

Health Policy & Performance Board Priority Based Report

Reporting Period: Quarter 4: 1st January to 31st March 2016

1.0 Introduction

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

PREVENTION & ASSESSMENT

Oak Meadow

Oak Meadow Community Support Centre received an unannounced visit from CQC on 29th December and a second announced visit on 5th January 2016. It has received an overall rating of good across all areas – safe, effective, caring, responsive and well led. Comments from people included ‘I could have sat here and felt sorry for myself but they have given me hope for my future’. Work is ongoing to ensure that the service maintains standards and further improves on them.

Transforming Domiciliary Care

Work is under way to develop and redesign domiciliary care in the borough. The current workstreams include looking at an outcome based model of care, understanding the local market, identifying infrastructure requirements and co-production of the overall project. The first phase is to complete a needs assessment and then submit a funding application to an appropriate body by July 2016.

“Making a Difference” a strategy

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 key strand 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. This created a new role of Advanced Social Worker, which will

support practice and supervision, as required within the Professional Capability framework. We are currently, recruiting to two new posts.

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. Social Workers are meeting in “Action Learning Sets” to enable opportunity for reflective learning, research, and support evidence based practice. The forum will receive a visit from the chief social worker Lyn Romeo in July. Lyn Romeo issued her Annual Report in March this year which references the good practice being undertaken in Adult social work in Halton.

“Making it Real” in Personalisation

In Care Management Services as part of ‘Personalisation’ we will be running a follow up event in June to evaluate the work that has been done with the ‘Making it real’ agenda regarding us marking our progress in Halton towards personalised, community based support. We will be co-producing a workshop with people using services that will help check our progress and completion of work.

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 to the Safeguarding Adult Board.

COMMISSIONING & COMPLEX CARE SERVICES

Mental Health Services

Review of the 5Boroughs Acute Care Pathway and Later Life and Memory Service: following the recent review of the above services, a number of multiagency work streams have been set up to take forward the review recommendations. The Council and CCG are fully involved in these developments, which are overseen locally by the Halton Mental Health Delivery Group.

CQC inspection of 5BoroughsPartnership NHS Trust: this detailed inspection took place across the whole footprint of the 5Boroughs in summer 2015. The final report has now been submitted to the 5Boroughs; mental health services were rated as good throughout; two other areas – forensic inpatient services and end of life care services – required improvement and are the subject of an internal action plan.

Other developments in the Commissioning and Complex Care Department:

Halton and St Helens Emergency Duty Team (EDT): following approaches from two local authorities to join the existing partnership to deliver the EDT across Halton and St Helens, and an understanding that the current requirements for the service have changed substantially since it was first set up in 2007, a review of the service delivery has been undertaken. This has concluded that it is not currently feasible to extend the service to include more partners, not least because of the complexity of incorporating additional IT systems. Internal work is now taking place to consider whether, in the medium term, the current model of service delivery should change.

PUBLIC HEALTH

Prevention and Early Detection of Cancer

In terms of cancer Halton is currently working across wider Merseyside authorities alongside PHE on a Bowel Cancer Screening Campaign to encourage individuals to 'Use your Kit'. Halton Health Improvement Health Trainers are now ringing patients who have not completed their bowel screening test and talking them through the procedure and this has resulted in an improved uptake.

The cancer breast screening unit is temporarily located within the grounds of Halton Select Stadium, for the remainder of the current screening round (until May 2016). If this venue proves successful it is hope that this will become a permanent location for future screening rounds, and provide an opportunity to improve the uptake and engage women attending in other health promoting activities.

Improved Child Development

Public Health and the CCG have recruited a paediatrician, who will start working in April 2016 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.

COMMUNITY & ENVIRONMENT

Frank Myler Pavilion Activity Programme

There are now 16 community activity classes available each week. The Multi-Use Games Area (MUGA) has been well used during the winter months for football and rugby teams regularly hiring the area for training sessions. Health Checks and Fresh Start have commenced during February, along with Falls Prevention classes now running twice a week. Halton Multi-Sports club has been delivered for 12 weeks through Children in Need funding, and will continue during term time as an after school offer for 8-13 year olds. New sessions include mamafit, Tai-Chi, and boxercise.

