

Directorate Performance Overview Report

Directorate: People Directorate

Reporting Period: Quarter 2 – Period 1st April – 30th September 2016

1.0 Introduction

1.1 This report provides an overview of issues and progress within the Directorate that have occurred during the second quarter 2016/17.

2.0 Key Developments

2.1 There have been a number of developments within the Directorate during the second quarter which include:

Homelessness

Asylum & Refugee Programme.

The Syrian Refugee Programme is underway and the Merseyside Sub Region has agreed to accommodate 510 refugees, with Halton taking up to 100. All the necessary arrangements are due to be finalised and each authority will agree what services will be commissioned. Liverpool has devised a service specification, which is on the chest, with closing date of 31/10/16. Halton will buy into a number of the services within the spec and form part of the procurement and evaluation process.

Gypsy Traveller Site

The new permanent traveller site is complete and the allocation process is underway. The site is due to officially open 14th November 2016 and a number of pitches have been allocated to priority travellers.

An appeal was lodged however, it was unsuccessful and the original court judgement was upheld. A further verbal appeal has been granted which is due to be heard early November 2016, whereby, a number of pitches will be retained on the new site, pending the appeal decision.

Adult Social Care

Transforming Domiciliary Care

We have carried out a review of domiciliary care in Halton which will support our overall plan to submit a funding application to the National Lottery Commissioning Better Outcomes fund. The application is due for submission by September 22nd and if successful we will be in a position to start implementation within three months. The review so far has allowed us to consider what the current service offers and how it may change in the future, as a result we are in the process of developing a new service specification that will significantly change the way in which we provide care at home. This will include:

- Removing time calls
- Increasing flexibility
- Reducing the number of providers (currently we have 9)
- Assess people for outcomes not just set tasks
- Increase the number of reviews that take place
- Work with the providers to deliver quality of life outcomes, reduce social isolation and improve people's wellbeing

Day Services

'The Route', which opened in November 2015, offers work placement opportunities in a busy food retail and customer service-based setting. It is the newest addition to an interlinked portfolio of some 15 small businesses developed by the service which includes a microbrewery, an ice-cream manufacturing business, high street hairdressers, a pie and confectioners production line amongst fruit and veg producers and small poultry farm.

Service users often experience work across a range of our businesses developing transferable skill and broadening experience (see Roberta's Journey).

Used as part of a progression programme for service users the outlet acts as a stepping stone to enhance skills already gained across other services. The synergy between the ventures is well reasoned with The Route sells soups and cake slabs made at the kitchens in Oakmeadow Community Support Centre, cupcakes produced by the Independent Living Centre, and the ice cream manufactured through Community Services at Norton Priory.

The Community Multi-Disciplinary Team Model

A number of legislative and policy developments have contributed to the development of the community multi-disciplinary approach in Halton, further integrating health and social care in the borough. One of the schemes outlined within Halton's Better Care Fund is in relation to the continued development of Integrated Health and Social Care Teams which 'aims to deliver high quality, effective and efficient assessment, care and support planning for people with a wide range of health and social care needs'. In Halton, we have held a dedicated Steering group with membership across health and social care developing a new model for Multi-Disciplinary Team working, which is now ready to be implemented.

The model for Community MDTs in Halton consists of staff from several different professional backgrounds, including GPs, Social Workers, Community Care Workers District Nurses, Social Care in Practice (SCiP) workers, Community Matrons, Continuing Health Care Nurses, and Wellbeing Officers, who are able to respond to people who require the help of more than one kind of professional. The MDT will work in an integrated way, aligned to GP practices.

The model works with four GP Hubs: Widnes North, Widnes South, Runcorn West and Runcorn East. Each Hub has clusters of GP surgeries. Each GP surgery has its own MDT, are working with an identified GP patient population. The model promotes the MDT have dedicated meetings to look at unplanned admissions to hospital and at complex cases. Referrals can be taken daily and directed to the relevant professionals in the MDT.

