

Health Policy & Performance Board Priority Based Report

Reporting Period: Quarter 3: 1st October to 31st December 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 third 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 third quarter which include:

PREVENTION & ASSESSMENT

Minor Adaptations Service

The contract for delivering this service ended on 30th September 2015. A tender process was completed during quarter 2 and a contract from 1st October 2015 to 30th September 2016 awarded to a new provider. Provision has been made to extend the contract period for up to a further 3 years subject to satisfactory performance. The service will be closely monitored to ensure quality of work is maintained and delivery targets set as part of the Better Care Plan are achieved.

Care Act

The relevant elements of the Care Act implementation phase have been completed in line with the Government deadline of April 2015. All of the required policies have either been amended or written to ensure that the Act is operational. Training of frontline staff has been completed and this training has also been rolled out to partners and other stakeholders. The second phase of the Act that relates to the financial requirements for people has been postponed by the Government until 2020.

Learning Disability Nursing Team

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

- A team member attended the RCN Conference with 2 experts by experience to discuss reasonable adjustments within acute hospital settings and their experiences.
- A team member has continued supported a lady through treatment for breast cancer.
- The team have been working with other agencies and providers to promote positive outcomes for people.
- Relationship work has been carried out with couples as part of their support.
- Out of Borough reviews have been supported by team members.
- A team member has supported the acute trust with best interest decisions.

- A team member has been integral to the support for Muslim man to explore his faith in the area of marriage.
- The Monday walking group have met for a meal to celebrate their attendance at the group. This was very positive for all!
- A team member has provided advice and support to enable a man to move from home to his own place.
- A Friendship and relationships course was facilitated by some team members and self-advocates to a staff and self-advocate group.
- A team member has been supporting the Health Improvement Team to run the Freshstart group
- Ongoing monitoring of a customer following their discharge from an inpatient ward.
- A team member provided a learning disability awareness training session to CHC nurses and day service and HSHN support staff
- The team have received PBSS training and medication training

The “Making a Difference” a strategy for transforming care management in Halton that is aimed at staff and partner agencies, continues to be developed. The overall purpose has been to provide a shared vision of the future of care management services and provide us with 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. A Steering group is established to take forward the Action plan, and key areas of work. One of these areas has been the successful development of , a “Progression Routes Policy and Procedure” It demonstrates Halton is committed to developing the careers of Social Workers through vocational and academic routes. Adopting a stepped advancement pathway that allows for the successful recruitment, retention and succession planning of social work staff within the Borough. Another important area to highlight is a regular “Social Work Matters Forum” where the Principal Social Worker meets with social workers to ensure the professionalism and voice of social work is supported within the integrated working environment. It is anticipated the forum will receive a visit from the chief social worker later in the year. Social Workers are meeting in “Action Learning Sets” to enable opportunity for reflective learning, research, and support evidence based practice.

Making Safeguarding Personal

The Local Government Association and ADASS (Directors of Adult Social Services) published an evaluation of Making Safeguarding Personal (MSP). This is the approach embedded within the Care Act and has moved safeguarding investigations from a process driven approach to one which focusses on outcomes for the person involved. The new IT system went live in July 2015 and the report on outcomes has been presented the Safeguarding Adult Board.

COMMISSIONING & COMPLEX CARE SERVICES

Mental Health Services:

Review of the Acute Care Pathway (ACP) and Later Life and Memory Services (LLAMS) within the 5Boroughs: both of these services have now been in place for well over two years, so in 2015 the combined CCGs across the 5Boroughs footprint commissioned a detailed review of the effectiveness of these services, and the scope for future developments. The review has now been completed, with recommendations which cover the 5Boorughs as a whole, as well as each individual borough area.

For Halton, five key areas have been identified, ranging from the development of stronger links between primary and secondary care mental health services, and the development of more effective early intervention and prevention services, to improvements in services for people with personality disorders and complex mental health problems. Each of these is to be developed into a local workstream which will be supervised and driven by the Halton Mental Health Delivery Group.

Operation Emblem: this is the joint initiative between the police, the CCG and the 5Boroughs, and supported by the Borough Council, to reduce the numbers of people believed to have a mental health problem detained in a place of safety by the police, using their powers under Section 136 Mental Health Act 1983. This initiative has now been reviewed in detail, and revealed some extremely positive results:

- In 2014, there was a reduction of 54% in the numbers of people in Halton detained under Section 136
- This reduction reached 100% in the last six months of the evaluation period, for the times of day that Operation Emblem was in place
- This has created significant reductions in the use of staff time across all involved agencies
- Professionals report the development of really positive relationships and levels of understanding across the services
- People who use services felt respected and treated with dignity, which allowed them in turn to be open and honest; they felt that the services and supports they were offered were appropriate and there was a positive impact on families

The service continues to be commissioned and is well regarded. Consideration will be given to extending the service within Halton as part of the action plan arising from the review of the Acute Care Pathway and LLAMS.

Mental Health Crisis Care Concordat: this concordat, designed to ensure that key local agencies work together effectively to either prevent mental health crisis, or minimise its effects if it happens, was published by central government in 2013. A detailed action plan has been developed across the Cheshire region, complemented by a local Halton-based plan. This is monitored on a regular basis by the Halton Mental Health Delivery Group, and many of its actions will be incorporated into the implementation of the review of the ACP and LLAMS.