Community Alcohol Partnerships

A new initiative aimed at tackling underage drinking and related anti-social behaviour is being introduced in Halton. The Community Alcohol Partnership (CAP) is a partnership between alcohol retailers local authorities, the police, schools, alcohol services and communities, and is based upon the realities of how young people obtain alcohol.

The CAP is an opportunity to focus on the issues around alcohol and young people and work with the local residents and businesses to reduce alcohol consumption and anti-social behaviour. Consideration is also being given to addressing the use of legal highs in the CAP, in particular the use of nitrous oxide canisters and the impact that has on young people, local residents and the local environment.

CAPs are developed with and within individual communities. Each partnership is tailored to suit local needs and activity is designed to meet local objectives around three main themes; enforcement, education and public perception.

Evidence shows that whilst some young people buy alcohol themselves from shops, pubs and bars, more obtain it from parents and other adults. Therefore CAP recognises that retailers are part of the solution rather than part of the problem and traditional enforcement activity cannot, by itself, be the answer.

CAP focuses on promoting positive change through education and work on public perception, developing unique local partnerships that bring together everyone with an interest in challenging underage drinking in a co-ordinated effort to tackle the issues collectively in a particular locality.

The CAP initiative will initially be introduced as a pilot within an area identified as experiencing problems of under aged drinking and associated anti-social behaviour which could be rolled out across the rest of the Borough depending upon the outcomes.

3.0 Emerging Issues

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

PREVENTION & ASSESSMENT

Expansion of Care Home Support Team

The Care Home Support Team has been operating in Halton since July 2013. The Team currently consists of 2 full time equivalent nurses employed by Bridgewater Community Healthcare NHS Foundation Trust. It is evident that the work that the Team has undertaken with the Care Homes within Halton has generated positive outcomes for Service Users, but there are issues associated with capacity to be able to continue to support and work with the Care Homes to develop further etc. As such discussions are ongoing with Bridgewater to explore the feasibility of expanding the Team.

Care at Home Service

In response to the current strategic challenges within the domiciliary care market an 'in house' care service is being developed to undertake a pilot locally to meet the needs of people with complex health conditions. The intention is to provide some additional capacity within the sector for a three month period to allow some proposals for change to strengthen and develop the local care market to be considered and progressed.

Community Multi-Disciplinary Team (MDT)

There is ongoing 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. We are working with GP's and CCG colleagues to look at integrate approaches, including assessment, IT, team working.

COMMISSIONING & COMPLEX CARE

Social Work for Better Mental Health: this is a national programme from the Department of Health designed to clarify the roles and functions of social work in mental health services across the country. Halton, along with Sefton Borough Council, is an early implementer site for this work. This follows the publication of national guidance in relation to this issue in 2014.

Two meetings have taken place, facilitated by the authors of the national guidance, and two more are planned. The facilitators will then produce a report with recommendations for the future, and this will then be incorporated into the partnership between the Borough Council and the 5BoroughsPartnership to deliver social work services within the Trust.

Direct Payments in Mental Health: following an internal review of the low uptake of direct payments within Halton's mental health services, the Halton Disability Partnership has been commissioned to work directly with people who use mental health services, to offer

them practical support and encourage them to take up this form of help. It is expected that this will lead to an increase in the take-up of direct payments.

PUBLIC HEALTH

Breach of cancer treatment referral timescales

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. The 62 day referral is currently below target and it is unlikely that Halton will achieve the 85% target set. Breaches are now being reported through the Halton System Resilience Group which includes the CCG and adult social care. These will continue to be investigated to understand the root causes.

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%

SALT

SALT (Short and Long Term Support) was introduced as a return for the year end 2014/15, which replaced Referrals, Assessments and Packages of Care return and Adult Social Care Combined Activity Return. SALT differs from its predecessors in that it attempts to track in a more meaningful way a client/carer's journey through social services from referral to service provision by identifying significant events (for example planned/unplanned hospital episodes, change of residence or safeguarding concern) and key outcomes of users (e.g. long term support, long term support ended/temporarily suspended). Several ASCOF measures are drawn from the SALT return and these provide performance information on the critical issues of:

- Self-directed support and direct payments
- Learning disability (LD) service users in paid employment and living in their own home or with their family
- Permanent Admissions to Residential / Nursing Care

Data for Self-directed Support and LD users in paid employment and settled accommodation is drawn from long term support services only, a significant difference from how these measures were generated previously. For statutory reporting purposes, the following service types are now categorised as short term support – Adaptations and Equipment including Telecare. As such these users have been excluded from these measures.

