

Reporting Period: Quarter 1: 1st April to 30th June 2018

1.0 Introduction

This report provides an overview of issues and progress against key service area objectives and milestones and performance targets, during the first quarter of 2018/19 for service areas within the remit of the Health Policy and Performance Board. These areas include:

- Adult Social Care (including housing operational areas)
- Public Health

2.0 Key Developments

There have been a number of developments within the first quarter which include:

Adult Social Care:

Developing the use of the Mental Health Resource Centre in Vine Street, Widnes

This development has been taking place for over eighteen months and is now near completion. Originally designed as a multi-purpose mental health resource centre, for some years the building had become underused. More recently, however, significant financial capital investment from the Borough Council, the North West Boroughs NHS Trust and NHS Halton Clinical Commissioning Group has allowed us to redesign the building, creating a resource containing borough council social workers, outreach workers and community support staff, with the addition of nurses, psychiatrists and psychologists (members of the North West Boroughs Assessment and Home Treatment Service) who will be occupying the ground floor. Additional investment from central government is allowing the further development of a comfortable room in the building for people in mental health crisis; individuals will be fully supported by nurses, and this should reduce the need for people to be admitted to hospital. All necessary building works have now been completed and we are only awaiting finalisation of lease arrangements, before the North West Boroughs staff can move in.

Learning Disabilities Nursing Team

The team are currently working with acute mental health services around providing training for staff members from Weaver and Bridge ward around learning disabilities.

The team are looking at how we manage crisis situations for clients and how this also sits with transforming care and the dynamic support database, this will be completed jointly with our health colleagues from North West Boroughs Health.

Clinical Commissioning Group are currently undertaking a review of Learning Disability Services and the team are involved in this and the task and finish groups.

We are currently completing 2 mortality reviews jointly with members of the safeguarding team as part of the Learning Disabilities Mortality Review Programme.

Re-ablement First and Transforming Domiciliary Care

These developments are underway. Re-ablement ensures that all people who may require care go through a programme of Re-ablement and support. The team includes occupational therapy and social work staff. People who then require long term care in their home are transferred to a long term package. This connects with the transforming domiciliary care programme which is developing a person centred approach to delivering care with an outcomes framework. Improving the quality of care being delivered through a focus on workforce development and capacity and demand management. Halton Borough Council Re-ablement Team and the Domiciliary Care providers are seeking to recruit further staff to increase the available capacity.

Community Connectors

There are two new local connector (Local Area Connector) posts. The 12 month pilot, is now underway, this is a new role that focuses on building strong partnerships with communities, agencies and services to develop their capacity to meet people's needs and grow an evidence base in order to inform effective strategic and operational direction of local area connectors.

They will be committed to enhancing the lives of all people and fairness and equality in communities through empowering people to make their own decisions and committed to developing positive relationships. They shall act as a single, local point of contact in an agreed area and proactively seek out vulnerable people who may benefit from a local area connector approach.

The Community connectors have already been busy providing advice, information and support in the community to people, families and their carers across service types. They aim to :-

Build long term relationships with around 50-65 people/families enabling them to:

- Access information in a variety of ways
- Be heard, in control and make choices
- Identify their personal strengths and aspirations
- Find practices (non-service) ways of doing the things they want or need to do
- Develop and use personal and local networks
- Plan for the future
- Connect with, be part of and contribute to local community life
- Access support and services if required, at the right time

They have identified a number of community based services and have been working closely with care management teams to make them aware of alternative services and opportunities available to people. They have also been involved in a number of micro projects, including chatty chairs, community fridges etc.

Social Work Matters Forum

The Principal Social Worker continues to meet with all social workers in a "Social Work Matters" Forum on a quarterly basis, to promote good practice. We continue to look at developing models of good practice and an ongoing part of this work. In addition we have joined Ripfa which offers a research engine to promote evidence based practice and several training opportunities, a presentation was made to staff explaining the benefits. An event looking at risk assessment took place in April, with social care staff facilitated by

Ripfa. Other events are being planned, in relation to suicide prevention and neurological disorders.

Occupational Therapy

Following on from the endorsement of the Occupational Therapy, progression policy the team now have an advanced Occupational Therapist practitioner in place who is now working, looking at improvements in working practice. Work on implementing single-handed care is ongoing which promotes independence of service users, further work is underway to continue develop this area. A training programme was undertaken and Halton Borough Council Occupational Therapists are now undertaking manual handling assessments which had previously been commissioned externally, this should support better quality assessment for service users. The team is involved in developing the use of Single Handed care equipment to support people in their own homes with less reliance on domiciliary care which can be intrusive in peoples lives.

Transition Team

A Transition Team in Halton, was set up in February 2017 as a pilot. The team has now established with 3 social workers, which originate from Children and Adult services. The role of the team is to ensure the smooth transition of young people with disabilities, from 14 years old to 25 who are leaving children's service into Adult services. They have introduced the named social worker pilot.

The Team was working on as part of a government scheme to pilot "Named Social Workers", since September 2017, on an approach championed by Lyn Romeo Chief Social Worker. It is One-to-one intense Social Work intervention for 15 17/18 year olds with learning disabilities, autism and mental health conditions. Halton is one of 6 Local Authorities; chosen to be part of a £400,000 Government investment, with Halton Borough Council receiving £92,827 from the scheme, The extra investment, has been received positively by those who used the service and their families.

The pilot is now complete and has given a clear sense of the difference that a named social worker can make in transforming learning disability services.

The 6 months of the pilot, has now come to an end and Halton Borough Council, will aim to continue with this model, with people with these Severe Learning Disabilities, who are now given one primary point of contact to provide advice, work with family and carers and encourage patients to live more independently in the community

The Department has also funded the Innovation Unit – a social enterprise – and the Social Care Institute of Excellence who are continuing to support Halton with the evaluation of the scheme and how we can best support its roll out across the council, as part of an integrated approach with health and Education.