Review of Halton Borough Council Mental Health services: through the Spring and Summer of 2015, a review involving key partners took place of the delivery of the social care services within Halton for people with mental health needs. This took into account the social work service, the Mental Health Outreach Team and a number of services commissioned by the Council. A number of recommendations were made, which support the overall objectives of intervening with people at an earlier stage of their conditions, and preventing mental health conditions from arising if possible. The actions to deliver these recommendations are incorporated into the Halton Mental Health Delivery Group's work plan and will be supported by delivery of the outcomes of the review of the ACP and LLAMS.

CQC inspection of 5Boroughs Partnership NHS Trust: this detailed inspection took place across the whole footprint of the 5Boroughs in summer 2015. The published outcome was expected in autumn 2015 but has not yet been delivered; the council will be involved in and will support any action planning which takes place as a result.

Other developments in the Commissioning and Complex Care Department:

Halton and St Helens Emergency Duty Team: this service is run as a joint partnership between the two councils, and covers both children's and adults services. This service has been in place for over ten years, during which time there have been a considerable number of developments: the legal context has been through significant changes in both children's and adults services, the demand for the services has increased, the ways in which partners work has been through substantial change and there is an increasing need for efficient and cost-effective service delivery.

As a result of all of this, and from approaches made by other Local Authorities in an attempt to join the partnership, a detailed review has taken place. Recommendations have been made and will be implemented through the service's joint partnership board.

Homelessness

The Merseyside Sub Regional Homeless Group successfully qualified for single homeless funding. Each of the six authorities agreed that vulnerable client with complex needs was a priority, subsequently, it was agreed that the funding would be used to develop a small team of four who would provide intense support for high complex needs clients. The recruitment process has now been completed and the contract was awarded to Whitechapel and the service commenced November 2015 and will run for a two year period. Discussions are underway with the organisation to develop an efficient referral process and identify the key agencies within Halton

Halton commissioned a new supported hostel Brennan Lodge, which officially opened July 2015. The scheme offers 39 bed self-contained units for single vulnerable homelessness clients. The building is owned by Halton Housing Trust and the Salvation Army are responsible for the operational management. Unfortunately, in November 2015 a number of management/safeguarding issues were identified, consequently, this led to the service was suspended. A number of quality inspections have been completed and it has been agreed that the suspension will be lifted with restrictions, whereby, client admittance will be restricted to no more than 8 per month the service will be monitored.

The homelessness reporting I.T system is due to be removed and consultation and training is underway. The service will now collect homelessness/prevention data using the Capita system, which will improve the data collection and reporting process. The system is due to go Live week beginning 25/1/2016 and all client records will be recorded electronically.

As part of the Gold Standard the Merseyside Sub Regional Homeless group have registered for the peer review. Each of the six authorities will review a number of services within the group. Halton recently completed a service review within Sefton and has presented the Authority with the overall findings and scores.

Halton was due to be reviewed by St Helens early September 2015, however, due to work commitments; the reviewing Authority was forced to cancel. The review process will be rearranged; however, Halton has agreed that due to other priority issues, the preference would be for the review to be arranged for February/March 2016. Upon completion of the Peer Review, the Authority will then pursue registering for the Gold Standard and undertake the necessary assessment.

Housing

Riverside has been selected as one of a handful of Housing Associations to run a 6 month pilot of the new Right to Buy scheme for Housing Association tenants. Before the scheme is rolled out nationally the pilot aims to test a number of key issues, in particular the nature and level of demand in different parts of the country, the values at which homes will be sold and the processes required to implement the full scheme.

For Riverside sales will be restricted to around 200 properties across the 6 local authority areas making up the Liverpool City Region, and for the duration of the pilot scheme applications will be restricted to those who have been tenants for 10 years or more.

The Government's November Spending Review included the following announcements –

- From 1/4/2018 Housing Benefit for new tenants in social rented housing will be capped to Local Housing Allowance rates (the limits for tenancies in the private rented sector), including a shared room rate for under 35s who are single with no dependants.
- Government investment for new build will be focussed on shared ownership and 'affordable' housing for owner occupation.

Government will look to sharpen incentives for the New Homes Bonus and reduce the level of funding provided.

PUBLIC HEALTH

Prevention and Early Detection of Cancer

Cancer remains a particular challenge in Halton and is therefore a key priority for the local Health and Wellbeing Strategy. Contributory factors include poor diet, smoking and screening rates. However, in spite of the challenges that exist, Human Papilloma Virus (HPV) vaccination rates, to protect girls from developing cervical cancer later in life, are currently on target.

Whilst 62 day breaches for referral to cancer treatment are currently on target, Public Health and the CCG are working with Hospital Trusts to improve reporting and system wide assurance. A new Health and Wellbeing Action Plan is also being developed to address system wide issues which should help to develop a whole systems approach to reducing breaches.

Improved Child Development

Work is underway with the Health Visiting Service to ensure that the additional components of the Healthy Child Programme will be delivered to all eligible families.

Public Health is also working with the Clinical Commissioning Group (CCG) and local hospitals to place a paediatrician in the community for families and importantly with health professionals. It is hoped that this development will build knowledge and expertise, which has been proven elsewhere, to improve patient care and reduce A&E attendance by families. A paediatrician has been recruited to this programme.

