

## Health Policy & Performance Board Priority Based Report

**Reporting Period:** Quarter 1: 1<sup>st</sup> April to 30<sup>th</sup> June 2015

### 1.0 Introduction

This report provides an overview of issues and progress against key service area objectives and milestones and performance targets, during the first quarter of 2015/16 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 first quarter which include:

#### **PREVENTION & ASSESSMENT**

##### **Winterbourne View**

Following the Winterbourne View scandal, the Government pledged to move all people with learning disabilities and/or autism inappropriately placed in such institutions into community care by June 2014. "Transforming Care: A National Response to Winterbourne View Hospital (Department of Health final report) was produced in December 2012 and included an Action Plan with 63 areas to be implemented nationally; areas were identified as the responsibility of the Clinical Commissioning Groups (CCGs) and Local Authorities. A Winterbourne View Concordat Action Plan was developed locally for these specific areas and progress has been monitored regularly through the Winterbourne Strategic Group that meets on a quarterly basis, represented by both HBC and the NHS Halton CCG.

The original Winterbourne View report and pledge to move all people with learning disabilities and/or autism inappropriately placed failed nationally due to various reasons, including: (1) resistance from some of the organisations involved, (2) councils being unsure how to deal with service users who challenge services; (3) limited incentives for organisations to make the changes along with a lack of understanding of how the changes could create cost savings and improve people's quality of life.

**Learning Disability (LD) Nursing Team:** The team continues to provide support and regular monitoring of LD clients within the borough as well work proactively with families, carers, community organisations and other health professionals. Work this quarter included supporting clients through cancer diagnoses and latterly treatments, ensuring discharged inpatients were settled in their new accommodations and attending the NHS Confederation Conference to discuss reasonable adjustments within acute hospital settings. Community interventions included consultation sessions with the People's cabinet to gather feedback on support needed from LD community in Halton, current services offered and any improvements that could be made. A team member has been part of the group who have produced comics for people with LD across a range of health

topics. The team took part in the Magna Carta event to promote health and rights of people with LD. Close work with the eye health team has resulted in the team giving a presentation to orthoptists and ophthalmologists at Warrington Hospital to raise awareness of learning disabilities and reasonable adjustments. Also, the team have been working closely with GP practice-based pharmacy colleagues regarding medication and guidelines.

### **Community Multi-Disciplinary Team Development**

Recruitment is underway for additional social care practitioners to engage with GP practices and the wider primary care team in Widnes, replicating the existing model in Runcorn. A project lead in social care has been identified to support the wider development of services based around GP surgeries.

### **Making It Real**

The 'Making It Real' steering group meets on a regular basis and their work ensures that our progress towards a personalised community based support is maintained. Dedicated leads have been assigned to take work forward via various task and finish groups. Another 'Making It Real Live' event has been planned to take place in autumn 2015.

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

After an independent review in 2007 the Government acknowledged that the ILF system was inequitable for people and operated outside of care systems operated by the local authority. The Government subsequently decided to close the ILF on 30<sup>th</sup> June 2015 with the ILF users transferring to the management of the local authority. Although the funding of ILF was to transfer to the local authority, an attrition rate of 5% was to be applied to the overall costs that the local authority would receive.

To address the transfer, senior management team agreed for a project team to be established to review the 51 ILF recipients and produce support plans to reflect any changes that may be proposed. The team reviewed all ILF recipients within timescales and within the proposed budget. In the future any individual who may develop a long term condition will no longer have recourse to ILF for funding and will need to be funded long term from the community care budget.

### **POET**

The Personal Outcomes Evaluation Tool (POET) survey feedback was presented to Communities Senior Management Team and a briefing paper prepared for the Health Policy and Performance Board. Overall, the results were very positive for Halton. Two-thirds of personal budget holders in Halton reported that their personal budget had made a positive difference in 11 of 15 outcome areas surveyed, whilst less than 3% of recipients reported any negative impact. Two-thirds of carers of personal budget holders in Halton reported that the personal budget had made a positive difference in 6 of 8 outcome areas and only 6% of carers reported a negative impact in 1 of the 8 areas (day-to-day stress). We have now registered our interest to be involved in phase three of POET.

## **COMMISSIONING & COMPLEX CARE SERVICES**

### **Housing**

The transfer in ownership of 272 dwellings (predominantly in the Halton Lodge and Runcorn old town areas) from Sanctuary Housing Association to Halton Housing Trust, LHT and Riverside was completed just prior to the financial year end. The new accommodation for single homeless persons at Brennan Lodge (Albert Road, Widnes) opened in June.

### **Homelessness – Peer Review Process**

After successfully qualifying for single homeless funding, the Merseyside Sub Regional Homeless Group (MSRHG) agreed that vulnerable clients with complex needs was a priority. Subsequently, a team will be developed to provide intense support for high complex needs clients. The recruitment process is underway and the service is due to commence early August 2015 for a period of two years.

As part of the Gold Standard, the MSRHG have registered for the peer review. Halton recently completed a service peer review within Sefton and has presented that authority with the overall findings and scores. Halton is due to be reviewed by St Helens, commencing in early September 2015. The review process takes approximately three weeks; the process involves two officers who will visit/assess services and hold discussions with senior management, council members, staff, and providers. Upon completion of the review, the officers will present their findings and award the authority an overall score, with identified improvement recommendations and good practice. The baseline score of 60% must be achieved for the authority to pursue the Gold Standard process.