Halton has been invited to work alongside Social Care Institute of Excellence, the Department Of Health and the innovation unit on rolling out national guidance on Transition, from Directors of Adult Social Services to social work Practitioners.

Safeguarding

Halton's Safeguarding Adult Board have launched its 'Ever wondered why?' marketing campaign. The aim of the campaign is to enable a greater awareness of safeguarding adults in order to prevent abuse and neglect and help to protect those members of our community who may be at risk of harm.

A range of information and resources have been developed to provide staff, carers and the wider community safeguarding information of what to look out for and what to do about it if someone is at risk of harm. The call to action is 'care enough to say something' and is included on the campaign posters. The resources available are:

- Safeguarding Adults Guidance Leaflet – for paid staff, volunteers and carers
- Safeguarding Adults advice leaflet – for parent/carers for safeguarding enquiries
- Easy read version of Safeguarding Adults
- Safeguarding Adults Pocket Alerter Cards – for the public and volunteers

Public Health:

The One Halton Board has now been developed to take forward an integrated whole system approach to tackling health and addressing inequalities. Recent data indicates that 1 year survival rate for Cancer has improved considerably, taking Halton from one of the poorest outcomes to one of the most improved 1 year survival rates in the region. The one year Cancer survival rate is now better than the England average. Halton's smoking rate has significantly improved so that it is now similar to the England average.

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:

Adult Social Care:

Review of the Mental Health Act 1983

One of the key priorities for this government has been the implementation of their commitment to undertake a fundamental review of the workings of the Mental Health Act 1983. This has been given further impetus by evidence that more people are being detained in hospital under the Act, with increasing pressure on inpatient and community mental health services. An independent review has been established, focusing on:

- What happens to people before detention: the range of support services available, types of professional approach, how decisions to admit are taken, the interface with the Mental Capacity Act, the role of the police
- What happens during detention: dignity, respect, autonomy, advance planning and treatment safeguards
- Tribunals, hospital managers' hearings and advocacy
- Leaving hospital: Community Treatment Orders, discharge and care planning, aftercare
- Issues for particular groups: Black, Asian and minority ethnicities, children and young people, learning disabilities and autism, criminal justice, court powers

An interim report was published in May 2018, identifying the above themes; subsequent work will consider:

- What interventions could reduce use of the Act and compulsory admissions
- How to take a "whole system" view of the issues
- How to mandate close interagency working
- Opportunities to improve risk and safety management

The aim is to deliver a final report by October 2018.

Internal Audit Review of Adult Mental Health Social Care Services

The Council's Internal Audit Service is conducting a review of the council's provision of adult mental health social care services throughout July 2018. The following areas have been identified for attention:

- Approved Mental Health Practitioners: their capacity, training, approval and re-approval
- Mental Health Social Work Team: referral and assessment process, carers assessments, reviews
- Mental Health Outreach Team: referral and assessment process, duration and nature of support, reviews
- Performance reporting

Social Care Green Paper

The Government announced its intention to publish a green paper with regards to funding for Adult Social Care by the summer of 2017. This has been pushed back to the autumn of 2018 to align with the Government's intention to develop a 10 year plan for the NHS. Information produced in June 2018 from the House of Commons library in June 2018 suggested that the paper would look at the issues of adults of working age and older people separately, there would be a further focus integration across health and social care, that funding issues would be addressed and the development of technological solutions to support independent living. It is unclear at this stage what impact, if any, the change in the Secretary of State for Health and Social Care will have on these proposals.

Public Health:

Child development and readiness for school continues to be a concern with Halton being one of the poorest in the country and figures fluctuating for the youngest and most vulnerable of our population.

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 2017/18 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 Directorate. It should be noted that given the significant and unrelenting downward financial

pressures faced by the Council there is a requirement for Departments to make continuous in-year adjustments to the allocation of resources in order to ensure that the Council maintains a balanced budget. Whilst every effort continues to be made to minimise any negative impact of such arrangements upon service delivery they may inevitably result in a delay in the delivery of some of the objectives and targets contained within this report. 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%

Adult Social Care

Key Objectives / milestones

Ref	Milestones	Q1 Progress
1A	Monitor the effectiveness of the Better Care Fund pooled budget ensuring that budget comes out on target	
1B	Integrate social services with community health services	
1C	Continue to monitor effectiveness of changes arising from review of services and support to children and adults with Autistic Spectrum Disorder.	
1D	Continue to implement the Local Dementia Strategy, to ensure effective services are in place.	
1E	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.	
1F	The Homelessness strategy be kept under annual review to determine if any changes or updates are required.	
3A	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.	

Supporting Commentary

1a - Work ongoing with the Clinical Commissioning Group to ensure the pooled budget comes out on target. Some key pressures identified in relation to Continuing Health Care.

1b - Multi-disciplinary Team work is ongoing across primary care, community health care and social care

1c - A new All-Age Autism Strategy for Halton has been developed and approved by the Health and Wellbeing Board. A launch of the strategy took place on 13th June and Councillor Rob Polhill did an opening speech. It was attended by upwards of 100 people representing adults and children with autism, their parents and carers, care providers, 3rd sector organisations and statutory organisations. During the day there were three presentations from people with Autism, two young people from Ashley High School and one adult which were all very inspiring. At the end of the session, everyone was asked to write down their "pledge" towards making the Autism Strategy work in practice. A summary document of this event is being produced to be sent to all attendees.

