

# Public Document Pack



**Health Policy and Performance Board  
\*Supplementary Item\*  
Tuesday, 23 February 2021 at 6.30 p.m.  
To be held remotely, contact Clerk for  
access**

A handwritten signature in black ink, appearing to read 'David W R', positioned above a faint, illegible stamp.

**Chief Executive**

## **BOARD MEMBERSHIP**

Councillor Joan Lowe (Chair)	Labour
Councillor Sandra Baker (Vice-Chair)	Labour
Councillor Lauren Cassidy	Labour
Councillor Mark Dennett	Labour
Councillor Eddie Dourley	Labour
Councillor Pauline Hignett	Labour
Councillor Chris Loftus	Labour
Councillor Margaret Ratcliffe	Liberal Democrats
Councillor June Roberts	Labour
Councillor Pauline Sinnott	Labour
Councillor Geoff Zygadlo	Labour

*Please contact Ann Jones on 0151 511 8276 or e-mail  
[ann.jones@halton.gov.uk](mailto:ann.jones@halton.gov.uk) for further information.  
The next meeting of the Board is on Tuesday, 9 March 2021*

**ITEMS TO BE DEALT WITH  
IN THE PRESENCE OF THE PRESS AND PUBLIC**

**Part I**

<b>Item No.</b>	<b>Page No.</b>
<b>6. PERFORMANCE MONITORING</b>	
<b>(B) UPDATED PERFORMANCE MANAGEMENT REPORTS,         QUARTER 3 2020/21</b>	<b>1 - 41</b>

*In accordance with the Health and Safety at Work Act the Council is required to notify those attending meetings of the fire evacuation procedures. A copy has previously been circulated to Members and instructions are located in all rooms within the Civic block.*

<b>REPORT TO:</b>	Health Policy & Performance Board
<b>DATE:</b>	23 February, 2020
<b>REPORTING OFFICER:</b>	Strategic Director, People
<b>PORTFOLIO:</b>	Health & Wellbeing
<b>SUBJECT:</b>	Performance Management Reports, Quarter 3 2020/21
<b>WARD(S)</b>	Borough-wide

## 1.0 **PURPOSE OF THE REPORT**

1.1 This Report introduces, through the submission of a structured thematic performance report, the progress of key performance indicators, milestones and targets relating to Health in Quarter 3 of 2020/21. This includes a description of factors which are affecting the service.

## 2.0 **RECOMMENDATION: That the Policy and Performance Board:**

- i) **Receive the Quarter 3 Priority Based report**
- ii) **Consider the progress and performance information and raise any questions or points for clarification**
- iii) **Highlight any areas of interest or concern for reporting at future meetings of the Board**

## 3.0 **SUPPORTING INFORMATION**

3.1 The Policy and Performance Board has a key role in monitoring and scrutinising the performance of the Council in delivering outcomes against its key health priorities. Therefore, in line with the Council's performance framework, the Board has been provided with a thematic report which identifies the key issues in performance arising in Quarter 3, 2020/21.

## 4.0 **POLICY IMPLICATIONS**

4.1 There are no policy implications associated with this report.

## 5.0 **OTHER/FINANCIAL IMPLICATIONS**

5.1 There are no other implications associated with this report.

**6.0 IMPLICATIONS FOR THE COUNCIL'S PRIORITIES**

**6.1 Children & Young People in Halton**

There are no implications for Children and Young People arising from this report.

**6.2 Employment, Learning & Skills in Halton**

There are no implications for Employment, Learning and Skills arising from this report.

**6.3 A Healthy Halton**

The indicators presented in the thematic report relate specifically to the delivery of health outcomes in Halton.

**6.4 A Safer Halton**

There are no implications for a Safer Halton arising from this report.

**6.5 Halton's Urban Renewal**

There are no implications for Urban Renewal arising from this Report.

**7.0 RISK ANALYSIS**

7.1 Not applicable.

**8.0 EQUALITY AND DIVERSITY ISSUES**

8.1 There are no Equality and Diversity issues relating to this Report.

**9.0 LIST OF BACKGROUND PAPERS UNDER SECTION 100D OF THE LOCAL GOVERNMENT ACT 1972**

None under the meaning of the Act.