Mental Health Services

Review of the 5Boroughs Acute Care Pathway and Later Life and Memory Services: following the in-depth review of the way in which the Acute Care Pathway is delivered in relation to adults with severe mental illnesses, and of the delivery of services for people with memory deficiencies, work has been continuing both locally and across the footprint of the 5Boroughs to put in place the recommendations of the review. In Halton, two

groups are in place which are looking at the ways to improve the discharge to primary care services of people whose mental health is such that they no longer need secondary care services, but also to ensure that processes for referral and acceptance into secondary care are smooth and effective.

As a part of the delivery of the review recommendations, the 5Boroughs have redesigned their management structure, so that each local area is supported by senior managers within the Trust, and local services relate much more to the local population. This is allowing for much greater involvement of the 5Boroughs in local strategic planning and operational groups.

Across the wider footprint of the 5Boroughs, work has taken place to improve the way that services are delivered for people with personality disorders and/ or chaotic and high risk lives. The Trust's bed base has been reviewed, and proposals for change have now been submitted to the Health Policy and Performance Board in Halton.

Direct Payments in Mental Health: work has been taking place in Halton to improve the uptake of direct payments for people with mental health problems. Direct payments give people much greater control over their daily lives and help to build self-esteem, coping skills and self-confidence. However, in common with much of the rest of the country, it has been hard to achieve a high uptake of direct payments for this group of people. A new service is now in place, delivered by Halton Disability Partnership, which works directly with people with complex mental health problems to support and encourage them to take up the offer of direct payments. From a baseline of 23 people, there are now 35 people with mental health needs who now receive a direct payment for their care and support. Further redesign of the care pathway (see above) is expected to lead to an increase in these figures.

PUBLIC HEALTH

Mindfulness Programme

A mindfulness programme has been put to tender and has been successfully awarded. The programme will deliver mindfulness training and awareness programme across a schools setting with the aim to improve mental health and wellbeing and contribute towards improved personal resilience in school aged children.

World Mental Health Day

Halton Borough Council celebrated World Mental Health Day on Monday 10 October with a conference and social event for residents and local professionals to inform and entertain. There were owls, dancers, bands and discussion groups.

The conference at Riverside College (Centre Stage, Kingsway) was attended by over 100 people and tied in with the theme of 'Building a Mentally Healthier Halton' - an ongoing theme for the Health Improvement Team.

150 local residents also attended the 'feel good' social event in the evening at The Studio in Lacey Street, Widnes. Performers included SJ Pure Dance, Hearts and Voices Choir and poet Clive Little.

The events were a partnership with Riverside College and The Studio, with support across local services and teams including health, education, housing and police, with the aim of finding ways to make people healthier and happier.

National Recovery Walk

Halton was proud to host the National Recovery Walk, organised by Public Health and the commissioned substance misuse service provider CGL. More than 7,000 people took part in the walk across Halton on Saturday 9th September to raise awareness of the seriousness of addiction and celebrate recovery.

Vintage Rally Health Engagement

Health Improvement Team (HIT) supported the Vintage Rally on 24th & 25th September held in Victoria Park in Widnes. The team undertook various health engagement opportunities including make your own smoothie, involving people in healthy eating and importance of '5 a day' messages, alongside a physical activity message – making smoothies in a blender by powering it with pedal power on a bike. The HIT engaged 531 in the health marquee with a further 160 people involved in cancer awareness through the information iVan which was specially commissioned for the event.

3.0 Emerging Issues

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

Adult Social Care

Domiciliary Care

The current domiciliary care market is under a certain level of pressure. There have been a number of issues that have contributed to an increase in the current waiting times for packages of care to be picked up. These include:

- Low levels of staff recruitment
- Low numbers of car drivers making certain parts of the borough more difficult to cover
- Increased overheads with the implementation of the National Living Wage.
- Pressures faced from neighbouring authorities.

We are working proactively with all of the senior management teams of each of the nine providers to find solutions to the outstanding packages. Meetings are taking place on a fortnightly basis and a number of solutions are already being explored.

Mental Health Services

Social Work for Better Mental Health: this national programme is designed to bring clarity to the work of social workers within mental health services. In partnership with Sefton Council, Halton is an early implementer of the programme, which is intended to focus the work of social workers within mental health Trusts, to ensure that their professional skills are best used. A detailed local self-assessment is taking place, which will be used to reshape the delivery of mental health social work in this area.