The new Autism Action Alliance was established on 24th May and meets on a bi-monthly basis. This group will ensure the Delivery Plan of the Strategy moves forward and report on a quarterly basis to the Strategic Action and Commissioning Group. The process is

now underway to recruit and appoint a Partnership Chair for this meeting. The action alliance has already started to drill down into the strategy and work through key elements of it including the diagnostic pathway. The group will continue to report back via the Strategic Action and Commissioning group.

1d - During Quarter 1 a decision to merge the Dementia Delivery Group, responsible for overseeing delivery of the local dementia strategy, with the Mental Health Oversight Group was made. This will enable dementia to remain a strategic priority, whilst coordinating with the wider mental health agenda.

Dementia Action Week took place in May and Halton Dementia Action Alliance coordinated several activities in the community to promote dementia awareness, and action. These included Dementia Friends Awareness sessions for member of the public (delivered by Halton Library Service) and also specific sessions for Halton Borough Council staff. A reminiscence session based around local industrial history was put on and supported by Halton Library Service and Catalyst Museum (both Halton Dementia Action Alliance member organisations).

The Liverpool City Region Dementia Pledge working group met for the first time in June, where Halton Borough Council committed to support the work of the group by assisting with the drafting of the Terms of Reference. Halton Borough Council has signed up to the Liverpool City Region Dementia Pledge, which outlines 10 key actions to work towards becoming recognised as a dementia friendly region. Halton Borough Council has already made local progress in a number of these pledges, but will continue to work with the other Liverpool City Region localities to share good practice and learning to enable Halton Borough Council to contribute further to the Liverpool City Region dementia friendly status. The group are also considering working simultaneously towards Age Friendly status for the region. Halton Borough Council Policy and the lead for Age Well are working together to ensure a coordinated local approach.

The dementia education programme for care homes, as part of the NHS strategic Clinical Network and Halton care Home Development Group work streams, progressed during Quarter 1, with the learning outcomes framework gaining sign off from both groups. Plans are underway to trail the programme with a Halton Borough Council owned care home, starting in Sept 2018, with a view to wider roll out subject to evaluation.



1e - Completed.











1f - A review of the Homelessness strategy is underway to reflect the key priorities and agreed action plan for the next five year period.















The review will include a five year action plan that will determine Local Authority key objectives that reflect economical and legislative changes. A draft review report will be completed and submitted to Senior Management Team in mid-2018 for approval and implementation.






3a - The work on developing the One Halton placed based commissioning and service delivery is ongoing.

Key Performance Indicators

Older People:							
Ref	Measure	17/18 Actual	17/18 NW	18/19 Target	Q1	Current Progress	Direction of travel
AS C 01	Permanent Admissions to residential and nursing care homes per 100,000 population 65+ <i>Better Care Fund performance metric</i>	623.31	888.8	635	263.4		

AS C 02	Delayed transfers of care (delayed days) from hospital per 100,000 population. Better Care Fund performance metric	604	1200	5147	1083 actual V plan 860		
AS C 03	Total non-elective admissions in to hospital (general & acute), all age, per 100,000 population. Better Care Fund performance metric	3290	272	13,289	3300 Actual V plan 3206		
AS C 04	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+) Better Care Fund performance metric	N/A	N/A	N/A	N/A	N/A as no target	N/A
AS C 05	Proportion of Older People (65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services (ASCOF 2B) Better Care Fund performance metric	78%	86%	75%	N/A	N/A	N/A
Adults with Learning and/or Physical Disabilities:							
AS C 06	Percentage of items of equipment and adaptations delivered within 7 working days	94%	N/A	97%	93%		
AS C 07	Proportion of people in receipt of SDS (ASCOF 1C – people in receipt of long term support – include brief definition) (Part 1)	66%	89%	78%	74%		
AS C 08	Proportion of people in receipt of SDS (ASCOF 1C – people in receipt of long term support – include brief definition) (Part 2) DP	33%	25%	44%	35%		

AS C 09	Proportion of adults with learning disabilities who live in their own home or with their family (ASCOF 1G)	87%	88%	87%	89.3%		
AS C 10	Proportion of adults with learning disabilities who are in Employment (ASCOF 1E)	5.30%	4.4%	5%	5.19%		
AS C 11	Out of Borough Placements – number of out of borough residential placements	N/A	N/A	30	N/A	N/A	N/A
People with a Mental Health Condition:							
AS C 12	Percentage of adults accessing Mental Health Services, who are in employment.	0.49%	N/A	N/A	0.86%	N/A	N/A
AS C 13 (A)	Percentage of adults with a reported health condition of Dementia who are receipt of services.	44.44 %	N/A	TBC	51.87 %	N/A	
AS C 13 (B)	Percentage of Carers who receive services, whose cared for person has a reported health condition of Dementia.	11.02 %	N/A	TBC	14.29 %	N/A	
Homelessness:							
AS C 14	Homeless presentations made to the Local Authority for assistance In accordance with Homelessness Act 2002.	117	N/A	500	9		
AS C 15	Homeless Households dealt with under homelessness provisions of Housing Act 1996 and LA accepted statutory duty	10	N/A	100	3		
AS C 16	Number of households living in Temporary Accommodation	6	N/A	17	4		
AS C 17	Households who considered themselves as homeless, who	1.64%	N/A	6.00%	1.25%		

	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)						
Safeguarding:							
AS C 18	Percentage of VAA Assessments completed within 28 days	74.49 %	N/A	88%	60.53 %		
AS C 19	Percentage of existing HBC Adult Social Care staff that have received Adult Safeguarding Training, including e-learning, in the last 3-years (denominator front line staff only).	61%	N/A	56%	78.4%		
AS C 20 (A)	DoLS – Urgent applications received, completed within 7 days.	N/A	N/A	80%	N/A	N/A	N/A
AS C 20 (B)	DoLS – Standard applications received completed within 21 days.	N/A	N/A	80%	N/A	N/A	N/A
AS C 21	The Proportion of People who use services who say that those services have made them feel safe and secure – Adult Social Care Survey (ASCOF 4B)	88.9%	Not yet available	82%	N/A	N/A	N/A
Carers:							
AS C 22	Proportion of Carers in receipt of Self Directed Support.	99.27 %	81.7%	TBC	99.53 %	N/A	
AS C 23	<i>Carer reported Quality of Life (ASCOF 1D, (this figure is based on combined responses of several questions to give an average value. A</i>	8.1% 2016/17	N/A	9	N/A	N/A	N/A