### **Homeless – Supreme Court Judgement: Hotak v Southwark**

This recent court judgement will impact upon future homelessness assessment and decision making process. Councils will have to widen their criteria for deciding who gets housed and whether someone is vulnerable, by comparing them with an ordinary person if made homeless. It is anticipated that this will lead to a gradual increase in homelessness and temporary accommodation placements; however, the temporary accommodation provision within the district is deemed sufficient to meet the increased needs. Authorities are awaiting further guidance to establish the relevant criteria to be applied to ensure compliance with the priority need judgement.

### **Mental Health Services**

Operation Emblem continues to produce impressive results, with significant numbers of people being diverted into more appropriate levels of intervention and support. This scheme is now being formally independently evaluated.

Mental Health Crisis Care Concordat: this national policy initiative drives local mental health organisations to work together to deliver improvements in services for people who are in mental health crisis. Locally, the main impetus for delivery of the concordat has been led by a pan-Cheshire grouping of all key partners; an action plan has been submitted and delivery of the targets is now being closely monitored by this group. A local plan, which specifically reflects the pan-Cheshire plan, is being agreed in July 2015 by the Halton Mental Health Delivery Group.

Mental Health Outreach Team – GP pilot: For the past eighteen months, this pilot has been working with a small number of local GP surgeries to provide early intervention and

support for people with mental health needs whose care is managed solely through primary care. An internal evaluation suggests that there have been very positive outcomes for the scheme and as a result the Halton Mental Health Delivery Group has agreed in principle to support an extension of the scheme.

Mental Health Act Code of Practice: A revised Code of Practice – a key document supporting delivery of the Mental Health Act – was published earlier in 2015. The considerable changes in the Code required a complete revision of the relevant internal policies and procedures, which has now been completed.

Review of the Acute Care Pathway (ACP): Within the 5Boroughs, the ACP is the term used to describe the ways in which people with complex mental health needs are referred into the 5Boroughs, their needs assessed and then provided with appropriate help, advice, treatment and support, which includes a range of services and support from the directorate. This pathway has been in place for two years, and is now being formally reviewed by an external body commissioned by the joint CCGs across the 5Boroughs. The Borough Council has fully contributed to this review and will be engaged in any service redesign that emerges as a result.

Review of social care mental health services: Designed to complement the review of the ACP, a separate review of all aspects of the ways in which the council mental health social care services – including the social work service, the Mental Health Outreach Team and the pathways into a range of community supports – has been undertaken. A series of reports has been taken to the Directorate's Senior Management Team and will be reported to the Halton Mental Health Delivery Group.

### **Halton and St Helens Emergency Duty Team**

This service, jointly developed between Halton and St Helens Councils, and covering both children and adult services, provides emergency out of hours support to people with social care and housing needs. The service has been in place for 10 years, since when there have been considerable changes in service demand; as a result, a detailed and structured review of the service is being undertaken. In addition, at least one neighbouring local authority has indicated that it wishes to join the partnership, and this is being incorporated into the review, which aims to report in the autumn of 2015.

### **Supported Accommodation**

Vulnerable adults supported accommodation services will be tendered in 2015 and approved by Executive Board in July 2015. A "Direct Award Contract" will be awarded to existing providers from 1<sup>st</sup> November 2015 to 31<sup>st</sup> March 2016. As part of the tender process, these services will be remodelled across Halton and based on cost and geographical location. New providers/contracts will then commence from 1<sup>st</sup> April 2016 with a 3 year plus 1year contract.

### **Positive Behaviour Support Service**

PBSS team continues to develop and expand and are currently working in Halton (children and adults), Knowsley (children and adults), Cheshire East (children) and Sefton (adults). Expressions of interest continue to be received from CCG's and local authorities.

### **Halton Community Day Services**

Halton Community Day Services continues to develop its small businesses and projects engaging all in meaningful day time opportunities. The service is delighted to have picked up the keys to its new venture, 'the Route', and everyone is busy developing this shop to offer a shop mobility service, café, a place to sell our home produced beer, ice cream,

along with fruit and vegetables. One of our partners in this venture, Halton Speak Out, will share an identified space within the shop to promote a number of young entrepreneurs with disabilities and their small businesses as well as supporting and offering consultations to all new up and coming business enthusiasts.

### **Halton Supported Housing Trust**

Halton Supported Housing Trust is busy promoting the Active Support Model to enable tenants to take greater control of their day to day living skills. The outcomes continue to be outstanding where tenants are engaged in all aspects of promoting their independence. As this service works closely with Halton Community Day Services there is a significant change to a more joined up approach to the shared people they support, therefore creating a seamless service and enhancing the Active support model further. The service continues to have strong links with its partners, Halton Speak Out and SHAP advocacy services; joint working has promoted greater opportunities in accessing the local community along with supporting the “Stay Up Late” Campaign.