People with complex mental health conditions who are placed out of borough: there are a number of people with complex mental health needs and high levels of disruptive and risky behaviour who have been placed in specialist facilities out of borough (often some distance away) because local services have been unable to meet their needs. Work is going on between the Council, the Clinical Commissioning Group and the 5 Boroughs to look at the needs of these people and decide whether some of them can now be more appropriately supported locally, as their condition has improved. Although there are some

people who will need this level of specialist support for an indefinite period, it is clear that some are now ready to return to their own neighbourhoods and be near their families and networks again. Work is therefore taking place to ensure that this happens, by providing them with the appropriate levels of care and support locally.

Serious Incidents in mental health: since the end of July 2016, there has been an increase in the number of serious incidents relating to people with mental health needs in the borough. A multiagency group, led by the Clinical Commissioning Group and the Halton Safeguarding Adults Board, is co-ordinating a detailed programme of review and analysis of each of these cases, to find out whether there are any lessons to be learned and changes to local systems which might be required.

PUBLIC HEALTH

Continued requirement to meet efficiency targets is likely to impact upon the delivery of some key programmes in the foreseeable future.

4.0 Risk Control Measures

Risk control forms an integral part of the Council's Business Planning and performance monitoring arrangements. During the development of the 2015/16 Business Plan, the service was required to undertake a risk assessment of all key service objectives with high risks included in the Directorate Risk Register.

As a result, monitoring of all relevant 'high' risks will be undertaken and progress reported against the application of the risk treatment measures in Quarters 2 and 4.

Progress against high priority equality actions

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

6.0 Performance Overview

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

Commissioning and Complex Care Services

Key Objectives / milestones

Ref	Milestones	Q2 Progress
CCC1	Continue to monitor effectiveness of changes arising from review of services and support to children and adults with Autistic Spectrum Disorder. March 2017 (AOF 4) (KEY)	

CCC1	Continue to implement the Local Dementia Strategy, to ensure effective services are in place. March 2017 (AOF 4) (KEY)	
CCC1	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. March 2017 (AOF 4) (KEY)	
CCC1	The Homelessness Strategy be kept under annual review to determine if any changes or updates are required. March 2017. (AOF 4, AOF 18) (KEY)	
CCC2	Ensure Healthwatch is established and consider working in partnership with other Councils to deliver this. March 2017 (AOF 21)	
CCC3	Undertake on-going review and development of all commissioning strategies, aligning with Public Health and Clinical Commissioning Groups, to enhance service delivery and continue cost effectiveness, and ensure appropriate governance controls are in place. March 2017 (AOF 21 & 25)	

Supporting Commentary

CCC1 Continue to monitor effectiveness of changes arising from review of services and support to children and adults with Autistic Spectrum Disorder

We have recently completed the Department of Health Autism Self-Assessment Framework and this will lead to a revised and improved strategy.

There is now an agreed way forward across children and adult services to improve transition processes and hence outcomes for young people and their families.

CCC1 - Continue to implement the Local Dementia Strategy, to ensure effective services are in place

Quarter 2 saw the publication of the Dementia Chapter of the Older People's JSNA , the contents of which will help shape the refresh of the Dementia Delivery Plan (Scheduled Q3/4). During Q2 the roll out of the Age Well Community Memory Screening training for front line staff from across a arrange of partner organisations has taken place. With 40+ professionals and vol/community sector participants having undertaken the training.

Progress is being made with the implementation of the START intervention for dementia carers, with Halton Carers centre agreeing to undergo the necessary training to be able to deliver the intervention as part of their 'offer' to dementia carers. Support from Halton Positive Behaviour Support Service (who undertook the pilot) and training is scheduled to take place during Q4, with the intervention being available from January 2017.

The Halton Dementia Action Alliance held an end of life and advanced care planning event to raise awareness amongst people living with dementia, families, carers, voluntary sector and professionals of the dementia specialist support available locally.

Work is ongoing with GP practices and care homes in relation to the dementia diagnosis rate, which currently stands at 69.1%. Halton CCG aspiration is to achieve 75%, but changes in the way that the diagnosis rate is calculated (only counting those aged over 65) has meant that the overall diagnosis rate for Halton has appeared to drop. The Later Life and Memory Service Care Home Liaison Team have been undertaking screening in Care Homes to identify those who are living with a dementia, but without a diagnosis, and practices are supported to undergo data cleansing exercises to identify those who have been uncoded on the dementia register.