	<i>higher value shows good performance)</i>						
AS C 24	Overall satisfaction of carers with social services (ASCOF 3B)	48.9% 2016/17	N/A	50	N/A	N/A	N/A
AS C 25	The proportion of carers who report that they have been included or consulted in discussions about the person they care for (ASCOF 3C)	76.6% 2016/17	N/A	80	N/A	N/A	N/A
AS C 26	Do care and support services help to have a better quality of life? (ASC survey Q 2b) Better Care Fund performance metric	93.30 % 2016/17	N/A	93%	N/A	N/A	N/A

Supporting Commentary

Older People:

ASC 01 The figure for Quarter 1 is higher than the same period of 2017/18, with 60 people being admitted to permanent care during the first quarter.

ASC 02 Quarter1 data will not be available until August 2018. The data reported here relates to April and May. There were 1083 delayed days in these first two months, compared with a target of 860 and 927 in the same two months in 2017.

ASC 03 Quarter 1 data will not be available until August 2018. The data reported here relates to April and May. The Non-elective admissions are above plan and above the same position last year. There has been a significant increase at Whiston related to reductions at the Widnes Urgent Care Centre and increasing Accident & Emergency attendance conversion rates. This is under investigation by the Clinical Commissioning Group.

ASC 04 Data not currently available due to data issues with the CSU.
No refresh on data is available beyond 2015/16.

ASC 05 Annual collection only to be reported in Quarter 4.
Data published October 2017, the latest data for 17/18 will be available in October 2018

Adults with Learning and/or Physical Disabilities:

ASC 06 Quarter 1 data and onwards excludes equipment delivered through HICES as this is now counted under a definition of 5 working days.

ASC 07 Reporting of this indicator is now in line with the SALT statutory return and guidance.

ASC 08 Reporting of this indicator is now in line with the SALT statutory return and guidance.

ASC 09 Target exceeded.

ASC 10 Quarter 1 data is only up to the end of May 2018 as June data was not available.

ASC 11 There is currently no accurate data available for out of borough placements, we are currently collating an up to date list of those services users who are placed out of borough.

People with a Mental Health Condition:

ASC 12 Quarter 1 data is only up to the end of May 2018 as June data was not available. No target set or comparable data available.

ASC 13 Quarter 1 is slightly down compared to the same quarter in the previous year.
(A)

ASC 13 Quarter 1 is marginally down compared to the same quarter in the previous year.
(B) Figure will fluctuate due to the low numbers of person cared for having a reported health condition of Dementia compared to the number of carers in receipt of a service.

Homelessness:

ASC 14 The Homelessness Reduction Act was implemented 1/4/18. The new powers have changed the administration and assessment process of homelessness. The homelessness assessment process now consists of three elements, Prevention, Relief, Homelessness. The officers now have 56 days in which to relieve and prevent homelessness, which will affect future statistics around statutory homelessness. Ministry of Housing, Communities and Local Government have devised a new reporting process which will be implemented in Quarter 3.

ASC 15 As stated above, the figures are low, due to the implementation of the Homeless Reduction Act. Statutory homeless and duty acceptance is now considered the last option of the homelessness assessment, with further emphasis placed upon prevention and relief.

ASC 16 National and Local trends indicate a gradual Increase in homelessness, which will impact upon future service provision, including temporary accommodation placements.

The introduction of the Homelessness Reduction Act 2017 will have a big impact upon homelessness services, which will result in a vast increase in the use of the temporary accommodation

ASC 17 The Housing Solutions Team promotes a community focused service, with emphasis placed upon homeless prevention. The officers have a range of resources and options that are offered to vulnerable clients threatened with homelessness. The team strives 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.

Safeguarding:









- ASC 18 It is unclear at this stage whether the target will be achieved. Operational teams are sent regular exception reports of VAA assessments which are still open on Carefirst.
- ASC 19 Percentage continues to rise as a result of increased provision. The Adult Social Care Workforce Group will monitor to ensure this figure is continually improving.
- ASC 20 Quarter 1 Data not available due to reporting issues which are being investigated. (A)
- ASC 20 Quarter 1 Data not available due to reporting issues which are being investigated. (B)
- ASC 21 Annual collection only to be reported in Quarter 4, (figure is an estimate).

Carers:

- ASC 22 No target as yet set.
- ASC 23 This is the Biennial Carers Survey which will commence in December 2018
- ASC 24 This is the Biennial Carers Survey which will commence in December 2018
- ASC 25 This is the Biennial Carers Survey which will commence in December 2018
- ASC 26 This is the Biennial Carers Survey which will commence in December 2018

Public Health

Key Objectives / milestones

Ref	Milestones	Q1 Progress
PH 01a	Increase the uptake of smoking cessation services and successful quits among routine and manual workers and pregnant women	
PH 01b	Work with partners to increase uptake of the NHS cancer screening programmes (cervical, breast and bowel)	
PH 01c	Ensure Referral to treatment targets are achieved and minimise all avoidable breaches. AND/ OR Increase awareness among the local population on the early signs and symptoms of cancer.	
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.	
PH 02b	Maintain the Family Nurse Partnership programme.	
PH 02c	Facilitate the implementation of the infant feeding strategy action plan	
PH 03a	Expansion of the Postural Stability Exercise Programme.	
PH 03b	Review and evaluate the performance of the integrated falls pathway.	