Reduction in the number of falls in Adults

The new falls pathway is on course and now includes low-level services including falls exercise, environmental checks and telecare installations. This has helped to further support the overall redesign of the falls service that has seen a significant reduction in areas such as hospital readmissions and a reduction in the number of people suffering a fracture neck of femur injury.

Reduction in the harm from alcohol

Good progress continues to be made in implementing the Halton Strategy Action Plan. Following the “Halton Alcohol Inquiry”, which instigated a community conversation around alcohol, an Alcohol Inquiry group was established. The group has developed a range of recommendations for local action and the group is now being supported by local stakeholders to make these recommendations a reality.

Prevention and Early Detection of Mental Health conditions

Good progress continues to be made on implementing the Suicide strategy action plan.

This includes:

- Working towards Halton being a suicide safer community
- Developing a local multi-agency suicide campaign awareness plan

Developing a local training plan to deliver suicide awareness training for community members, local community groups and key professionals

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

Domiciliary Care

Work has commenced on transforming and redesigning the current domiciliary care service in Halton. This will take the form of developing in conjunction with local providers, professionals and members of the public a new model of service delivery that is designed around an individual’s needs. This will require more collaborative working, but in the first stages will need a full analysis of the existing service provision in the borough.

Community MDTs

There is early development of a Community Multi-Disciplinary Team (MDT) approach in Halton. This is being introduced to help the management of people with Complex Needs and intends to Improve the health and well-being of people with complex needs, building on the current Social Care In Practice Model.

Financial Abuse

A task and finish group was established to look at developing a Financial Abuse Toolkit which is intended to be used by practitioners and members of the public to provide information to anyone concerned that someone they know maybe a potential victim of financial abuse. This has been agreed by Halton Safeguarding Adult Board and an e learning programme is now being developed which will enhance this further.

COMMISSIONING & COMPLEX CARE

Mental Health Services:

Social Work for Better Mental Health: following the publication of national guidance in 2013 about the roles and functions of social workers in mental health services, the Department of Health is rolling out an implementation programme for localities around the country. Halton, in partnership with Sefton Council, has taken up the offer to be an early implementer of this programme, which will be starting early in 2016. The outcomes of this programme, which will involve partners in the NHS, will be a proper focusing of the work

that social workers do within mental health services, and the development of effective service user feedback about the services that are delivered.

Direct Payments in Mental Health: these are a key way of supporting people to manage their own care and support, by channelling the funding for their services directly to the person concerned, so that they can determine for themselves and purchase the right support to meet their needs. In mental health services in Halton, reflecting the pattern across the country, take-up of this approach has been low.

In 2015, a detailed review and analysis of the reasons for this low take-up in Halton was undertaken by the Directorate's policy team, and a number of recommendations were made. As a result of awareness-raising across health and social care staff, the numbers of people with mental health problems receiving direct payments has shown a slow but steady increase, and is now higher than it has ever been. A new service has also been commissioned from Halton Disability Partnership, which will be in place from early 2016. This will work directly with people who use mental health services to practically support and encourage them to take up direct payments. It is expected that this will lead to a further increase in the numbers of people with mental health problems who receive direct payments.

PUBLIC HEALTH

Cancer Screening

To date Halton is not achieving its cancer screening targets for cervical and bowel cancer. Cervical screening stands at 75.8% with a target of 80% and bowel cancer at 50.7% with a target of 60%, however, the overall trend shows an improvement. Public Health England is responsible for delivering on bowel screening and Halton CCG is responsible for cervical screening. Halton have signed up to a 2 year Memorandum of Understanding with Local Public Health England Screening and Immunisation team to address cancer screening across the zone.

Whilst breast screening uptake in Halton is currently above the national target, there is still wide practice variation of uptake across the Borough. The service was offered from a mobile screening unit based at the Highfield Hospital site. However, due to essential demolition work the unit has now moved to Warrington which may affect uptake. Work is currently underway to relocate the service locally as soon as possible.

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.

“Rate per population” vs “Percentage” to express data

Four BCF KPIs are expressed as rates per population. “Rates per population” and “percentages” are both used to compare data but each expresses the same amount in a different way. A common guide used is that if a percent is less than 0.1 then a rate (e.g. per 100,000) is used. For example, permanent admissions to residential care expressed as a rate (50 admissions per or for every 100,000 people) makes more sense when comparing performance with other authorities rather than as a percentage (0.05%) which is quite a small number and could be somewhat confusing. More examples below:

Location	Rate per 100,000 population	Percent
Region A	338.0	0.34%
Region B	170.5	0.17%
Region C	225.6	0.23%

Prevention and Assessment Services

Key Objectives / milestones

Ref	Milestones	Q3 Progress
PA 1	Monitor the effectiveness of the Better Care Fund pooled budget ensuring that budget comes out on target (AOF 21, 25) March 2016.	
PA 1	Implement the Care Act (AOF 2,4,10, 21) March 2016.	

Supporting Commentary

PA 1 Monitor effectiveness of Better Care Fund pooled budget:

Pooled Budget is on target to deliver a small underspend at the end of the year.