## Health Policy & Performance Board Priority Based Report

**Reporting Period:** Quarter 3 – Period 1<sup>st</sup> October – 31<sup>st</sup> December

### 1.0 Introduction

This report provides an overview of issues and progress against key service area objectives and milestones and performance targets, during the Third quarter of 2020/21 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 Third quarter which include:

#### **Adult Social Care:**

The Halton Women's Centre: this service has continued to remain active during the coronavirus pandemic. As reported in the previous Quarterly Monitoring Report, the Centre was awarded a substantial sum to support women who have had contact with the criminal justice system, with the intention of providing probation support in a more relaxed setting and providing services and supports designed to help them engage with their communities. Many of these women have long-term mental health needs, poor self-esteem, emotional issues and complex lives, which may include experience of domestic violence. This funding has been used to employ an additional support worker, part of whose role will be to develop the service more widely and particularly to provide active support in the Widnes area.

Throughout the pandemic, the service has been able to keep in touch with a considerable number of women by telephone, providing them with regular support and advice. In addition, it has been possible to reopen the centre to a number of groups, following strict guidance from the Council's Property Services about the safety measures that have had to be put in place.

#### **Mental Health Services:**

North West Boroughs (NWB) Mental Health Trust: extensive work has been taking place within the NWB and MerseyCare to move forward the takeover of MerseyCare of the NWB's mental health services. This is scheduled to be completed by 1<sup>st</sup> April 2021. Although a Steering Group was intended to be in place, involving very senior officers and Members from all partner organisations, this has not taken place. Once the formal takeover is in place, further work will need to take place with MerseyCare to ensure that the currently good working front line relationships between the Borough Council social work staff and the NWB teams continue effectively.

Review of the Mental Health Act: this has been in development for some time, but progress was delayed for a number of reasons: the coronavirus pandemic, the Brexit negotiations and the general election. It was announced in the latest Queen's Speech, however, that this would be taken forward during the current parliamentary session, and it now seems likely that a White Paper will be published in the New Year. The national AMHP network, of which Halton is a part, is contributing to and influencing these developments.

Breathing Space (mental health support for people in debt): this is an extension of an existing scheme for other service areas, and will allow support for people in financial debt who are experiencing a mental health crisis. The scheme is to be implemented by the Treasury in May 2021. This is likely to lead to additional work pressures for AMHPs, who will be expected to take the lead in taking people through the process, at a time when they are already stretched, and the impact of this will need to be closely monitored.

### **Care Management**

At the beginning of the pandemic back in March 2020 in response to the Covid-19 Pandemic, the care management service temporarily drew together its teams to form a new Single Point of Access (SPA) service, which was introduced to deal with **all** Adult Social Care enquiries/referrals. This involved Care Management Teams (IAT, CCR, CCW & SCIP) being reconfigured into a single team covering 7 days a week (8am – 6pm), with input from/working alongside staff in the Capacity & Demand Team/RARS/Community Therapy. The teams have been able to retain a moved back to substantive teams. The teams have had to deal with capacity issues and increased demand for services following the lockdown. We have just had a relatively successful recruitment drive and hope to have some additional new staff joining us in the near future. We are supporting hospital discharge pathways and extending direct support to the Whiston Hospital Social work team which is proving beneficial.

We have established a dedicated steering group to look at Strengths Based Approaches are predicated on the use of a conversational approach to social work assessment which focus on an individuals' 'strengths' and connecting people to community based 'assets' or services, which fits well into place-based working.

Halton is at the start of its journey in terms of implementing a strengths based approach to social work practice and has committed to working with Professor Samantha Baron who is currently the leading figure in the UK in the field of Strengths Based Approaches.

Due to the pressure of the covid pandemic we have put on hold the work alongside Professor Samantha Baron, and will review the support programme in March to see if we can move forward hopefully to tie in with new recruitment too.

### **Public Health**

Public health programmes have continued to deliver during the COVID 19 pandemic despite a reduction in staff capacity due to it being required to work on the pandemic and increased sickness levels. In particular we have recently seen extra emphasis placed on pregnant smokers, routine and manual smokers, smokers with respiratory disease, and smokers with mental health.