PH 04a	Work in partnership to reducing the number of young people (under 18) being admitted to hospital due to alcohol	
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	
PH 04c	Ensure those identified as having an alcohol misuse problem can access effective alcohol treatment services and recovery support	
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.	

Supporting Commentary

PH 01a Haltons smoking prevalence has reduced from 16.6% in 2016 to 15% in 2017 (PHE Halton Tobacco Control Profile 2017) this is similar to the England average.

Haltons Stop Smoking Service has closed the inequalities gap between cigarettes smoked in the most deprived areas and the most affluent areas. There is now only a 1.29% difference between the richest smokers and the poorest smokers. This is the smallest gap in the North West.

Halton CCG received £75,000 of funding from NHS England in 16/17 to reduce maternal smoking rates. An action plan with focussed outcomes and evidence based effective interventions to reduce maternal smoking is being implemented. There has been an increase in maternal referrals and pregnant smoker quits in Q1 this year compared to Q1 in 2017-18 which reflects the increase in partnership working between Halton Midwives and the Stop Smoking Service.

PH 01b Halton are continuing to identify areas and opportunities to maximise uptake of screening. We are collaborating with many partners and working very closely with the Cheshire and Merseyside Cancer Prevention Group to explore opportunities to develop new initiatives to improve screening uptake and early detection messaging. Work is continuing with the Cheshire and Merseyside Cancer Prevention Group to look at opportunities at scale for improving screening uptake, we are also working closely with the GP hubs and federations to explore targetted opportunities to increase screening uptake at more local levels and continuing to identify innovative approaches to maximise uptake of screening.

PH 01c Halton has gone from being the worst amongst 11 peers for 1 year survival rates for cancer in 2000 to the best amongst 11 peers in 2015. We are now better than the England average for 1 year survival. The Halton survival rate is now 73.2% compared to the England rate of 72.3%. This is a testament to improved targeting of patients and early detection.

PH 02a The Bridgewater health visitor, school nurse and FNP 0-19 service continues to deliver all the elements of the Healthy Child programme, however there has been a reduction in the coverage of some of the mandated checks. Assurance has been received that this is due to staff vacancies that have been filled, and that coverage will improve. Performance will continue to be closely monitored.

Infant feeding action plan to be revisited and developed with oversight from the Halton Health in the Early Years group. The infant feeding team contact all mothers on discharge from hospital to support with feeding; Infant feeding team are setting up systems to contact all mothers when child is 3 months to book onto an Introducing solid foods workshop, encouraging the delay of introducing solid foods to 6 months. The infant feeding work will be fed into the whole systems approach to tackling obesity.

PH 02b The Family Nurse Partnership service continues to be fully operational with a full caseload and works intensively with first time, teenage mothers and their families.

PH 02c Work has started to refresh the infant feeding action plan and to plan the summer breastfeeding awareness campaigns. The infant feeding team continue to proactively contact all mothers on discharge from hospital to support with feeding.
All organisations in Halton have BFI stage 3 and on an ongoing basis staff and patients are audited to ensure standards and compliance is maintained.

PH 03a Health Improvement Team continue to deliver a 45 week postural stability exercise programme across the borough. We are currently trialing a combined nutrition and exercise programme for over 55s in a local sheltered accommodation provision. If this proves effective we would like to roll this model out in other sheltered housing schemes to improve the overall health of older people. We continue to promote and deliver the Age Well Awareness program to all front line staff which includes training on the use of the Falls Risk Assessment Tool and advise on the appropriate falls referral pathways.

We continue to raise public awareness about falls, the steps that people can take to minimise the risk of falls and the various services across the borough that can support people at risk.

PH 03b Health Improvement Team has taken the lead on writing and co-ordinating the next 5 year strategy for Falls. 2018-2023. The falls prevention action plan has been updated and continues to be reviewed by the Falls Steering Group. Within this strategy it has been identified that the rate of falls in 5 particular wards within the borough are above the national average. We aim to delve further into the reasons for this in order to target these specific areas. The draft strategy has been circulated to wider partners for comments with a view to sign off by end of Qtr 2 2018.

We have made changes to the referral pathways for Adult Social Care staff. This has resulted in a significant increase in the number of potential referrals to the Age Well exercise Programme which will improve service provision and reduce future demands on services. We are aiming to also streamline the referral pathway to the Falls Prevention Service with the hope to offer rehabilitative services to more people who have had a fall to prevent further falls and hospital admissions.

PH 04a Halton is continuing to strengthen local partnerships to ensure that we can regain the declining trend in alcohol related young person's hospital admissions and we continue to implement the actions identified from within the Alcohol strategy

PH 04b Staff within the health, social care and criminal justice areas, as well as the local community are continuing to receive training in Alcohol Identification and Brief Intervention Advice (IBA).

PH 04c Data continues to be received which identifies that activity within the substance misuse service (Change, Grow, Live) remains positive, with appropriate numbers of new referrals for alcohol and non-opiate related problems as well as those receiving post treatment recovery support.







PH 05a Halton Health Improvement and Public Health continue to roll out a series of programmes and training activities around Mental health, with good partnership working on the delivery of action plans, raising awareness and provision of community based programmes and activities.