CCC1 - 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

Early in 2016, a detailed review across the whole 5Boroughs footprint was published; this review considered the various care pathways for adults with mental health problems and older people with memory loss, and made a number of proposals for change. Various work streams are taking place both locally and across the 5Boroughs, and the Council is working with the Clinical Commissioning Group and the 5Boroughs to ensure that the recommendations are delivered.

CCC1 - The Homelessness Strategy be kept under annual review to determine if any changes or updates are required

The homeless strategy action plan is reviewed annually, to ensure it reflects economical and legislative changes / trends. The homeless forum will take place December 2016 and the action plan will be updated.

The homeless strategy will be fully reviewed June 2017 to determine LA priorities for next five years.

CCC2 – Ensure Healthwatch is established and consider working in partnership with other Councils to deliver this

During Q2 Healthwatch engaged with over 390 people. There were **2334 visits** to the website in quarter 2; an **8% increase** on the same period in 2015. Three 'Enter & View' visits have taken place to local care homes. From these visits themes are emerging around Hospital Discharge and medication issues. Widnes Academy (Halebank) became the first school to gain Healthwatch School accreditation. Healthwatch has also met with local CQC inspectors to find the best way of sharing the intelligence HW Halton gathers on NHS and social care services; gathered intelligence with other local Healthwatch and Healthwatch England to feed in to an upcoming review on delays in Social Care Assessments; worked with Umbrella Halton (BME) on arranging an annual 'Hello Halton' event at Riverside College for ESOL Students, and held discussions around support of Asylum Seekers, based in Widnes on arrival.

CCC3 - Undertake on-going review and development of all commissioning strategies, aligning with Public Health and Clinical Commissioning Group, to enhance service delivery and continue cost effectiveness, and ensure appropriate governance controls are in place.

Work continues on the further alignment of system and services across Health and Adult Social Care in line with the associated project brief previously approved by Halton Borough Council, NHS and Halton Clinical Commissioning Group.

Key Performance Indicators

Ref	Measure	15/16 Actual	16/17 Target	Q2 Actual	Q2 Progress	Direction of travel
CCC 3	Adults with mental health problems helped to live at home per 1,000 population	3.21	3.00	3.10		
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	0	0		
CCC 5	Number of households living in Temporary Accommodation (Previously NI 156, CCC 7).	15	17	2		
CCC 6	Households who considered themselves as homeless, who approached the LA housing advice service, and for whom housing advice casework intervention resolved their situation (the number divided by the number of thousand households in the Borough)	5.1	5.5	0.76		

Supporting Commentary

CCC3 - Adults with mental health problems helped to live at home per 1,000 population

This continues to be a challenging target, because a reconfiguration within the 5Boroughs reduced the numbers of people who could be counted in this cohort. The work to develop new care pathways into and out of long term care should increase the numbers however.

CCC4 - 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.

CCC5 - Number of households living in Temporary Accommodation

Trends indicate a National and Local Increase in homelessness. This will have an impact upon future service provision, including temporary accommodation placements. The changes in the TA process and amended accommodation provider contracts, including the mainstay assessment, has had a positive impact upon the level of placements. The Housing Solutions Team takes a proactive approach to preventing homelessness. There are established prevention measures in place and that the Housing Solutions team fully utilise, and continue to promote all service options available to clients. The emphasis is focused on early intervention and empowerment to promote independent living and lifestyle change.

CCC6 - Households who considered themselves as homeless, who approached the LA housing advice service, and for whom housing advice casework intervention resolved their situation (the number divided by the number of thousand households in the Borough)

The Housing Solutions Team promotes a community focused service, with emphasis placed upon homeless prevention.