Given that SALT is only in its second year, the data needs to be looked at with some consideration for data quality issues due to differences in interpretation and how data capture systems have been configured. There will also be some discrepancies with comparability across previous years because base data used for ASCOF measures has changed – number of service users receiving self-directed support in 2013/14 included service types which are considered short term support in 2014/15 onwards, thus decreasing the potential number of clients receiving self-directed support.

Preliminary regional benchmarking has highlighted variances which point to interpretation issues and lack of clarity in Health and Social Care Information Centre guidance documents. These issues are due to be discussed in more detail within the North West performance leads group.

Figures for permanent admissions to residential / nursing care are different from those reported in Better Care Fund and to AQuA_ADASS benchmarking due to the fact that SALT tables report the intention to place client into care (outcome of an assessment/review) rather than actual placements made.

Reports will continue to be monitored for accuracy following year end returns.

Prevention and Assessment Services

Key Objectives / milestones

Ref	Milestones	Q4 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:

The pooled budget is on target for a small underspend at year end.

PA 1 Implement the Care Act:

All key stages of the first phase of the implementation of the Care Act have been completed. Additional training in relation to the Care Act and the law has been identified and procured and will be delivered in May 2016.

Key Performance Indicators

Ref	Measure	14/15 Actual	15/16 Target	Q4 Actual	Q4 Progress	Direction of travel
PA 1	Numbers of people receiving Intermediate Care per 1,000 population (65+)	80	77	(Q4= 406; 1622) cumulative		
PA 2	Percentage of VAA Assessments completed within 28 days	86.8%	85%	85% (estimated, further data quality work ongoing to confirm this)		
PA 6a	Percentage of items of equipment and adaptations delivered within 7 working days	95.5%	97%	99%		
PA 6b	Percentage of items of equipment and adaptations delivered within 5 working days – new indicator	89.5%	95%	92.10%		

Ref	Measure	14/15 Actual	15/16 Target	Q4 Actual	Q4 Progress	Direction of travel
PA 11	Permanent Admissions to residential and nursing care homes per 100,000 population,65+ (ASCOF 2A2) <i>Better Care Fund performance metric</i>	600.8	635.1	541.7		
PA 12	Delayed transfers of care (delayed days) from hospital per 100,000 population <i>Better Care Fund performance metric</i>	tbc	2831	247 v target 236 (to January 2016)		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	15231 V plan 16668 (Feb 16)		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		
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+):

The Q4 figure is provisional. There have been amendments to previous quarter figures which have meant an increase in some referral figures. Up to date figures for IC referrals for each quarter during 2015/16 are as follows: Q1 = 401, Q2 = 401, Q3 = 414.

PA 2 Percentage of VAA Assessments completed within 28 days:

This target has been achieved, albeit the figure is slightly lower than 2014/15; this is due to data loading issues; this will be addressed by a more detailed analysis of the completed safeguarding investigations for 2015/16, with a view to providing mandatory training for operational staff and support surgeries undertaken by the performance and carefirst teams to reduce the risk of these issues reoccurring in the future.

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

This indicator has achieved in excess of its target figure; performance has improved compared to last year's figure. We are still missing information from Housing Maintenance Solutions, which was a new contract during the year.

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

Although the quarter 4 figure is slightly below target it has increased compared to last year's figure; this is a stretched target and we need to bear in mind that these figures do not include Q4 figures from HMS.

PA 11 Permanent Admissions to residential and nursing care homes per 100,000 population, aged65+:

We have come in below target for 2015/16, which is what we should be aiming for when looking at permanent admissions to care, 110 clients aged 65 plus have been placed in permanent residential or nursing care for the 2015/16 period.

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

Although performance in Q4 (January data only) is above target, the figure for the year to date is expected to be on target due to lower performance earlier in the year. The current forecast is for a rate of 233 per 100,000 per month against a target of 236 per 100,000 per month. annual figure of 2796 vs. annual target of 2831.

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

Value reported here is total number, not rate per 100,000. The CCG has reported significantly under plan and is also forecast to be 2.5% lower than 2014/15 This is due to the impact of the NEL reduction schemes in place during 2015/16 including the Urgent Care Centres and £5 per head primary case schemes. This reduction bucks the trend both regionally and nationally for increases in non-elective admissions.