The Health Improvement team provides both an adult and children and young people mental health offer to improve the mental health and wellbeing of those living and working in Halton. The preventative approach consists of:







- **Whole settings approaches to support educational settings and workplaces** – 3 educational settings and 2 work place supported
- **Training offer to improve early detection of mental health conditions and mental health and wellbeing, available to both staff and the community** - 18 sessions delivered to 182 participants
- **Campaigns to tackle stigma and raise awareness**- Local time to change champions continue to be engaged and social media plan implemented

PH 05b The Suicide prevention action plan has been updated and continues to be implemented. The plan links closely with the Cheshire and Merseyside No More Suicides strategy. Champs are leading on an area-collaborative approach to gain Suicide Safer Community Status. A real time surveillance intelligence flow has been set up which will enable faster identification of potential trends and clusters. Beginning to work more closely with the mental health concordat to ensure a user focus is provided to the group. A suicide Response Team was established to support a college which experienced 2 male suicides. An action was co produced by the college and local service providers to support both staff and students and reduce suicide risk of those bereaved. All actions have been completed and the Suicide Response Team has been deactivated.

Key Performance Indicators

Ref	Measure	17/18 Actual	18/19 Target	Q1	Current Progress	Direction of travel
PH LI 01	A good level of child development (% of eligible children achieving a good level of development at the end of reception)	60.9% (2016/17)	63.0% (2017/18)	Annual data only		
PH LI 02a	Adults achieving recommended levels of physical activity (% adults achieving 150+ minutes of physical activity)	65.2% (2016/17)	66.0% (2017/18)	Annual data only		
PH LI 02b	Alcohol-related admission episodes – narrow definition (Directly Standardised Rate per 100,000 population)	842.0 (2016/17)	841.7 (2017/18)	837.9 (2017/18) Provisional		

PH LI 02c	Under-18 alcohol-specific admissions (crude rate per 100,000 population)	58.9 (2014/15-2016/17)	54.1 (2015/16-2017/18)	57.8 (2015/16-2017/18) <i>Provisional</i>		
PH LI 03a	Smoking prevalence (% of adults who currently smoke)	16.6% (2016)	15.0% (2017)	Annual data only		
PH LI 03b	Mortality from cardiovascular disease at ages under 75 (Directly Standardised Rate per 100,000 population) <i>Published data based on calendar year, please note year for targets</i>	93.6 (2015-17)	91.0 (2016-18)	Not yet available		
PH LI 04a	Self-harm hospital admissions (Emergency admissions, all ages, directly standardised rate per 100,000 population)	336.2 (2017/18) <i>Provisional</i>	335.0 (2018/19)	Not yet available		
PH LI 04b	Self-reported wellbeing: % of people with a low happiness score	12.7% (2015/16)	11.1% (2016/17)	12.2% (2016/17)		
PH LI 05	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>	177.2 (2015-17) <i>Provisional</i>	173.0 (2016-18)	Not yet available		
PH LI 06ai	Male Life expectancy at age 65 (Average number of years a person would expect to live based on contemporary mortality rates) <i>Published data based on 3 calendar years,</i>	17.3 (2014-16)	17.5 (2016-18)	17.3 (2015-17) <i>Provisional</i>		

	<i>please note year for targets</i>					
PH LI 06aii	Female Life expectancy at age 65 (Average number of years a person would expect to live based on contemporary mortality rates) <i>Published data based on 3 calendar years, please note year for targets</i>	19.1 (2014-16)	19.3 (2016-18)	19.2 (2015-17) Provisional		
PH LI 06b	Falls and injuries in the over 65s (Directly Standardised Rate, per 100,000 population; PHOF definition)	3014.9 (2017/18) Provisional	3000.0 (2018/19)	Not yet available		
PH LI 06c	Flu vaccination at age 65+ (% of eligible adults aged 65+ who received the flu vaccine, GP registered population)	74.0% (2017/18) Provisional	75.0% (2017/18)	Not yet available		

Supporting Commentary

PH LI 01 - Data is released annually.

PH LI 02a - Data is released annually.

PH LI 02b – Provisional rates indicate that there has been a small reduction in the rate and the target was met for 2017/18. However, as this is based on provisional data, caution is advised until published data is available. Admissions data available several months after period end. Therefore Q1 2018/19 data will not be available until Autumn.

PH LI 02c - Provisional data for 2015/16-2017/18 indicates that although the target was not met, there has been a marginal reduction in the rate from 2014/15-2016/17.

PH LI 03a - No further update – data released annually.

PH LI 03b - Mortality indicators are now based on 3-year periods.

PH LI 04a - Admissions data available several months after period end. Therefore Q1 2018/19 data will not be available until Autumn.

PH LI 04b - Published annual data shows a small reduction from 2015/16, but was not enough to meet the target for 2016/17.

PH LI 05 - Mortality indicators are now based on 3-year periods.

PH LI 06ai - Data is available annually.

PH LI 06aii - Data is available annually.

PH LI 06b - Provisional 2017/18 data indicates a reduction in emergency admissions due to falls (ages 65+), to a rate similar to 2015/16. Admissions data available several months after period end. Therefore Q1 2018/19 data will not be available until Autumn.

PH LI 06c - Data is available annually.

ADULT SOCIAL CARE DEPARTMENT

Revenue Budget as at 30 June 2018

	Annual Budget	Budget To Date	Actual Spend	Variance to Date (Overspend)
	£'000	£'000	£'000	£'000
<i>Expenditure</i>				
Employees	14,293	3,555	3,500	55
Other Premises	329	107	116	(9)
Supplies & Services	1,545	279	271	8
Aids & Adaptations	113	28	25	3
Transport	201	48	45	3
Food Provision	206	51	48	3
Contracts & SLAs	528	185	189	(4)
Emergency Duty Team	95	1	1	0
Other Agency	635	93	103	(10)
Payments To Providers	1,443	332	327	5
Contribution to Complex Care Pool	24,987	5,624	5,871	(247)
Total Expenditure	44,375	10,303	10,496	(193)
<i>Income</i>				
Sales & Rents Income	-281	-62	-62	0
Fees & Charges	-665	-167	-170	3
Reimbursements & Grant Income	-1,161	-63	-57	(6)
Transfer From Reserves	-800	0	0	0
Capitalised Salaries	-111	-28	-28	0
Government Grant Income	-1,161	-631	-633	2
Total Income	-4,179	-951	-950	(1)
Net Operational Expenditure	40,196	9,352	9,546	(194)
Recharges				
Premises Support	610	153	153	0
Asset Charges	50	0	0	0
Central Support Services	3,027	732	732	0
Internal Recharge Income	-1,274	-553	-553	0
Transport Recharges	671	15	15	0
Net Total Recharges	3,084	347	347	0
Net Department Expenditure	43,280	9,699	9,893	(194)

Comments on the above figures

In overall terms, the Net Department Expenditure excluding the Complex Care Pool is £53,000 below budget the budget profile at the end of the first quarter of the 2018/19 financial year.