## **PUBLIC HEALTH**

### **HPV vaccination**

HPV vaccine which protects girls from developing cervical cancer in later life is on target and reaching the England average. Child development is particularly good as the healthy child programme continues to be delivered across Halton, conducting screening, immunisations and health reviews.

### **Falls Service**

The number of older people experiencing hip fractures from falls has decreased from 156 (838.5 per 100,000 population) during 2013/14 to 89 (483.9 per 100,000 population) during 2014/15. This figure is lower than that seen in any year in the published data from 2010/11 onwards. (However, the 2014/15 figure is based on provisional local data and the 2013/14 data is verified published data.) A new falls triage system has seen a reduction in the waiting time for assessment of 6%, this equates to an actual reduction of 163 days and is calculated from an average waiting time from referral to falls service to receiving a service. This has been achieved despite the fact that there has been an 8% increase in the number of referrals into the service.

### **Alcohol Awareness**

An awareness raising campaign on the harms of drinking alcohol during pregnancy was launched in February 2015. It was initially launched with a month long publicity campaign with posters and flyers across the Borough, supported with ongoing social media campaigns and dissemination through the midwives. The full campaign ended on 20th July 2015.

### **Children and young people’s health and wellbeing**

The children and young people’s emotional health and wellbeing service has been jointly commissioned by the CCG and public health. It has been mobilizing and went live on 1<sup>st</sup> July 2015. This service will provide therapeutic support to children and families with emotional health difficulties, and will provide workforce training on the recognition and

early treatment of mental health issues. The service also includes an online counselling service.

### **3.0 Emerging Issues**

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

#### **PREVENTION & ASSESSMENT**

##### **Care Management**

We have developed a “Making a Difference” a strategy for transforming care management in Halton that is aimed at staff and partner agencies. The overall purpose is to provide with a shared vision of the future of care management services and a plan to shape our future, over the next five years. This Care Management strategy has stemmed from the growing need to identify a future vision of assessment and care management services that are fit for purpose to meet the many challenges at national and local level whilst maintaining high quality, effective and safe practice. The strategy has been presented to Communities Senior Management Team and the Health Policy and Performance Board and is out for wider consultation.

##### **Thresholds Model**

After a period of consultation and a pilot, the implementation of the thresholds model for safeguarding will be implemented from July. Due to the scale and varying needs of adults at risk, it is crucial that all agencies working with adults at risk are involved in the prevention of abuse. However, identifying when safeguarding referrals should be made is not always clear cut. In order to give some clarity to when a referral should be raised with Halton’s Integrated Adults Safeguarding Unit, the safeguarding referral “thresholds” have been compiled. This threshold guidance aims to ensure adult protection issues and concerns are reported and investigated at the appropriate level.

##### **Deprivation of Liberty Safeguards**

National statistics show that Deprivation of Liberty Safeguards (Dols) case numbers reached record levels from April to June 2015. This is being reflected locally with figures increasing by over 400% on last year. Local authorities must process Dols cases within 21 days for standard authorisations and seven days for urgent authorisations. Due to the pressures within the system waiting lists for assessments are now being held and there is a potential for timescales to be breached. A prioritisation system has been implemented with the high risk and urgent cases taking priority.

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

##### **Housing**

The Queen's speech and July Budget have heralded a number of significant changes that will impact on the housing sector which include the following:

- Extension of the Right to Buy to Housing Association tenants.
- Rents for social housing to reduce by 1% for each of the next four years starting in 2016.
- 18–21 yr. olds will not be eligible to claim Housing Benefit if they are not working, with some exceptions for the vulnerable (yet to be defined) and those who were in work in the 6 months prior to application.
- Local Housing Allowance rates frozen for the next 4 years for private rented sector tenancies.
- Tax relief for Buy to Let investments is to be reduced to basic rate, potentially leading to rent increases to recoup costs.
- The Universal Credit cap will be reduced from £26,000 to £20,000, further increasing the risk of the Housing Benefit element being insufficient to cover rent payments.
- Social housing tenants with incomes above £30,000 will be charged a market rent.
- Further planning reforms to remove obstacles to house building.

### **Halton Community Day Services**

After a recent period of consultation, HBC Adult Placement Service and Halton Community Day Services have merged to create one joined-up service. The collaboration is very much in its early stages but hopes to create a seamless service to the people they support.

### **Halton Supported Housing Network**

The Network is currently involved in an efficiency review of the service and on the 4<sup>th</sup> August will start a month's consultation period regarding a new proposed structure. This will be an anxious time for all and communicating effectively with tenants, staff, carers and other professionals will be important.

## **PUBLIC HEALTH**

### **Health Visiting and Family Nurse Partnership services**

Work continues to ensure the safe transition of the Health Visiting service and Family Nurse Partnership service. These services were previously commissioned by NHS England and will move to the local authority by October 2015. Stage 3 UNICEF baby friendly inspection of Bridgewater Community Health service is taking place in July 2015. The inspection is the final stage of BFI inspections and focuses on the women's experience of community midwifery and health visiting services, and any venue from which the services operate.

### **Falls Pathway**

A pathway for low-level prevention, postural stability and environmental checks has now been incorporated into the overall falls pathway. Plans are being developed to progress this work with information providers in the voluntary sector. Additional training will be available to support this venture.