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 and quarter 4 information has not been completed due to some issues with data collection.

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	Q4 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)	

Supporting Commentary

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

The current autism strategy is presently being reviewed to identify gaps in services. The redesign of transition between children and adult services (due to be completed in June 2016) will further enhance support to children and young people with a diagnosis of autism.

CCC 1 Dementia Strategy:

The procurement process for the Dementia Community Pathway redesign is underway, with the provider interviews scheduled for April 2016, with the contract due to commence 1st May 2016. In the intervening period a waiver has been accepted by Procurement for a period of 1 month (31st March – 30th April 2016) to extend the existing provider contract until the new contract commences.

The Admiral Nurse service is now operational and actively promoting the service to engage with partners and generate referrals

The Dementia Action Alliance continues to engage with partners and public to promote local dementia related activity and seek insight from people living with dementia and their carers. The event held during the quarter attracted over 60 people, professionals and carers to educate around food, nutrition and supportive meal times for people living with dementia.

CCC 1 Mental Health:

The review of the Acute Care Pathway and the Later Life and Memory Service was completed and published at the end of 2015, with a number of recommendations for change, designed to

improve service delivery. Working groups have now been set up, both internally within Halton and more widely across the 5Boroughs, and the council is fully involved in each of these. The outcomes of these groups is monitored by the Halton Mental Health Delivery Group.

CCC 1 Homelessness Strategy:

Due to a new system being installed, this has led to some complications with generating reports. Unfortunately, the issue is being addressed by the consultant and as soon as the matter is resolved, I will complete and return the Q4 template.

Key Performance Indicators

Ref	Measure	14/15 Actual	15/16 Target	Q4 Actual	Q4 Progress	Direction of travel
CCC 3	Adults with mental health problems helped to live at home per 1,000 population	2.64	3.0	2.37		
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	10		

Supporting Commentary

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

Following service redesign within the 5Boroughs and the increasing development of shared care within primary care services, the numbers of people dealt with by the Trust has reduced. This has also meant that the numbers of people seen by social work staff have also reduced. The work of delivering the recommendations into the review of the Acute Care Pathway will consider this and make recommendations for future service delivery.

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, including the mainstay assessment process, has had a positive impact upon the level of 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.

Public Health**Key Objectives / milestones**

Ref	Milestones	Q4 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 wider Merseyside authorities alongside 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. There is also a Direct Mail campaign being launched which will aim to encourage those who have previously not responded following initial invite to participate in Bowel Screening

Breast screening uptake at 71.4% is above the national target of 70%. There are still wide practice variation within 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. Following negotiations, the unit is temporarily located within the grounds of Halton Select Stadium for the remainder of the current screening round (until May 2016). If this venue proves successful it is hope that this will become a permanent location for future screening rounds, and provide opportunity to improve uptake and engage women attending in other health promoting activities.

The Health and Wellbeing Service work has focused over the this Quarter on two particular interventions. The first one has been a large study to investigate the impact on telephone calls to non-responders in three GP practices (Appleton Village, Grove House, Oaks Place). 163 non-responders have been telephoned from GP practice by Health Improvement Health Trainers, with 32 people then going on to complete the FOBt kit requested. This has resulted in a substantial screening increase of 9.7%, taking two of the practices above both the regional and England average for the time period.

The other work has involved West Bank surgery and breast screening, with contracting people

who had missed their appointment and re-engaging with them to book another screening appointment.

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 below target and it is unlikely that Halton will achieve the 85% target (January 2016 data 79%). 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:

The Health Visiting Service is delivering the additional components of the national Healthy Child Programme, including assessing the mothers emotional health at 6-8 weeks and completing and integrated developmental check at 2-21/2 , sharing the results 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 underway to ensure women receive regular smoking cessation support throughout their pregnancy and all womens smoking during pregnancy is regularly monitored.

Public Health and the CCG have recruited a paediatrician, who will start working in April 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.

The CCG has invested in perinatal mental health, including training of health visitors and community staff to support mothers to bond with their baby and support mothers and fathers experiencing perinatal mental illness. Work to improve the perinatal pathway is also underway.

The report into child development in Halton has been completed and the final report is awaited.