Employee costs are currently showing spend of £55,000 under budget profile. This is due to savings being made on vacancies within the department, specifically in the Day Services and Care Management divisions. Some of these vacancies have been advertised and have been, or are

expected to be, filled in the coming months, therefore the current level of underspend is not projected to continue at this level for the remainder of the financial year.

The Complex Care Pool budget is £397,000 over the budget profile at the end of the first quarter, the share of the liability to the Council is £247,000. Further details on the financial position of the Complex Care Pool is included further down in the report.

Based on current demand and it is forecast the year-end outturn position for the department (including the Council's share of the Complex Care Pool) will be an overspend in the region of £1m.

Capital Projects as at 30th June 2018

	2018-19 Capital Allocation £'000	Allocation To Date £'000	Actual Spend £'000	Total Allocation Remaining £'000
ALD Bungalows	199	0	0	199
Vine Street Development	10	0	0	10
Purchase of 2 Adapted Properties	520	0	0	520
Total	729	0	0	729

Comments on the above figures:

Building work on the ALD Bungalows is expected to be completed in the latter period of the 2018/19 financial year.

The Vine Street Development project relates to the adaptation of the Mental Health Resource Centre in Widnes in order to better meet service user's needs. Construction was completed during the previous financial year, the 2018/19 capital allocation represents the funding carried forward from 2017/18 to fund the residual payments due in relation to the scheme.

The £520,000 capital allocation for the purchase of 2 adapted properties relates to funding received from the Department Of Health under the Housing & Technology for People with Learning Disabilities Capital Fund The funding is to be used for the purchase and adaptation of two properties to meet the particularly complex and unique needs of two service users. The scheme is anticipated to be completed during the latter stages of the 2018/19 financial year.

Pooled Budget Capital Projects as at 30th June 2018

	2018-19 Capital Allocation £'000	Allocation To Date £'000	Actual Spend £'000	Total Allocation Remaining £'000
Disabled Facilities Grant	1,109	150	121	988
Stair lifts (Adaptations Initiative)	300	75	65	235
RSL Adaptations (Joint Funding)	250	50	33	217
Millbrow Residential Home	150	100	85	65
Madeline McKenna Residential Home	136	10	5	131
Total	1,945	385	309	1,636

Comments on the above figures:

Total capital funding consists of £1,629,000 Disabled Facilities Grant (DFG) allocation for 2018/19 and £316,000 DFG funding carried forward from 2017/18, to fund ongoing expenditure

The allocation of the funding between DFGs, Stair Lifts and RSL adaptations will be reviewed during the year, and may be reallocated between these projects depending on demand. It is anticipated, however, that total spend on these three projects can be contained within the revised overall capital allocation.

The £150,000 allocated for Millbrow relates to funding earmarked for the redevelopment and refurbishment of the premises. The purchase was completed in December 2017, and the establishment is now managed by Halton Borough Council's Adult Social Care department.

Similarly, the £136,000 allocated for Madeline McKenna is funding for refurbishment of the premises. The purchase was completed in November 2017, and the establishment is also now managed by Halton Borough Council's Adult Social Care department.

COMPLEX CARE POOL**Revenue Budget as at 30th June 2018**

	Annual Budget £'000	Budget To Date £'000	Actual To Date £'000	Variance To Date (overspend) £'000
<u>Expenditure</u>				
Intermediate Care Services	5,167	1,034	912	122
End of Life	200	42	37	5
Sub-Acute	1,728	368	375	(7)
Urgent Care Centres	615	0	0	0
Joint Equipment Store	613	31	64	(33)
CCG Contracts & SLA's	1,219	232	215	17
Intermediate Care Beds	599	150	150	0
BCF Schemes	1,729	432	432	0
Carers Breaks	440	126	102	24
Madeline McKenna Home	527	126	128	(2)
Millbrow Home	1,329	370	529	(159)
IBCF unallocated	1,006	0	0	0
BCF unallocated	994	0	0	0
Adult Health & Social Care Services:				
Residential & Nursing Care	19,850	3,278	3,302	(24)
Domiciliary & Supported Living	14,118	2,407	2,126	281
Direct Payments	7,671	2,292	2,728	(436)
Day Care	420	57	67	(10)
Total Expenditure	58,225	10,945	11,167	(222)
<u>Income</u>				
Residential & Nursing Income	-5,944	-969	-948	(21)
Domiciliary Income	-1,914	-375	-227	(148)
Direct Payments Income	-469	-79	-87	8
BCF	-9,844	-1,647	-1,647	0
CCG Contribution to Pool	-13,631	-2,161	-2,161	0
ILF	-677	0	0	0
Income from other CCG's	-113	0	0	0
Madeline McKenna fees	-279	-44	-29	(15)
Millbrow fees	-307	-31	-32	1
Falls Income	-60	-15	-15	0
Total Income	-33,238	-5,321	-5,146	(175)
Net Department Expenditure	24,987	5,674	6,021	(397)
Liability as per Joint Working Agreement (HCCG share - 38%)	0	0	-150	150
Adjusted Net Dept. Expenditure	24,987	5,624	5,871	(247)

Comments on the above figures:

The overall position for the Complex Care Pool budget is £397,000 over budget profile at the end of the first quarter (including the HCCG liability share).