## 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 2015-16 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.

### Prevention and Assessment Services

#### Key Objectives / milestones

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

#### Supporting Commentary

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

Governance arrangements are in place and on target to achieve a balanced budget.

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

Strategic group continues to monitor and oversee. We are on target for full compliance with the requirements of the Care Act.

#### **Key Performance Indicators**

Ref	Measure	14/15 Actual	15/16 Target	Q1 Actual	Q1 Progress	Direction of travel
PA 1	Numbers of people receiving Intermediate Care per 1,000 population (65+)	80	77	<b>20.4</b> (414 referrals)		
PA 2	Percentage of VAA Assessments completed within 28 days	86.8%	85%	<b>79.3%</b>		
PA 6a	Percentage of items of equipment and adaptations delivered within 7 working days	95.5%	97%	<b>98.7%</b>		
PA 6b	Percentage of items of equipment and adaptations delivered within 5 working days – new indicator	89.5%	95%	<b>93.6%</b>		n/a
PA 11	Permanent Admissions to residential and nursing care homes per 100,000 population, 65+ (ASCOF 2A1) <i>Better Care Fund performance metric</i>	600.8	635.1	<b>177.3</b> (36 admissions)		
PA 12	Delayed transfers of care (delayed days) from hospital per 100,000 population <i>Better Care Fund performance metric</i>	tbc	2235	<b>407</b> (vs target 472)	n/a	n/a
PA 14	Total non-elective admissions in to hospital (general & acute), all age, per 100,000 population <i>Better Care Fund performance metric</i>	tbc	12771.8 Admissions: 16,141 Pop: 126,380	<b>2206.04</b> (Apr-May)	n/a	n/a
PA 15	Hospital re-admissions (within 28 days) where original admission was due to a fall (aged 65+) (directly standardised rate per 100,000 population aged 65+) <i>Better Care Fund performance metric</i>	823.89	884.2	<b>Not yet available</b>	n/a	n/a
PA 16	Proportion of Older People (65 and over)	65.6	70%	<b>n/a</b>	n/a	

Ref	Measure	14/15 Actual	15/16 Target	Q1 Actual	Q1 Progress	Direction of travel
	who were still at home 91 days after discharge from hospital into reablement/rehabilitation services (ASCOF 2B1) <i>Better Care Fund performance metric</i>					
PA 20	Do care and support services help to have a better quality of life? (ASC survey Q 2b) <i>Better Care Fund performance metric</i>	93.3%	91%	n/a	n/a	

### Supporting Commentary

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

Q1 figures may be subject to change as some data cleansing is currently taking place which may result in a potential increase in the total number of referrals received. The total number of Intermediate Care referrals is up on the same quarter last year (approximately a 7% increase).

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

We are on target with current progress but the same time last year we had met a higher percentage.

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

Performance issues with one of four service providers continue to be managed. At the moment we are maintaining a positive position to meet our target.

#### **PA 6b Percentage of items of equipment and adaptations delivered within 5 working days:**

This stretch target has been introduced this year and at present we are making good progress towards achieving it.

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

We are currently on course with this target. We are closely monitoring and continuing to on an ongoing basis evaluate the data closely with the performance team.

#### **PA 12 Delayed transfers of care (delayed days) from hospital per 100,000 population:**

Data relates to period April to May 2015.

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

Performance is within target in that there have been 2788 admissions (compared with planned figure of 3051).

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

Q1 data will not be available until September 2015.

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

This indicator is reported annually around May/June. 2014/15 outturn reports slight performance improvement on 2013/14 outturn.

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

This indicator is reported annually around May/June. However, between 2013/14 and 2014/15, there has been improved performance on clients indicating that their quality of life had improved due to interventions they received from social services.

**Commissioning and Complex Care Services**

**Key Objectives / milestones**

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

**Key Performance Indicators**

**Supporting Commentary**

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

Autism Strategy Action Plan is being reviewed in order to align with the Think Autism 2014 National review. Special Education Needs and Disability (SEND) reforms and the Care Act are to be considered in the Autism Strategy 2016 onwards.

**CCC 1 Dementia Strategy:**

The Dementia Delivery Board continues to oversee the delivery of the strategy and

report progress to the Mental Health Oversight Group. The majority of the actions contained in the strategy have a RAG rating of Green. There are a couple with an Amber rating (due to time scales for delivery, but are not of any concern at this stage), and there are no Red ratings. During Q1 Halton NHS CCG have led on the commissioning of an Admiral Nurse Service for Halton, to be operational by Autumn 2015. The Dementia Delivery Group are also overseeing the review of the Dementia Community Pathway provision, to ensure that it continues to reflect value for money and delivers the evidence based elements of best practice. This review will continue into Q2.

**CCC 1 Mental Health:**

Both the Acute Care Pathway and the Later Life and Memory services have been in place for some time, with full support from social services. However the joint CCGs across the 5Boroughs have commissioned an independent review of both services, to be reported later in the summer of 2015. In addition, an internal review of the delivery of mental health social care services within the Communities Directorate has been taking place. Both of these reviews will result in action plans which will be delivered jointly with the 5Boroughs to continue service improvement.