Parent Craft

The development of a 4 week parent craft programme, which is to be piloted in May 2016. This programme will be delivered in partnership between HIT, Midwifery, Health Visiting, Family Nurse Partnership and Children's Centres.

Parent Workshops

Those schools with high levels of reception and overweight children, as identified through the NCMP data, have been offered a parent workshop which covers key issues such as portion sizes, rewarding with food, label reading etc. To date, up to 15 schools have accepted this offer.

Baby Clinics

The Infant Feeding Team has started to support the Health Visiting Team at the baby clinics, providing families with information regarding the introduction of solid foods at 6 months.

PH 02 Family Nurse Partnership programme:

Halton's Family Nurse Partnership programme is fully operational and 71 families are currently on the programme, each family is on the programme for early in pregnancy until the child's 2nd birthday. This programme supports young teenage parents to improve outcomes for the family and their children.

An event to mark 12 months of the programme running took place in January and was

successful and well attended. Cllr Philbin and the FNP board attended and met parents and their children that are on the programme.

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.

Baby Welcome Award Data Jan – March 2016

50 settings have had their Baby Welcome award renewed during this period

National Breastfeeding Celebration Week in June 2016

Work towards the National Breastfeeding Celebration Week has begun. This year the focus will be on the parents, particularly Baby Friendly Premises.

Antenatal Clinics

The infant feeding team have started to support the midwifery team at the antenatal clinics, offering support for families who are considering breastfeeding.

Healthitude Programme

A Breastfeeding Awareness session has been introduced as part of the Healthitude programme. This session will be delivered in secondary schools (year 9), female only pupils initially, with the aim of raising the awareness of breastfeeding amongst young people and promoting positive attitudes towards breastfeeding.

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

The triage service has been fully implemented and is showing considerable positive outcomes for individuals. A baseline review of this will be completed in October 2016.

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

Pathway is in place and is working well, there have been an increase in the number of referrals between organisations that has reduced waiting times for people accessing low-level services.

PH 04 Alcohol Strategy Action Plan:

Good progress continues to be made towards implementing the Halton alcohol strategy action plan. Key activity includes:

- Reviewing alcohol communications in line with the new Chief Medical Officer (CMO) guidelines.
- Delivery of alcohol education within local school settings (Healthitude, R U Different, Amy Winehouse Foundation, Cheshire Police, Alcohol education Trust, wellbeing web magazine).
- Reviewing and updating the early identification and brief advice (alcohol IBA) training and resources across the lifecourse stages (pregnancy, children and young people, working age adults, older people).
- 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. through the development of a "Caring Landlords Declaration"
- Working to influence government policy and initiatives around alcohol e.g. 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.

Continued to roll out the FASD (Foetal Alcohol Syndrome) campaign across the borough. Health Improvement planning to deliver making every contact count by delivering training to Family Nurse Partnerships and Breast Feeding Coordinators to signpost and deliver advice on alcohol and Tobacco

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.

A training programme for teachers from 10 of Halton's schools has taken place to support them in early identification and intervention to support children's emotional health. Funding has also been made available from the CCG for training health visitors and children's workforce in emotional health.

PH 05 Mental Health Action plan:

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

A refresh of the mental health action plans, and suggested high level indicators is due to begin shortly to reflect additional strategic direction guided by the 5 year forward view for mental health.

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	Q4	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)	169.2 (2015)		
PH LI 02	A good level of child development	46% (2013/14)	56.7%	54.7% (2014/15)	N / A	
PH LI 03	Falls and injuries in the over 65s. Directly Standardised Rate, per 100,000 population (PHOF definition).	3237.6 (2014/15)	3263.9	2904.1 (Oct 14 – Sep 15)		
PH LI 04	Alcohol related admission episodes - narrow definition Directly Standardised Rate, per 100,000 population	767.2 (2014/15)	808.4	753.2 (Q2 15/16)		
PH LI 05	Under 18 alcohol-specific admissions Crude Rate, per 100,000 population	51.0 (12/13 to 14/15)	55.0	Annual data only		N / A
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:

No update from previous quarter available

PH LI 04 Alcohol related admissions:

No update from previous quarter available

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 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 year's scores.

APPENDIX 1 – Financial Statements

The Council's 2015/16 year-end accounts are currently being finalised. The year-end position for each Department will therefore be made available via the Intranet by 30th June 2016.

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.