Intermediate care services was underspent against budget in 2017/18 and this trend looks to continue in 2018/19.

No Urgent Care Centre cost estimates have been received so far this financial year and this is currently being chased with the Clinical Commissioning Group.

To date only one cost estimate (April) has been received in respect of the Joint Equipment Service and this is £12,000 over budget profile. Reasons for this overspend are currently being requested from Bridgewater.

The Carer's Breaks budget is under budget profile by £24,000 as at quarter 1. A couple of contracts have ended and the personalised break invoices from Halton Carer's Centre are quite low. Direct Payment carer's break spend is also lower than expected at this point in time but this may increase as the year progresses.

Madeline McKenna Residential home and Millbrow Nursing home were purchased by the council last financial year. Madeline McKenna Residential home is expected to achieve a balanced budget at year end. Millbrow Nursing home was transferred with a legacy of agency workers. Agency spend so far this financial year is £280,000 but this is being addressed as a matter of urgency and a new staffing structure will be implemented shortly, which will reduce spend on agency staff.

The main pressure on the Complex Care Pool budget is due to the Adult Health and Social Care budget which is currently £350,000 over budget profile as at Q1. The expected year end forecast based on current demand is an overspend position of £1.8m.

It was recognised last year that this budget is under significant pressure and a recovery working group was set up to address the issues. This group is currently looking at ways to reduce spend whilst ensuring the needs of clients continue to be met.

The Health and Social Care budget is a mix of residential, domiciliary and direct payments and also a mix of CHC and LA funded care packages. Included in the annual projection is an estimate for the increase in the cost of sleep in rates. This has changed from an inconsistent cost per sleep to a consistent hourly rate.

Residential & Nursing Care

Continuing Health Care (CHC) and Joint Funded Care (JFC) packages continue to be a major pressure. Partway through the last financial year a recovery action plan was put together. As a result of this, transitionally funded packages were focussed upon and the number of reviews completed within 28 days improved dramatically. Some of these packages were also deemed not eligible for CHC but were eligible for Funded Nursing Care (FNC).

Count and Spend:

The total number of clients receiving a permanent residential care package has decreased from 582 clients in April to 581 clients in June. The average weekly cost of a permanent residential package of care increased from £628 to £633 for the same period.

Domiciliary & Supported Living

A number of service users that are in residential homes but receiving extra 1 to 1 support will cost approximately £312,000 this financial year. The 1 to 1 block contract with St Luke's has now ended and service users will be assessed on a case by case basis.

Count and Spend:

The total number of clients receiving a domiciliary care package increased by 1.4% from 676 clients in April to 686 clients in May. However, the average cost of a domiciliary care package has decreased by 0.9% from £336 in April to £333 in May.

Direct Payments

During the first quarter the number of service users utilising a direct payment increased. In the main this was due to the main domiciliary care provider struggling to recruit staff, resulting in not being able to pick up care packages.

Count and Spend:

The total number of clients receiving a Direct Payment (DP) has increased by 8% from 503 clients at the end of the last financial year to 541 clients in June. The average cost of a DP package has increased from £334 to £369.

The CCG contribution to the adult social care budget has increased by £685,000. However, this is based on the assumption that they will make savings of £2,153,000 on continuing healthcare costs. It remains to be seen if those savings will be achieved and this will be closely monitored.

The adult social care budget continues to be volatile and the recovery working group will continue to address the issues that contribute to this spend.

PUBLIC HEALTH & PUBLIC PROTECTION DEPARTMENT

Revenue Budget as at 30th June 2018

	Annual Budget	Budget To Date	Actual To Date	Variance to Date (Overspend)
	£'000	£'000	£'000	£'000
<u>Expenditure</u>				
Employees	3,618	880	874	6
Other Premises	5	0	0	0
Supplies & Services	267	52	48	4
Contracts & SLA's	6,782	1,543	1,543	0
Transport	6	2	1	1
Other Agency	18	18	18	0
Total Expenditure	10,696	2,495	2,484	11
<u>Income</u>				
Other Fees & Charges	-70	-11	-10	(1)
Government Grant	-10,185	-2,376	-2,376	0
Reimbursements & Grant Income	-214	-115	-116	1
Transfer from Reserves	-226	0	0	0
Total Income	-10,695	-2,502	-2,502	0
Net Operational Expenditure	1	-7	-18	11
<u>Recharges</u>				
Premises Support	179	45	45	0
Central Support Services	718	180	180	0
Transport Recharges	32	7	7	0
Support Income	-98	-73	-73	0
Net Total Recharges	831	159	159	0
Net Department Expenditure	832	152	141	11




Comments on the above figures

In overall terms, the Net Department Expenditure for the first quarter of the financial year is £11,000 under budget profile.

Employee costs are currently £6,000 under budget profile. This is due to savings being made on a small number of vacancies within Health & Wellbeing Division, reductions in hours within the Environmental, Public Health & Health Protection Divisions and a delay in the transfer of the Weight Management Team. The vacancies and are expected to be filled in the coming months. However if not appointed to, the current underspend will continue to increase beyond this level.




APPENDIX 2 – Explanation of Symbols

Symbols are used in the following manner:

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 whether the annual target is on course to be achieved</u>.</i>
Red		Indicates that it is <u>highly likely or certain</u> that the objective will not be achieved within the appropriate timeframe.	<i>Indicates that the target <u>will not be achieved unless there is an intervention or remedial action taken</u>.</i>

Direction of Travel Indicator

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

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