**CCC 1 Homelessness Strategy:**

The homelessness strategy 2014 – 2018 is a working document that captures future change, trends, and demands. A consultation event was held in June 2015 to review the strategy and action plan, which involved both statutory and voluntary agencies to determine the key priorities for next 12 months. The main priorities identified for 2015/16 are Health and Homelessness, and Complex needs. The focus will be around the key priorities, with additional emphasis placed upon achieving the objectives outlined within the St Mungo’s report, which will be incorporated within the reviewed strategy action plan.

**Key Performance Indicators**

Ref	Measure	14/15 Actual	15/16 Target	Q1 Actual	Q1 Progress	Direction of travel
CCC 3	Adults with mental health problems helped to live at home per 1,000 population	2.64	3.0	2.30		
CCC 4	The proportion of households who were accepted as statutorily homeless, who were accepted by the same LA within the last 2 years (Previously CCC 6).	0	1.2	0		
CCC 6	Number of households living in Temporary Accommodation (Previously NI 156, CCC 7).	19	11	9		

## Supporting Commentary

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

Although this figure has reduced since the end of 2014/15, this appears to be because some aspects of service delivery are not being captured by the data collection processes. Further work is being undertaken to remedy this and report a more accurate figure at the next quarter.

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

The authority places strong emphasis upon homelessness prevention and achieving sustainable outcomes for clients. Halton will continue to strive to sustain a zero tolerance towards repeat homelessness within the district and facilitate reconnection with neighbouring authorities.

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

The Housing Solutions Team (HST) has taken a proactive approach to preventing homelessness. Staffing stability within the team has contributed towards the reduction in temporary accommodation placements, resulting in the devised target being achieved. There are established prevention measures in place and the HST fully utilise and continue to promote all service options available to clients. The changes in the temporary accommodation process and amended accommodation provider contracts have had a big impact upon allocation placements. The emphasis is focused on early intervention and empowerment to promote 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.

## Public Health

### **Key Objectives / milestones**

Ref	Milestones	Q1 Progress
PH 01	Work with PHE to ensure targets for HPV vaccination are maintained in light of national immunisation Schedule Changes and Service reorganisations. <b>March 2016</b>	
PH 01	Working with partners to identify opportunities to increase uptake across the Cancer Screening Programmes by 10%. <b>March 2016</b>	
PH 01	Ensure Referral to treatment targets are achieved and minimise all avoidable breaches. <b>March 2016</b>	

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

### **Supporting Commentary**

#### **PH 01 HPV vaccinations:**

Data is not yet available although indications are that performance is similar to previous years and target is likely to be achieved.

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

Progress is continuing. Health Improvement Team have undertaken an assessment of awareness/ reasons for failing to respond to Bowel screening test kits, data to be used to inform local targeted activity. Halton will be participating in a Cheshire and Merseyside / CRUK bowel screening awareness campaign. Be Clear on Cancer over 70 breast

screening campaign is being supported locally. Activity will take some time to translate into a noticeable increase in uptake rates.

**PH 01 Referral to treatment:**

Treatment targets are currently being maintained.

**PH 02 Early Life Stages:**

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

Halton Health in the Early Years group is developing action plans to ensure the delivery of the 'high impact areas' that have been recommended by the department of health. Work is underway to develop an integrated assessment at 21/2 years, and to agree how we will measure 'readiness for school'.

**PH 02 Family Nurse Partnership programme:**

The implementation of Halton's Family Nurse Partnership programme is complete and the service is fully operational, and has been recruiting families of mothers under the age of 19 since November 2014. Work to transfer the commissioning of this service from NHS England to Halton Borough Council in October 2015 is underway.

**PH 02 Breastfeeding programme:**

The hospital and community breastfeeding support continues to be made available across the borough. Stage 3 UNICEF baby friendly inspection is taking place in July 2015.

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

This has been completed and is operating well. The new triage service has seen a reduction in the waiting time for assessment of 6% and this has been achieved despite the fact that there has been an 8% increase in the number of referrals into the service.

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

Pathway for low-level prevention, postural stability and environmental checks has now been incorporated into the overall falls pathway. Plans are being developed to further develop this with information providers in the voluntary sector. This will be supported by additional training that will be available.

**PH 04 Alcohol Strategy Action Plan:**

Good progress is being made towards implementing the Halton alcohol strategy action plan. Key activity includes:

- Developing a coordinated alcohol awareness campaign plan.
- Delivery of alcohol education within local school settings (Healthitude, R U Different, Amy Winehouse Foundation, Cheshire Police, Alcohol education Trust, wellbeing web magazine).
- Ensuring the early identification and support of those drinking above recommended levels through training key staff members in alcohol identification and brief advice (alcohol IBA).
- Reviewing alcohol treatment pathways
- Working closely with colleagues from licensing, the community safety team,

trading standards and Cheshire Police to ensure that the local licensing policy supports the alcohol harm reduction agenda, promoting more responsible approaches to the sale of alcohol (e.g. promotion of Arc Angel and the local pub watch schemes within Halton), promoting a diverse night-time economy.

Working to influence government policy and initiatives around alcohol: 50p minimum unit price for alcohol, restrictions of all alcohol marketing, public health as a fifth licensing objective.