The officers now have a range of resources and options to offer clients threatened with homelessness and strive to improve service provision across the district. Due to the early intervention and proactive approach, the officers have continued to successfully reduce homelessness within the district

Prevention and Assessment Services

Key Objectives / milestones

Ref	Milestones	Q2 Progress
PA 1	Monitor the effectiveness of the Better Care Fund pooled budget ensuring that budget comes out on target (AOF 21 & 25) March 2017 (KEY)	<input checked="" type="checkbox"/>
PA 1	<i>Integrate frontline services with community nursing</i> (AOF 2, 4, & 21) March 2017	<input checked="" type="checkbox"/>
PA 1	Monitor the Care Act implementation (AOF 2,4, 10, 21) NEW (KEY)	<input checked="" type="checkbox"/>
PA 1	Develop an integrated approach to the delivery of Health and Wellbeing across Halton (AOF 2, 4, 21) March 2017	<input checked="" type="checkbox"/>
PA 2	Continue to establish effective arrangements across the whole of adult social care to deliver personalised quality services through self-directed support and personal budgets. March 2017. (AOF 2, AOF 3 & AOF 4)	<input checked="" type="checkbox"/>

Supporting Commentary

PA 1 - Monitor the effectiveness of the Better Care Fund pooled budget ensuring that budget comes out on target

Budget position at quarter 2 reflects increased pressure on the Better Care Fund in respect of supporting people with complex needs and the national mandated, but as yet unfunded, increase in the NHS funded component of nursing home admissions.

PA 1 - Integrate frontline services with community nursing

Key development this quarter is the development of system wide information sharing agreements and promising indications that Halton will receive regional NHS information technology grants that will make the joining together of information technology systems easier

PA 1 - Monitor the Care Act implementation

Quarterly review continues to monitor activity in respect of the Care Act duties and responsibilities.

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

Integrated approach is now in place.

PA2 - Continue to establish effective arrangements across the whole of adult social care to deliver personalised quality services through self-directed support and personal budgets.

The 'Making it Real' action plan continues to be delivered. The use of personal budgets continues to increase. There is an ongoing pilot in mental health to increase

direct payments.

Key Performance Indicators

Ref	Measure	15/16 Actual	16/17 Target	Q2 Actual	Q2 Progress	Direction of travel
PA 2	Percentage of VAA Assessments completed within 28 days	85% (estimated - further data quality work ongoing to confirm this)	85%	80%		
PA 6a	Percentage of items of equipment and adaptations delivered within 7 working days	97%	95%	96%		

Supporting Commentary

PA 2 - Percentage of VAA Assessments completed within 28 days

We are on track to meet the target for this measure.

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

We are on track to meet this target.

Public Health

Key Objectives / milestones

Ref	Milestones	Q2 Progress
PH 01a	Work with PHE to ensure targets for HPV vaccination are maintained in light of national immunisation Schedule Changes and Service reorganisations. March 2017	
PH 01b	Working with partners to identify opportunities to increase uptake across the Cancer Screening Programmes by 10%. March 2017	
PH 01c	Ensure Referral to treatment targets are achieved and minimise all avoidable breaches. March 2017	
PH 02a	Facilitate the Healthy Child Programme 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 2017	
PH 02b	Maintain the Family Nurse Partnership programme March 2017	
PH 02c	Facilitate the implementation of the infant feeding strategy action plan. March 2017	
PH 03a	Expansion of the Postural Stability Exercise Programme. March 2017	
PH 03b	Review and evaluate the performance of the integrated falls pathway. March 2017	
PH 04a	Work in partnership to reducing the number of young people (under 18) being admitted to hospital due to alcohol. March 2017	
PH 04b	Raise awareness within the local community of safe drinking recommendations and local alcohol support services through delivering alcohol awareness campaigns, alcohol health education events across the borough and ensuring key staff are trained in alcohol identification and brief advice (alcohol IBA). March 2017	
PH 04c	Ensure those identified as having an alcohol misuse problem can access effective alcohol treatment services and recovery support. March 2017	
PH 05a	Monitor and review the Mental Health Action plan under the Mental Health Governance structures (covering actions to promote mental health and wellbeing and the early detection and effective treatment of mental health conditions).	
PH 05b	Implementation of the Suicide Action Plan. March 2017	

PH 01a Work with PHE to ensure targets for HPV vaccination are maintained in light of national immunisation Schedule Changes and Service reorganisations.

No new data since last report.

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

PH 01b Working with partners to identify opportunities to increase uptake across the Cancer Screening Programmes by 10%.

No new data since last report.