PA 1 Implement the Care Act:

All key stages of the first phase of the implementation of the Care Act have been completed.

Key Performance Indicators

Ref	Measure	14/15 Actual	15/16 Target	Q3 Actual	Q3 Progress	Direction of travel
PA 1	Numbers of people receiving Intermediate Care per 1,000 population (65+)	80	77	414 (Cumulative to end of Q3 1216)		
PA 2	Percentage of VAA Assessments completed within 28 days	86.8%	85%	61.59%		
PA 6a	Percentage of items of equipment and adaptations delivered within 7 working days	95.5%	97%	98%		
PA 6b	Percentage of items of equipment and adaptations delivered within 5 working days – new indicator	89.5%	95%	91%		
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	398.9		
PA 12	Delayed transfers of care (delayed days) from hospital per 100,000 population <i>Better Care Fund performance metric</i>	tbc	2831	501 v target 472 (To November 2015)	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	11162 V plan 12060	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	685.1		

Ref	Measure	14/15 Actual	15/16 Target	Q3 Actual	Q3 Progress	Direction of travel
PA 16	Proportion of Older People (65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services (ASCOF 2B1) <i>Better Care Fund performance metric</i>	65.6	70%	Annual collection	N/A	N/A
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%	Annual collection	N/A	N/A

Supporting Commentary

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

IC referrals are up by approximately 6% at the same point last year.

PA 2 Percentage of VAA Assessments completed within 28 days:

VAA's completed within 28 days continues to be monitored, exception reports are circulated on a monthly basis, along with in team support for social workers. There is potentially some data loading issues which are currently being looked into.

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

This remains on target to achieve the indicator.

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

This indicator will continue to be monitored but are confident that it will be achieved.

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

We are likely to be within this target. Total of 81 clients aged 65 plus have been placed in permanent care.

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

Both October and November had a very large number of delayed discharges this put us over target, however the reason for this is currently unknown.

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

Data to end November 2016, reported as whole numbers. We are 898 admissions below plan (7% below plan) and 1.4% below last year non-elective activity

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

Please note that the data included is for quarter 2 as the quarter 3 information will not be available until February 2016.

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

No data available, annual collection only.

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

No data available, annual collection only.

Commissioning and Complex Care Services

Key Objectives / milestones

Ref	Milestones	Q3 Progress
CCC 1	Continue to monitor effectiveness of changes arising from review of services and support to children and adults with Autistic Spectrum Disorder. Mar 2016. (AOF 4)	
CCC 1	Continue to implement the Local Dementia Strategy, to ensure effective services are in place. Mar 2016. (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. Mar 2016. (AOF 4)	
CCC 1	The Homelessness strategy be kept under annual review to determine if any changes or updates are required. Mar 2016. (AOF 4, AOF 18)	

Key Performance Indicators

Supporting Commentary

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

The Autistic Spectrum Condition Group continues to monitor progress and is currently reviewing same against the recently published and updated National strategy for adults in England.

CCC 1 Dementia Strategy:

During Q3 the Post Diagnosis Community Pathway specification what developed, which will go through a procurement process during Q4. This will see the reconfiguration of existing services under a Prime Provider Model.

The Living Well community screening pilot (an action of the Dementia Delivery Board) is being taken forward by HBC Health Improvement Team, who are developing a quarterly training programme to support front line stakeholders (not just HBC) in memory, falls and loneliness awareness and screening.

During Q3 the posts within the new Admiral Nurse Service were appointed to, with the service

being fully operational from Q4

CCC 1 Mental Health:

The outcome of the independent review of the Acute Care Pathway and Later Life and Memory Service has now been published. An action plan has been developed across partner agencies and the council is taking proactive steps to support the recommendations of the review. Social care staff are directly involved in all relevant aspects of the action plan and the process is being fully monitored by the Halton Mental Health Delivery Group.

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 and a number of initiatives have been developed to improve this service area provision. 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. The purpose of the review is to ensure that the working document is current and reflects legislative and economical change.

As part of the homelessness strategy a further youth strategy will be developed to identify key area services for young people. A consultation event was held mid-2015 and the CLG consultant is working directly with Halton to identify key objectives and good practice.

Key Performance Indicators

Ref	Measure	14/15 Actual	15/16 Target	Q3 Actual	Q3 Progress	Direction of travel
CCC 3	Adults with mental health problems helped to live at home per 1,000 population	2.64	3.0	2.45		
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 5	Number of households living in Temporary Accommodation (Previously NI 156, CCC 7).	19	11	15		

Supporting Commentary

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

Although the numbers of people with mental health needs supported to live at home has slowly reduced over time, this is mainly due to the implementation of the Acute Care Pathway in the 5Boroughs, which has resulted in a reduction in the overall caseloads of

the social workers. The review of the ACP has now been published, and this, along with the work being done in the Social Work for Better Mental Health programme, will mean a refocusing of the social care input into mental health services and should result in an increase in numbers of people supported.

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.

The Authority 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 has taken a proactive approach to preventing homelessness. There are established prevention measures in place and the Housing Solutions team fully utilise and continue to promote all service options available to clients.

The changes in the TA process and amended accommodation provider contracts had a big impact upon allocation placements. However, the opening of Brennan Lodge hostel, which offers 39 single units and the new priority legislation, will have a gradual increase on the total number of clients placed into temporary accommodation.