**PH 04 Education campaign around alcohol:**

An awareness raising campaign on the harms of drinking alcohol during pregnancy has been developed and launched. The campaign includes posters and flyers across the Borough. The campaign also includes PR and social media advertising. Midwives are using a new information leaflet, to provide more information to pregnant women when they book in with the midwife and at Early Bird ante natal sessions. The campaign will be evaluated by further insight work with the targeted audiences in July 2015.

**PH 04 Community conversation around alcohol:**

The Halton Alcohol Inquiry group have now met for 9 weeks. 11 commentators presented to the group over this period this included the Halton Director of Public Health, and colleagues from Licensing enforcement, trading standards, Young Addaction, Cheshire Police, Drink Wise, Diageo, Beer and Pub Association, University of Manchester.

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

The children and young people's emotional health and wellbeing service has been jointly commissioned by the CCG and public health. It has been mobilizing and went live on 1<sup>st</sup> July 2015.

**PH 05 Mental Health Action plan:**

New governance structures for the Mental Health Action plans are in place and the processes for receiving assurance from each action plan is being implemented. New mental Health posts (one mental health lead and two mental health promotion practitioner) have been agreed and recruitment is underway.

**PH 05 Suicide Action Plan:**

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

Key developments include:

- Developing a local multi-agency suicide awareness campaign plan
- Developing a local training plan to deliver suicide awareness training for community members, local community groups and key professionals who interact with known groups at high risk of suicide

Halton being part of a pilot programme across Cheshire and Merseyside to provide a support service for individuals bereaved by suicide. The service became operational on the 1st April 2015 and is called Amparo. Amparo provides support to anyone who has been affected by suicide within Halton.

***Key Performance Indicators***

Ref	Measure	14/15 Actual	15/16 Target	Q1	Current Progress	Direction of travel
PH LI 01	Mortality from all cancers at ages under 75 Directly Standardised Rate, per 100,000 population  <i>Published data based on calendar year, please note year for targets.</i>	179.8 (2014)	185.6 (2015)	174.0 (Apr 14 – Mar 15)		
PH LI 02	A good level of child development	46% (2013/14)	TBC (Awaiting confirmation of new target definition)			n/a
PH LI 03	Falls and injuries in the over 65s. Directly Standardised Rate, per 100,000 population (PHOF definition).	3237.6	3263.9	n/a		n/a
PH LI 04	Alcohol related admission episodes - narrow definition Directly Standardised Rate, per 100,000 population	814.0 (2013/14)	808.4	766.3 (2014/15)		
PH LI 05	Under 18 alcohol-specific admissions Crude Rate, per 100,000 population	60.5 (11/12 to 13/14)	55.0	n/a		
PH LI 06	Self-reported wellbeing: % of people with a low happiness score	12.1% (2013/14)	11.1%	n/a		n/a

## **Supporting Commentary**

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

The Data methodology for this indicator has changed from previous years making comparison with previous year's data difficult. Although it does indicate continual improvement with a yearly decrease in premature death from cancer over recent years.

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

The data methodology for this indicator has changed from previous years making comparison with previous year's data difficult. The target will be updated when national data has been published.

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

Q1 data unavailable until August 2015.

### **PH LI 04 Alcohol related admissions:**

No data for 2015/16 will be available until September 2015.

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

There has been an issue with the database where the data is extracted from. Hopefully it will be rectified by August 2015.

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

2014/15 data unavailable until September 2015.

## **APPENDIX 1 – Financial Statements**

## PREVENTION & ASSESSMENT DEPARTMENT

### Revenue Budget as at 30<sup>th</sup> June 2015

	Annual Budget	Budget To Date	Actual To Date	Variance To Date (underspend)
	£'000	£'000	£'000	£'000
<b>Expenditure</b>				
Employees	6,613	1,620	1,588	32
Other Premises	63	18	6	12
Supplies & Services	420	40	41	(1)
Aids & Adaptations	113	28	24	4
Transport	8	2	2	0
Food Provision	28	7	3	4
Other Agency	22	3	4	(1)
	1,600	0	0	0
<b>Transfer to Reserves</b>				
Contribution to Complex Care Pool	17,330	1,476	1,419	57
	<b>26,197</b>	<b>3,194</b>	<b>3,087</b>	<b>107</b>
<b>Total Expenditure</b>				
<b>Income</b>				
Fees & Charges	-236	-59	-67	8
Reimbursements & Grant Income	-149	-4	-5	1
Transfer from Reserves	-1,001	0	0	0
Capital Salaries	-71	0	0	0
Government Grant Income	-154	-75	-75	0
CCG Contribution to Service	0	0	0	0
	<b>-1,611</b>	<b>-138</b>	<b>-147</b>	<b>9</b>
<b>Total Income</b>				
<b>Net Operational Expenditure</b>	<b>24,586</b>	<b>3,056</b>	<b>2,940</b>	<b>116</b>
<b>Recharges</b>				
Premises Support	331	525	525	0
Asset Charges	175	83	83	0
Central Support Services	2,193	0	0	0
Internal Recharge Income	-1,236	9	7	2
Transport Recharges	49	-386	-387	1
<b>Net Total Recharges</b>	<b>1,512</b>	<b>231</b>	<b>228</b>	<b>3</b>
	<b>26,098</b>	<b>3,287</b>	<b>3,168</b>	<b>119</b>
<b>Net Departmental Total</b>				

### Comments on the above figures:

In overall terms, the Net Operational Expenditure for the third quarter of the financial year is £62,000 under budget profile excluding the Complex Care Pool.