We continue to engage with all partners, to increase local uptake of cancer screening. The Memorandum of Understanding with the Cancer Task Group at Public Health England and Cheshire and Merseyside authorities is making progress and continues to undertake campaigns to raise awareness and attendance, including bowel screening campaigns (in addition to local work), and breast screening collaborations. Other local activities have involved working with local pharmacies around breast screening call and recall, and making contact with people who had missed their appointment, re-engaging with them to book another screening appointment.

PH 01c Ensure Referral to treatment targets are achieved and minimise all avoidable breaches.

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 Halton 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. This will also be a key focus within the development of a regional Cancer Alliance, and part of the STP approach going forward.

PH 02a Facilitate the Healthy Child Programme 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.

Child development is a priority area for One Halton, and a working group is developing and refreshing an action plan. The commissioned independent report into child development and the outcomes from the themed Ofsted visit have been used to form the framework for the action plan. There are indications of recent improvements in child development (from non published data), and an event is being planned for November, to update stakeholders and engage them in the development of the action plan.

The Health Visiting Service is delivering all the new components of the national Healthy Child Programme, including assessing mothers' emotional health at 6-8 weeks and completing an integrated developmental check at 2-2^{1/2}. The early years setting and health visitors share the findings from the development checks to identify any areas of concern, so that services can collaboratively put in place a support package as required. A group is working to further develop the integrated check, improve data sharing and consistency of plans following the check.

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 parents experiencing perinatal mental illness (during pregnancy and immediately after birth). Perinatal pathways are in the process of being agreed, to improve consistency of care.

The new Parent Craft programme (Your Baby and You) is being delivered, and has been well attended, the acceptability and effectiveness of the model is being evaluated.

PH 02b Maintain the Family Nurse Partnership programme

Family Nurse Partnership is fully operational with a full caseload.

PH 02c Facilitate the implementation of the infant feeding strategy action plan.

The implementation of the infant feeding action plan is underway, with oversight from the Halton Health in the Early Years group.

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 (Unicef Baby Friendly Initiative) in the children's centres and are due to be inspected in the summer of 2017, alongside a Bridgewater inspection. This involves training children's centre staff, and auditing their practice.

The team continue to maintain baby welcome premises and are refreshing the Halton Early Years award, which encourages healthy living practices in early years settings, and includes breastfeeding.

PH 03a Expansion of the Postural Stability Exercise Programme.

Key activity this quarter:

- Currently delivering six classes per week, three in both towns, level 1, 2 and 3 (level 1 being for most complex clients). Level 3 classes have become a maintenance class – ‘Keep it Moving’. Classes work on a rolling programme with a review every 15 weeks up to 45 weeks in total. This means there has been an increase in classes from the previous level of 2.
- A total of 25 people have been supported through the service in quarter 2.

PH 03b Review and evaluate the performance of the integrated falls pathway.

The review of the falls pathway has been scoped and will be implemented over the next quarter. This will include considering how the pathway works, what restrictions there are, resource issues and overall performance of falls within the borough. An initial benchmarking report is being presented through existing governance structures in quarter 3.

PH 04a Work in partnership to reducing the number of young people (under 18) being admitted to hospital due to alcohol

Good progress continues to be made in reducing the number of young people being admitted to hospital due to alcohol. Key activity includes:

- Delivery of alcohol education within local school settings (Healthitude, R U Different, Amy Winehouse Foundation, Cheshire Police, Alcohol education Trust, wellbeing web magazine).
- Delivery of community based alcohol activity.
- Reviewing and updating the early identification and brief advice (alcohol IBA) training and resources for staff who work with children and young people).
- The launch of the Halton Community Alcohol Partnership which brings together partners to reduce underage drinking and associated antisocial behaviour.
- Working closely with colleagues from Licensing, the Community Safety team, Trading Standards and Cheshire Police to ensure that the local licensing policy helps prevent underage sales and proxy purchasing.

PH 04b Raise awareness within the local community of safe drinking recommendations and local alcohol support services through delivering alcohol awareness campaigns, alcohol health education events across the borough and ensuring key staff are trained in alcohol identification and brief advice (alcohol IBA)

Work continues to raise awareness among the local community of safe drinking recommendations and to train staff in alcohol identification and brief advice (alcohol IBA). The Chief Medical Officer has recently updated the low risk weekly guidelines (men and women are advised not to regularly drink more than 14 units a week). Work has been undertaken to update resources and communicate this message to the public at events across the borough e.g. the Vintage Rally.