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.

Public Health

Key Objectives / milestones

Ref	Milestones	Q3 Progress
PH 01	Work with PHE to ensure targets for HPV vaccination are maintained in light of national immunisation Schedule Changes and Service reorganisations. March 2016	
PH 01	Working with partners to identify opportunities to increase uptake across the Cancer Screening Programmes by 10%. March 2016	
PH 01	Ensure Referral to treatment targets are achieved and minimise all avoidable breaches. March 2016	
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. March 2016	
PH 02	Fully establish the Family Nurse Partnership programme March	

	2016	
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 March 2016	
PH 03	Development of new triage service between Rapid Access Rehabilitation Team and Falls Specialist Service. March 2016	
PH 03	New Voluntary sector pathway developed to support low-level intervention within falls in the borough. March 2016	
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. March 2016	
PH 04	Deliver a local education campaign to increase the awareness of the harm of drinking alcohol when pregnant or trying to conceive. March 2016	
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. March 2016	
PH 05	Successfully implement a new tier 2 Children and Young Peoples Emotional Health and Wellbeing Service. March 2016	
PH 05	Monitor and review the Mental Health Action plan under new Mental Health Governance structures. March 2016	
PH 05	Implementation of the Suicide Action Plan. March 2016	

Supporting Commentary

PH 01 HPV vaccinations:

Initial preliminary results show that first dose HPV vaccination are above 90% target for year, and dose 2 is already almost at target despite not being formerly reported until 2017. We will continue to engage with current school nurse providers to support high level delivery.

PH 01 Cancer Screening Programmes:

Halton is currently working across the wider Merseyside authorities area alongside Public Health England (PHE) on a Bowel Cancer Screening Campaign to encourage individuals to 'Use your Kit'. The campaign features TV, Radio as well as visible promotional materials on Street signs, bus shelters, buses, taxis etc. The evaluation is ongoing and previous evaluation of the marketing campaign has proven effective elsewhere.

Breast screening uptake at 71.4% is above the national target of 70%. There is still wide practice variation for uptake across the Borough. The service is offered from a mobile

screening unit. Until recently the unit was located at the Highfield Hospital site, but due to essential demolition work, was forced to move location at short notice. The unit will be based in Warrington for a period of time which may adversely affect uptake in the short term. We are working with the unit to identify a longer term solution to relocate more locally as soon as possible.

PH 01 Referral to treatment:

62 day breaches for referral to a cancer treatment are now being reported through the Halton System Resilience Group which includes the CCG and adult social care. Individual breaches by hospitals continue to be investigated and analysed so that the root causes for the delays can be assessed and mitigated. 62 Day referral is currently above target indicators. Public Health and CCG are currently working with Trusts to improve reporting and system wide assurance.

A new Health and Wellbeing Cancer Action plan is being developed to address system wide issues which should help develop a system approach to reducing breaches.

PH 02 Early Life Stages:

Work is underway with the Health Visiting Service to ensure that the additional components of the national Healthy Child Programme will be delivered to all eligible families. For example, each child aged 2-2 1/2 will have a health developmental check, the results of which will be shared with the early years setting to inform their assessment of the child and services will collaboratively put in place a support package as required.

The 'BabyClear' smoking cessation programme is being delivered in Halton to enhance smoking cessation support to all pregnant women.

Public Health and the CCG are working with the local hospitals to place a paediatrician in the community. The aims of the pilot are to increase access to paediatric expertise within the community for families and importantly for health professionals. This will build knowledge and expertise, which has been shown elsewhere to improve patient care, and reduce attendance by families at A&E. A paediatrician has been recruited to the programme.

In collaboration with children's commissioners researchers have been recruited to better understand child development in Halton, and make recommendations for how it can be improved.

PH 02 Family Nurse Partnership programme:

Halton's Family Nurse Partnership programme is fully operational, all staff have been trained, and mothers are being recruited to the programme. At present the service has the capacity to work with all eligible families. This programme supports young teenage parents to improve outcomes for their children. The programme has now been recruiting patients for a year, and an event in January 2016 is taking place to reflect on progress made.

PH 02 Breastfeeding programme:

Bridgewater Community Health Trust, Halton and St Helens division achieved Stage 3 UNICEF Baby Friendly Inspection (BFI) status in July 2015. Achieving stage 3, the final BFI stage, shows that the services are fully able to support women to breastfeed through their policies, training and staff knowledge. Breastfeeding support continues to be available across the borough in community and health settings. The infant feeding

coordinator and children's centres are working towards achieving BFI in the children's centres.

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

The new pathway that incorporates the initial falls triage is now in place and complete. The impact has been positive in relation to patients time to assessment.

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

The pathway is on course and now includes low-level services including falls exercise, environmental checks and telecare installations. This has helped to further support the overall redesign of the falls service that has seen a significant reduction in areas such as hospital readmissions and a reduction in the number of people suffering a fracture neck of femur. The next stage is to further increase the voluntary sector support which will take place over the next quarter.

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:

The 'please stop drinking mummy' campaign ran from February to July 2015, and is still ongoing through social media and websites. The campaign has been well received with good traffic to sites, and positive feedback from midwives that it has helped them to discuss drinking habits with pregnant women.