Employee costs are currently showing £32,000 under budget profile. This is due to savings being made on vacancies within the department. Some of these vacancies have been advertised and have been or are expected to be filled in the coming months.

Overall income has over achieved by £9,000. Lifeline income is £4,000 higher than anticipated and this trend is expected to continue for rest of the financial year.

## **COMPLEX CARE POOL**

### **Revenue Budget as at 30<sup>th</sup> June 2015**

	Annual Budget	Budget To Date	Actual To Date	Variance To Date (overspend)
	£'000	£'000	£'000	£'000
<b>Expenditure</b>				
Intermediate Care Services	3,623	460	442	18
End of Life	192	47	47	0
Sub Acute	1,743	376	369	7
Urgent Care Centres	615	0	0	0
Joint Equipment Store	810	4	4	0
Contracts & SLA's	1,197	125	114	11
Intermediate Care Beds	596	149	156	(7)
BCF Schemes	2,546	436	436	0
Adult Care:				
Residential & Nursing Care	18,185	2,586	2,538	48
Domiciliary & Supported Living	10,921	2,048	2,047	1
Direct Payments	4,436	1,476	1,482	(6)
Day Care	523	64	65	(1)
Contingency	518	0	0	0
<b>Total Expenditure</b>	<b>45,905</b>	<b>7,771</b>	<b>7,700</b>	<b>71</b>
<b>Income</b>				
Residential & Nursing Income	-5,018	-740	-734	(6)
Community Care Income	-1,583	-234	-223	(11)
Direct Payments Income	-193	-58	-64	6
Income from other CCGs	-114	-29	-29	0
BCF Income	-9,451	-2,142	-2,142	0
Contribution to Pool	-12,166	-3,042	-3,042	0
Other Income	-50	-50	-47	(3)
<b>Total Income</b>	<b>-28,575</b>	<b>-6,295</b>	<b>-6,281</b>	<b>(14)</b>
<b>Net Divisional Expenditure</b>	<b>17,330</b>	<b>1,476</b>	<b>1,419</b>	<b>57</b>

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

The overall net expenditure budget is £57,000 under budget profile at the end of the first financial quarter.

Intermediate Care Services includes spend for the Therapy & Nursing Teams, Rapid Access Rehabilitation and Reablement. A number of invoices relating to Intermediate Care Services for the quarter have not yet been received so close monitoring will be undertaken throughout the next quarter to ascertain an accurate position moving forward.

There is a projected underspend on CCG Contracts due to Ship Street void. This underspend may actually increase as remaining tenants might move out.

The budgets across health and social care have been realigned to reflect the expenditure and income in the previous year. The total number of clients receiving a residential care package increased by 0.03% during the first quarter of the financial year, from 604 clients in April to 606 clients in May. However the average cost of a residential package of care reduced from £547 to £541 for the same period.

The total number of clients receiving a domiciliary package of care reduced by 1.15% during the first quarter, from 867 clients in April to 857 clients in May. However, the average cost of a domiciliary care package increased from £198 to £202 in the same period.

The total number of clients receiving a Direct Payment reduced by 1.6% during the first quarter, from 379 clients in April to 373 clients in May. The average cost of a DP package reduced from £252 to £250 for the same period.

The Adult Health and Social Care budget will continue to be monitored closely due to its volatile nature.

### **Capital Projects as at 30<sup>th</sup> June 2015**

	2015-16 Capital Allocation £'000	Allocation To Date £'000	Actual Spend To Date £'000	Total Allocation Remaining £'000
Disabled Facilities Grant	500	100	35	465
Stair lifts (Adaptations Initiative)	250	60	36	214
RSL Adaptations (Joint Funding)	200	50	17	183
Community Meals Oven	10	0	0	10
<b>Total</b>	<b>960</b>	<b>210</b>	<b>88</b>	<b>872</b>

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

Whilst the spend to date on Disabled Facilities Grants, Stair Lifts and RSL Adaptations seems comparatively low, they are consistent with that for the equivalent period last year.

Spend for the period April to June 2014 was £98,000, comparable with the £88,000 for April to June 2015. The bulk of the capital allocations for 2014/15 were substantially spent by year-end and this trend is anticipated to continue in 2015/16.

The Community Meals Oven is a new project for 2015/16, and will be spent in full during the year.