PH 04c Ensure those identified as having an alcohol misuse problem can access effective alcohol treatment services and recovery support

On the first of April 2016, in line with the start of the new 5 year contract for the provision of specialist adult community substance misuse services (including alcohol) in Halton, CRI formally changed their business name to “Change, Grow, Live” (CGL). CGL continue to support individuals with alcohol misuse problems in Halton and support their recovery. During 2015-16 a total of 297 individuals underwent alcohol treatment (58% male, 42% female). A further 176 individuals underwent treatment for alcohol and drug misuse. Performance continues to be good, with outcomes remaining high when compared to national figures:

- Successful alcohol treatment completion rate was 53% locally, compared to 39% nationally (2015/16).
- Individuals leaving alcohol treatment successfully and not returning within 6 months was 52% locally, compared to 38% nationally (2015).

PH 05a Monitor and review the Mental Health Action plan under the Mental Health Governance structures (covering actions to promote mental health and wellbeing and the early detection and effective treatment of mental health conditions).

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

A review of the Mental Health Strategy and refresh of high level indicators based on new national policy drivers has been completed and approved by the Mental Health Oversight Group. This will be cascaded across subgroups rolled out from October 2016.

PH 05b Implementation of the Suicide Action Plan.

The action plan continues to be overseen by the Halton Suicide Partnership group. Activity towards becoming a Suicide Safer Community is underway and a series of training programmes have been rolled out to multiple partners and agencies across a multi disciplinary footprint.

Key Performance Indicators

Ref	Measure	15/16 Actual	16/17 Target	Q2	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>	167.0 (2015)	176.0 (2016)	159.6 (Q3 2015 – Q2 2016)		
PH LI 02	A good level of child development	54.7% (2014/15)	54.6% (2015/16)	Annual data only		
PH LI 03	Falls and injuries in the over 65s. Directly Standardised Rate, per 100,000 population (PHOF definition).	3360.0 (2014/15)	3294.1 (2015/16)	Annual data only		
PH LI 04	Alcohol related admission episodes - narrow definition Directly Standardised Rate, per 100,000 population	767.2 (2014/15)	808.4	Annual data only		

PH LI 05	Under 18 alcohol-specific admissions Crude Rate, per 100,000 population	51.0 <i>(12/13 to 14/15)</i>	55.0	Annual data only		N / A
PH LI 06	Self-reported wellbeing: % of people with a low happiness score	11.8% <i>(2014/15)</i>	12.4%	Annual data only		

Supporting Commentary

PH LI 01 Mortality from all cancers at ages under 75 Directly Standardised Rate, per 100,000 population

Data used is rolling annual, based on calendar year of date of death registered.
The rate has seen an improvement up to June 2016 and is on track to hit the 2016 target.

PH LI 02 A good level of child development

2014/15 data saw an improvement. Data used is annual published data; 2015/16 is not yet available.

PH LI 03 Falls and injuries in the over 65s. Directly Standardised Rate, per 100,000 population (PHOF definition)

Data used is annual, published data. 2015/16 data is not yet available.
This will remain the case until a solid source of local data can be attained.

PH LI 04 Alcohol related admission episodes - narrow definition Directly Standardised Rate, per 100,000 population

No update from previous quarter available.
Provisional alcohol related admission data have shown an increase since last quarter. This trend is reflected across the region and work is being undertaken via the Halton alcohol strategy to reverse this trend (as outlined in section above).

PH LI 05 Under 18 alcohol-specific admissions Crude Rate, per 100,000 population

No update from previous quarter available

PH LI 06 Self-reported wellbeing: % of people with a low happiness score

2014/15 data was similar to 2013/14 data (11.8%). This is based on annual published survey data for Halton residents calculated from the question "Overall, how happy did you feel yesterday?" Respondents answer on a scale of 0 (not at all happy) to 10 (completely happy) and this indicator is a percentage that scored 0-4.

APPENDIX: 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 intervention or remedial action taken.</i>

Direction of Travel Indicator

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

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