PH 04 Community conversation around alcohol:

The Inquiry group have developed recommendations for local action related to: alcohol education in schools and educating parents, alcohol licensing and promoting responsible retailing, alcohol advertising and education around alcohol especially awareness of alcohol units and recommended safe drinking levels. These were shared with local stakeholders at a well-attended launch event held in June. Local stakeholders will now support the group going forward in making these recommendations a reality. Members of the Inquiry group attended the local alcohol strategy group to ensure their recommendations are taken forward locally.

PH 05 Children and Young People Health and Wellbeing Service:

Five Boroughs NHS trust have been jointly commissioned by the CCG and Public Health to deliver the tier 2 children and young people's mental health service. This service has now been in place since July 2015 and as well as providing the targeted mental health service, work will include mental health and wellbeing training for staff working with children and young people, such as schools, school based face-to-face work and an online counselling service.

PH 05 Mental Health Action plan:

The action plan and activity reports from sub groups are reviewed at the Mental Health Oversight Board.

All new Mental Health roles have individuals in post and are beginning to move forward the mental health promotion and delivery agendas.

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:

- Working towards Halton being a suicide safer community
- 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	Q3	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)	180.3 (Oct 14 – Sep 15)		
PH LI 02	A good level of child development	46% (2013/14)	TBC (Awaiting confirmation of new target definition)	54.7% (2014/15)		
PH LI 03	Falls and injuries in the over 65s. Directly Standardised Rate, per 100,000	3237.6	3263.9	2904.1 (Oct 14 – Sep 15)		

	population (PHOF definition).					
PH LI 04	Alcohol related admission episodes - narrow definition Directly Standardised Rate, per 100,000 population	814.0 (2013/14)	808.4	753.2 (Q2 15/16)		
PH LI 05	Under 18 alcohol-specific admissions Crude Rate, per 100,000 population	60.5 (11/12 to 13/14)	55.0	Annual data only		
PH LI 06	Self-reported wellbeing: % of people with a low happiness score	12.1% (2013/14)	11.1%	11.8% (2014/15)		

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. Despite some annual fluctuations data does show an overall continual improvement with decrease in premature death from cancer over recent years.

PH LI 02 Child development:

There has been an improvement in the number of children reaching a good level of development, but this remains low.

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

Falls and injuries in the over 65s have reduced significantly below both last year's performance and the 2015/16 target. It is anticipated that this improvement will continue over the next quarter.

PH LI 04 Alcohol related admissions:

Alcohol related admissions during Q2 have reduced from the 2014/15 rate and are below the 2015/16 threshold (target).

PH LI 05 Under 18 alcohol-specific admissions:

Good progress is being made related to this indicator with the number of under 18 alcohol-specific admissions continuing to reduce and being below the 2015/16 threshold (target).

PH LI 06 Self-reported wellbeing:

Recent data identifies that we have not achieved target for 2014/15 with a higher self-reported low happiness score, though this still shows improvement on previous years scores.

APPENDIX 1 – Financial Statements

ADULT SOCIAL SERVICES AND PREVENTION & ASSESSMENT DEPARTMENT

Revenue Budget as at 31st December 2015

	Annual Budget	Budget To Date	Actual To Date	Variance To Date underspend
	£'000	£'000	£'000	£'000
Expenditure				
Employees	6,816	4,960	4,881	79
Other Premises	113	55	62	(7)
Supplies & Services	399	263	265	(2)
Aids & Adaptations	113	61	88	(27)
Transport	17	8	8	0
Food Provision	28	12	15	(3)
Other Agency	22	18	18	0
	1,874	0	0	0
Transfer to Reserves				
Contribution to Complex Care Pool	17,330	6,011	5,993	18
Total Expenditure	26,712	11,388	11,330	58
Income				
Fees & Charges	-302	-210	-206	(4)
Reimbursements & Grant Income	-196	-132	-120	(12)
Transfer from Reserves	-940	-46	-46	0
Capital Salaries	-121	-91	-91	0
Government Grant Income	-300	-300	-300	0
Other Income	-5	-5	-5	0
Total Income	-1,864	-784	-768	(16)
Net Operational Expenditure	24,848	10,604	10,562	42
Recharges				
Premises Support	331	248	248	0
Asset Charges	175	0	0	0
Central Support Services	2,193	1,572	1,572	0
Internal Recharge Income	-1,560	-1,162	-1,162	(1)
Transport Recharges	49	32	31	1
Net Total Recharges	1,188	689	689	0
	26,036	11,292	11,250	42
Net Departmental Total				

Comments on the above figures:

In overall terms, the Net Operational Expenditure for the second quarter of the financial year is £24,000 under budget profile excluding the Complex Care Pool.

Employee costs are currently showing £79,000 under budget profile. This is due to savings being made from vacancies within the department. Some of these vacancies have been advertised and have been or are expected to be filled in the coming months. A saving proposal has been agreed for the staffing budget for the 2016/17 financial year onwards relating to the deletion of a vacant post with Care Management. The current year underspend is therefore not set continue for the 2016/17 budget year onwards.

