges</b>	<b>2,042</b>	<b>1,305</b>	<b>1,309</b>	<b>(4)</b>
<b>Net Departmental Total</b>	<b>24,249</b>	<b>12,462</b>	<b>12,360</b>	<b>102</b>

### Comments on the above figures:

In overall terms, the Net Operational Expenditure for the third quarter of the financial year is £98,000 under budget profile excluding the Complex Care Pool.

Employee costs are currently showing £91,000 under budget profile. This is due to savings being made on vacancies within the department, in particular Care Management. Some of these vacancies have been advertised and have been or are expected to be filled in the coming months. However if not appointed to, the current underspend will continue to increase beyond this level.

Expenditure on Aids and Adaptations is £19,000 over budget profile in the third quarter. Aids and Adaptations continue to be a pressure area as more people are supported within their own homes.

Overall income has for the third quarter, over achieved by £32,000. Lifeline income is £17,000 higher than anticipated at budget setting time; however this is offset by an increase in transport recharges of £4,000 for diesel, vehicle repairs, tyres and casual hire. This trend is expected to continue for rest of the financial year.

A detailed analysis of the Complex Care Pool is shown below:

## **COMPLEX CARE POOL**

### **Revenue Budget as at 31<sup>st</sup> December 2014**

	Annual Budget	Budget To Date	Actual To Date	Variance To Date (overspend)
	£'000	£'000	£'000	£'000
<b>Expenditure</b>				
Intermediate Care Services	3,691	2,245	2,234	11
End of Life	192	171	171	0
CHC Assessment Team	255	255	255	0
Sub Acute	1,788	1,311	1,302	9
Joint Equipment Store	532	312	320	(8)
Intermediate Care Beds	596	403	400	3
Adult Care:				
Residential & Nursing Care	20,198	13,022	12,972	50
Domiciliary & Supported Living	9,910	7,726	7,686	40
Direct Payments	3,293	2,745	2,950	(205)
Day Care	457	309	297	12
<b>Total Expenditure</b>	<b>40,912</b>	<b>28,499</b>	<b>28,587</b>	<b>(88)</b>
<b>Income</b>				
Residential & Nursing Income	-4,920	-3,939	-4,017	78
Community Care Income	-1,552	-999	-1,021	22
Direct Payments Income	-189	-150	-142	(8)
Other Income	-485	-485	-485	0
CCG Contribution to Pool	-12,784	-12,841	-12,841	0
Reablement & Section 256 Income	-3,011	-755	-755	0
<b>Total Income</b>	<b>-22,941</b>	<b>-19,169</b>	<b>-19,261</b>	<b>92</b>
<b>Net Divisional Expenditure</b>	<b>17,971</b>	<b>9,330</b>	<b>9,326</b>	<b>4</b>

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

The overall net expenditure budget is £4,000 under budget profile at the end of the third quarter.

The number of clients in receipt of residential & nursing social care from April this year has increased by 1%. The number of clients in receipt of domiciliary social care (including supported living) from April this year has decreased by 1%, this is due in part, to 38 clients moving to Direct Payments. This was a one off transfer and all of the clients have now transferred.

The number of clients in receipt of a Direct Payment has substantially increased this year and this is due in part to the renegotiation of the Domiciliary Care contracts. Clients who were receiving a commissioned domiciliary care package have now opted to take a Direct Payment and new clients who have never received a package of care, but now have the choice are now also opting to take a Direct Payment than receive the traditional package of care commissioned by the council.

Due to expenditure by nature, being volatile and fluctuating throughout the year depending on the number and value of new packages being approved and existing packages ceasing, trends of expenditure and income will be scrutinised in detail throughout the next quarter of the year to ensure a balanced budget is achieved at year-end and in order to identify pressures that may affect the budget in the short to medium term.

The budgets across health and social care have been realigned to reflect the demand for services this financial year.

### **Capital Projects as at 31<sup>st</sup> December 2014**

	2014-15 Capital Allocation £'000	Allocation To Date £'000	Actual Spend To Date £'000	Total Allocation Remaining £'000
Disabled Facilities Grant	500	375	247	253
Energy Promotion	12	6	6	6
Stair lifts (Adaptations Initiative)	250	188	180	70
RSL Adaptations (Joint Funding)	200	150	133	67
<b>Total</b>	<b>962</b>	<b>719</b>	<b>566</b>	<b>396</b>

**PUBLIC HEALTH DEPARTMENT**

**Revenue Budget as at 31<sup>st</sup> December 2014**

	Annual Budget	Budget To Date	Actual To Date	Variance To Date (underspend)
	£'000	£'000	£'000	£'000
<b>Expenditure</b>				
Employees	2,331	1,559	1,494	65
Supplies & Services	223	107	98	9
Other Agency	20	20	17	3
	5,003	3,239	3,237	2
<b>Contracts &amp; SLA's</b>				
	5	1	0	1
<b>Transport</b>				
Transfer to Reserves	707	0	0	0
<b>Total Expenditure</b>	<b>8,289</b>	<b>4,926</b>	<b>4,846</b>	<b>80</b>
<b>Income</b>				
Other Fees & Charges	-59	-45	-39	(6)
Sales Income	-26	-25	-18	(7)
Reimbursements & Grant Income	-3	0	0	0
Government Grant	-8,749	-4,374	-4,374	0
Transfer from Reserves	-200	0	0	0
<b>Total Income</b>	<b>-9,037</b>	<b>-4,444</b>	<b>-4,431</b>	<b>(13)</b>
<b>Net Operational Expenditure</b>	<b>-748</b>	<b>482</b>	<b>415</b>	<b>67</b>
<b>Recharges</b>				
Premises Support	50	37	38	(1)
Central Support Services	2,135	2,018	2,020	(2)
Transport Recharges	25	18	15	3
<b>Net Total Recharges</b>	<b>2,210</b>	<b>2,073</b>	<b>2,073</b>	<b>0</b>
<b>Net Departmental Total</b>	<b>1,462</b>	<b>2,555</b>	<b>2,488</b>	<b>67</b>

**Comments on the above figures:**




In overall terms, the Net Operational Expenditure for the third quarter of the financial year is £67,000 under budget profile.

Employee costs are currently £65,000 under budget profile. This is due to savings being made on vacancies within the department. Some of the vacant posts, specifically in relation to trading standards have now been filled. If vacancies remain unfilled, the current underspend will increase beyond this level by the end of the financial year.

In October 2014, The Health Improvement Team transferred from Bridgewater Community Healthcare to Halton Borough Council. This part of the Bridgewater Community Healthcare contract amounted to £1,568,000 per annum. Therefore the Contracts & SLA's budget has reduced and the Employee, Supplies & Services, Transport budgets have increased accordingly for the remainder of the financial year.




## APPENDIX 2 – Explanation of Symbols

Symbols are used in the following manner:

Progress		<b><u>Objective</u></b>	<b><u>Performance Indicator</u></b>
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 unless there is an intervention or remedial action taken</u>.</i>

### Direction of Travel Indicator

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

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