## COMMISSIONING & COMPLEX CARE DEPARTMENT

### Revenue Budget as at 30<sup>th</sup> June 2015

	Annual Budget	Budget To Date	Actual To Date	Variance To Date (overspend)
	£'000	£'000	£'000	£'000
<b>Expenditure</b>				
Employees	7,608	1,746	1,700	46
Premises	308	87	82	5
Supplies & Services	1,912	498	500	(2)
Carers Breaks	427	166	164	2
Transport	170	44	40	4
Contracts & SLAs	90	23	21	2
Payments To Providers	3,591	757	757	0
Emergency Duty Team	93	0	0	0
Other Agency Costs	446	87	87	0
<b>Total Expenditure</b>	<b>14,645</b>	<b>3,408</b>	<b>3,351</b>	<b>57</b>
<b>Income</b>				
Sales & Rents Income	-284	-129	-134	5
Fees & Charges	-176	-44	-29	(15)
CCG Contribution To Service	-392	-98	-89	(9)
Reimbursements & Grant Income	-648	-78	-75	(3)
Transfer From Reserves	-620	-0	0	0
<b>Total Income</b>	<b>-2,120</b>	<b>-349</b>	<b>-327</b>	<b>(22)</b>
<b>Net Operational Expenditure</b>	<b>12,525</b>	<b>3,059</b>	<b>3,024</b>	<b>35</b>
<b>Recharges</b>				
Premises Support	174	57	57	0
Transport	450	7	7	0
Central Support Services	1,515	376	376	0
Asset Charges	62	16	16	0
Internal Recharge Income	-2,012	-199	-199	0
<b>Net Total Recharges</b>	<b>189</b>	<b>257</b>	<b>257</b>	<b>0</b>
<b>Net Departmental Total</b>	<b>12,714</b>	<b>3,316</b>	<b>3,281</b>	<b>35</b>

#### Comments on the above figures:

Net operational expenditure is £35,000 below budget profile at the end of the first quarter of the financial year.

Employee costs are currently £46,000 below budget profile. This results from savings made on vacant posts, specifically in relation to 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.

Income is below target to date. There is an anticipated shortfall on Fees & Charges income as a result of revised contract arrangements for the homeless hostel. 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. The shortfall is currently estimated to be in the region of £35,000 for the full year. This shortfall is likely to be partly offset by an over-achievement of trading income from Day Services ventures.

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 on savings on staff turnover above the set target.

#### **Capital Projects as at 30th June 2015**

	2015-16 Capital Allocation £'000	Allocation To Date £'000	Actual Spend To Date £'000	Total Allocation Remaining £'000
ALD Bungalows	200	0	1	199
Lifeline Telecare Upgrade	100	0	0	100
Grangeway Court Refurbishment	360	0	0	360
Halton Carer's Centre Refurbishment	34	0	0	34
The Halton Brew	16	0	0	16
Social Care Capital Grant	413	0	0	413
<b>Total</b>	<b>1,123</b>	<b>0</b>	<b>1</b>	<b>1,122</b>

Completion of the first phase of the ALD Bungalows has been delayed due to the original contractor going into liquidation. The contract is currently being retendered, with the building works estimated for completion in November. Spend is now anticipated to be £200,000 in-year, with the remainder being spent in 2016/17.

The refurbishment of Grangeway Court is expected to be completed in-year, although approximately 10% of the capital allocation will be required in 2016/17 for retention payments.

It is expected that all other projects will be completed within the financial year.

**PUBLIC HEALTH & PUBLIC PROTECTION DEPARTMENT**

**Revenue Budget as at 30<sup>th</sup> June 2015**

	Annual Budget	Budget To Date	Actual To Date	Variance To Date (underspend)
	£'000	£'000	£'000	£'000
<b>Expenditure</b>				
Employees	3,081	757	720	37
Supplies & Services	289	49	46	3
Other Agency	21	21	17	4
	4,193	284	274	10
<b>Contracts &amp; SLA's</b>				
	<b>7,584</b>	<b>1,111</b>	<b>1,057</b>	<b>54</b>
<b>Total Expenditure</b>				
<b>Income</b>				
Other Fees & Charges	-67	-15	-10	(5)
Sales Income	-26	-26	-18	(8)
Reimbursements & Grant Income	-54	-39	-38	(1)
Government Grant	-8,786	-9	-9	0
	<b>-8,933</b>	<b>-89</b>	<b>-75</b>	<b>(14)</b>
<b>Total Income</b>				
<b>Net Operational Expenditure</b>	<b>-1,349</b>	<b>1,022</b>	<b>982</b>	<b>40</b>
<b>Recharges</b>				
Premises Support	166	41	41	0
Central Support Services	2,180	126	126	0
Transport Recharges	21	2	1	1
<b>Net Total Recharges</b>	<b>2,367</b>	<b>169</b>	<b>168</b>	<b>1</b>
	<b>1,018</b>	<b>1,191</b>	<b>1,150</b>	<b>41</b>
<b>Net Departmental Total</b>				

**Comments on the above figures:**

In overall terms, the Net Operational Expenditure for the first quarter of the financial year is £41,000 under budget profile.

Employee costs are currently £37,000 under budget profile. This is due to savings being made on vacancies within the department, in particular within the Health Improvement Team. Some of these vacancies have been advertised and are expected to be filled in the coming months. However if not appointed to, the current underspend will continue to increase beyond this level.

## APPENDIX 2 – Explanation of Symbols

Symbols are used in the following manner:

<b>Progress</b>	<b>Objective</b>	<b>Performance Indicator</b>
<b>Green</b>	 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>
<b>Amber</b>	 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>
<b>Red</b>	 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

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