Other Premises expenditure is £7,000 over budget profile. This is a result of expenditure on maintenance and repairs for Independent Living equipment. There are approximately 324 stair lifts, 19 thru floor/wheelchair lifts and 77 ceiling track hoists requiring an annual service and potentially repairs. For quarter three, the cost included 125 visits to 106 properties.

Expenditure on Aids and Adaptations is £27,000 over budget at this stage of the financial year and this trend is expected to continue for the remainder of the year. As more service users are supported within their own homes, as opposed to moving into residential homes, this places pressure on this budget as more modifications to homes are required.

COMPLEX CARE POOL

Revenue Budget as at 31ST December 2015

	Annual Budget	Budget To Date	Actual To Date	Variance To Date (overspend)
	£'000	£'000	£'000	£'000
Expenditure				
Intermediate Care Services	3,561	2,053	2,046	7
End of Life	192	184	213	(29)
Sub Acute	1,743	1248	1,226	22
Urgent Care Centres	615	615	615	0
Joint Equipment Store	810	270	270	0
Contracts & SLA's	1,197	520	542	(22)
Intermediate Care Beds	596	447	466	(19)
BCF Schemes	2,546	1405	1,405	0
Adult Care:				
Residential & Nursing Care	20,960	12,967	12,823	144
Domiciliary & Supported Living	9,569	8,381	8,378	3
Direct Payments	3,706	4,427	4,472	(45)
Day Care	463	292	303	(11)
Contingency	518	0	0	0
Total Expenditure	46,476	32,807	32,758	49
Income				
Residential & Nursing Income	-5,018	-3,709	-3,700	(9)
Community Care Income	-1,583	-990	-956	(34)
Direct Payments Income	-193	-185	-204	19
Income from other CCGs	-114	-86	-79	(7)
BCF Income	-9,451	-9,009	-9,009	0

Contribution to Pool	-12,166	-12,166	-12,166	0
ILF Income	-571	-428	-428	0
Other Income	-225	-223	-223	(0)
Total Income	-29,146	-26,796	-26,765	(31)
Net Divisional Expenditure	17,330	6,011	5,993	18

Comments on the above figures:

The overall net expenditure budget is £18,000 under budget profile at the end of quarter 3 of the financial year.

Intermediate Care Services includes spend for the Therapy & Nursing Teams, Rapid Access Rehabilitation and Reablement. Invoices relating to Intermediate Care Services continue to be slightly behind schedule. However, close monitoring will be undertaken between now and the end of the financial year to ensure these costs are accrued for correctly.

The End of Life service is delivering more hours than the contract value resulting in an overspend.

The total number of clients receiving a residential care package has decreased by 2.81% for the period April to December from 604 to 587 clients. However the average cost of a residential package of care for the same period has slightly increased from £547 to £550 for the same period.

The total number of clients receiving a domiciliary package of care has increased by 5.19% for the period April to December from 867 to 912 clients. The average cost of a domiciliary care package increased from £198 to £221 in the same period.

The total number of clients receiving a Direct Payment has increased by 9% for the period April to December from 379 clients to 414 clients. The reason for the increase is previously Independent Living Funded service users now coming under the management of local authorities. The average cost of a DP package increased from £252 to £258 for the same period.

The Adult Health and Social Care budget will continue to be monitored closely due to its volatile nature, to ensure a balanced budget is achieved.

Capital Projects as at 31st December 2015

	2015-16 Capital Allocation £'000	Allocation To Date £'000	Actual Spend To Date £'000	Total Allocation Remaining £'000
Disabled Facilities Grant	500	375	310	190
Stair lifts (Adaptations Initiative)	250	188	181	69
RSL Adaptations (Joint Funding)	200	150	86	114
Community Meals Oven	10	0	0	10
Total	960	713	577	383

Comments on the above figures:

Spend on Disabled Facilities Grants funded projects and Joint Funded RSL Adaptations are currently running below budget profile. Spend to date on these two initiatives amounts to £396k, compared with £447k for the equivalent period in the previous financial year. The bulk of the capital allocations for 2014/15 were substantially spent by year-end and it is currently assumed

that this trend will continue in 2015/16, although the capital allocations will be monitored closely for the remainder of the year in light of the current reduced spend levels.

Spend on stair lift adaptations is currently running to budget profile, and is consistent with 2014/15 spend patterns.

The Community Meals Oven is a new project for 2015/16, and it is anticipated that the capital allocation will be fully spent during the final quarter of the year.

COMMISSIONING & COMPLEX CARE DEPARTMENT

Revenue Budget as at 31st December 2015

	Annual Budget	Budget To Date	Actual To Date	Variance To Date (overspend)
	£'000	£'000	£'000	£'000
Expenditure				
Employees	7,533	5,322	5,202	120
Premises	243	185	165	20
Supplies & Services	2,102	1,630	1,627	3
Carers Breaks	427	347	351	(4)
Transport	187	140	140	0
Contracts & SLAs	90	68	77	(9)
Payments To Providers	3,531	2,273	2,273	0
Emergency Duty Team	93	14	14	0
Other Agency Costs	640	592	613	(21)
Total Expenditure	14,846	10,571	10,462	109
Income				
Sales & Rents Income	-218	-186	-175	(11)
Fees & Charges	-176	-132	-110	(22)
CCG Contribution To Service	-360	-237	-207	(30)
Reimbursements & Grant Income	-536	-391	-393	2
Transfer From Reserves	-620	0	0	0
Total Income	-1,910	-946	-885	(61)
Net Operational Expenditure	12,936	9,625	9,577	48
Recharges				
Premises Support	174	108	108	0
Transport	450	337	337	0
Central Support Services	1,516	1,136	1,136	0
Asset Charges	62	47	47	0
Internal Recharge Income	-2,479	-567	-567	0
Net Total Recharges	-277	1,061	1,061	0
Net Departmental Total	12,659	10,686	10,638	48

Comments on the above figures:

Net operational expenditure is £48,000 below budget profile at the end of the third quarter of the financial year.

Employee costs are currently £120,000 below budget profile. This results from savings made on vacant posts, specifically in relation to Day and Mental Health Services.

In the case of Day Services, the majority of these posts have now been recruited to, and the spend below budget is not anticipated to continue at this level for the remainder of the year. A saving proposal has been agreed in relation to the Mental Health Services staffing budget from 2016/17

onwards, relating to the deletion of vacant posts. The current year underspend is therefore, not set to continue after this 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. The shortfall is currently estimated to be in the region of £40,000 for the full year.

Trading income from Day Services ventures is forecast to over-achieve this year, principally as a result of contract for student work placements with Riverside College.

A temporary savings target reflecting this increased income has been approved as part of the 2016/17 budget setting process.

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 31st December 2015

	2015-16 Capital Allocation £'000	Allocation To Date £'000	Actual Spend To Date £'000	Total Allocation Remaining £'000
ALD Bungalows	200	1	1	199
Lifeline Telecare Upgrade	100	0	0	100
Grangeway Court Refurbishment	75	9	9	66
Halton Carer's Centre Refurbishment	34	34	34	0
The Halton Brew	16	16	16	0
Total	425	60	60	365

Completion of the first phase of the Bungalows for ALD clients has been delayed due to the original contractor going into liquidation. The building works are now estimated to be completed in February 2016. Spend is now anticipated to be £200,000 in-year, with the remaining £200,000 of the original capital allocation being spent in 2016/17 on a further phase of build.

The Lifeline Telecare upgrade is due to be completed in March 2016, with payment to match the original capital allocation.

The refurbishment of Grangeway Court is expected to commence late in January 2016. £75,000 is expected to be spent of the original £400,000 capital allocation in the current financial year, with the balance to be spent in the 2016-17 financial year upon completion of the works.

PUBLIC HEALTH & PUBLIC PROTECTION DEPARTMENT

Revenue Budget as at 31st December 2015

	Annual Budget	Budget To Date	Actual To Date	Variance To Date (overspend)
	£'000	£'000	£'000	£'000
Expenditure				
Employees	2,989	2,220	2,213	7
Supplies & Services	341	157	172	(15)
Other Agency	21	21	17	4
Contracts & SLA's	5,269	2,924	2,924	0
Total Expenditure	8,620	5,322	5,326	(4)
Income				
Other Fees & Charges	-109	-46	-34	(12)
Sales Income	-52	-52	-45	(7)
Reimbursements & Grant Income	-59	-51	-78	27
Government Grant	-9,565	-7,196	-7,196	0
Transfer from Reserves	-167	-137	-137	0
Total Income	-9,952	-7,482	-7,490	8
Net Operational Expenditure	-1,332	-2,160	-2,164	4
Recharges				
Premises Support	166	125	125	0
Central Support Services	2,163	2,037	2,037	0
Transport Recharges	21	11	11	0
Net Total Recharges	2,350	2,173	2,173	0
Net Departmental Total	1,018	13	9	4

Comments on the above figures:

In overall terms, the Net Operational Expenditure for the third quarter of the financial year is £4,000 under budget profile.

From 01 October, the commissioning of the Children's Public Health Services moved to the Council. The Council's responsibilities now include Health Visiting Services and Family Nurse Partnership (FNP) services (targeted service for teenage mothers). This transfer of 0-5 Children's Services increased the public health grant for 2015/16 by £1.41million.

However, as reported in the previous quarter, in June the Chancellor of the Exchequer announced a package of savings to be made across Government Departments in 2015/16, including a reduction of £200 million from the current year's public health grant. This in year reduction represents a 6.2% cut to the national public health grant. As a result of the consultation process, it has been confirmed that Halton's grant allocation for 2015/16 has been reduced by £630,000, to £9,565,000. Therefore the department will need to use reserves to achieve a balanced budget position.

Other fees & charges income is currently showing £12,000 below budget profile. This is due in the main to domestic pest control fees income underachieving. The income target has already been

reduced, as it was highlighted as unachievable. Sales income is £7,000 below budget profile. Air Pollution Prevention Control income is received in the first quarter of the financial year and is not expected to change during the fourth quarter. However, a higher than anticipated reimbursement & grant income from the Health Improvement Team of £27,000 has offset the underachievement within the Environmental, Public Health & Public Protection Division.

It is expected the net spend outturn position will be in line with budget following the transfer of funding from reserves to ensure Public Health spend for the year is fully funded from grant.

APPENDIX 2 – Explanation of Symbols

Symbols are used in the following manner:

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

Direction of Travel Indicator

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

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