We have also noted a particular requirement for mental and physical health support. This has been across all age ranges but especially amongst younger and older people. A new service called "ChatHealth" has now been developed and implemented by the 0-19 Child Health Programme and will support that age range with emotional and general health issues. Sure Start to Later Life continue to support older people with regular calls and welfare requirements as well as supporting their physical and mental health.

All screening programmes are now open again and we are working with local groups to increase awareness of this and encourage re-engagement, including targeting material and engagement at local COVID vaccination centres.

### **3.0 Emerging Issues**

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

#### **Adult Social Care**

##### **Intermediate Care Review**

Work has continued over the past few months on the development of a new Intermediate Care (IC) Model including the planned introduction of an Urgent Care Single Point of Access (SPA) for IC Referrals (from Hospital and the Community), including a Community Rapid Response Function.

The aim of the SPA will be to ensure people receive the necessary interventions for those needing rehabilitation, to promote independence, prevent unnecessary hospital admission and facilitate discharge from Hospital and will be resourced by a multi-disciplinary team consisting of clinicians, nurses, therapists, administrative and social care staff.

The planned introduction of the new model/SPA will take place 1st April 2021.

##### **Complex Care Team Widnes**

2 staff have undertaken a post graduate certificate in autism (social work practice manager and PBSS practice manager). Both have completed a piece of work focusing on critique of current policy and practice in relation to autism in Halton. This work offers an exciting opportunity to challenge existing approaches in Halton and is likely to have a significant impact on the review and development of future autism strategy, training and practice in Halton

#### **Public Health**

Services that have been paused during the pandemic are starting to reopen but there is a backlog of appointments. This is particularly true of screening and may impact on cancer rates. It is also the case with the 0-19 services regarding new birth visits. These visits have taken place virtually but there is an issue around digital poverty and physical examinations. As the COVID vaccination programme rolls out we will see a reduction in infected cases and a return to usual practice.

### **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 2018/19 Directorate Business Plans.

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.

### 5.0 Progress against high priority equality actions

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

The Council needs to consider an increase in health inequalities due to COVID and build that into our Health & Wellbeing Strategy







### 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.


#### Commissioning and Complex Care Services

##### Adult Social Care

##### Key Objectives / milestones

Ref	Milestones	Q3 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.	
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### **Supporting Commentary**

1A. No supporting commentary received

1B. No supporting commentary received

1C. No supporting commentary received

1D. During Q 3 there was little movement from the Q2 update – RAG'd as amber due to not progressing the Dementia Strategy against projected timescale.

The Alzheimer's Society Dementia Care Advisor Service continues to deliver information, advice and signposting via telephone/email whilst COVID restrictions limit face to face support. The +12 month contract extension option has been put in place to ensure continuity of service during the COVID pandemic, with the contract in place until end of September 2021. Progress on the development of a refreshed local dementia strategy delivery plan has been halted due to COVID. It has been categorised as a priority 2 piece of work, with a time scale of 2-3 months (October) to be resumed. An adult social care dementia position statement was completed prior to COVID restrictions, which will help direct the development of the delivery plan when ONE Halton representatives reconvene, with support from Alzheimer's Society Policy representatives.

1E. Completed.



1F. The homelessness strategy remains current and reflects the key priorities and agreed action plan for a five year period. The strategy action plan will be reviewed annually, to ensure it is current and reflects economic and legislative changes, with many actions successfully achieved.













The pandemic has placed immense pressure upon the team and housing partners, resulting in the cancellation of the forum meeting. However, the forum is planned for April 2021. to review the key priorities and agree actions for the forthcoming 12 month period. Covid-19 changed working practices and resulted in additional measures implemented to meet the crisis led demand. The pandemic will continue to influence future activity and communication between partner agencies, which will further influence how services are commissioned and delivered in the future





3A. No supporting commentary received





### ***Key Performance Indicators***

**Older People:**

Ref	Measure	19/20 Actual	20/21 Target	Q3	Current Progress	Direction of travel
ASC 01	Permanent Admissions to residential and nursing care homes per 100,000 population 65+ <b>Better Care Fund performance metric</b>	TBC	635	TBC	TBC	TBC
ASC 02	Delayed transfers of care (delayed days) from hospital per 100,000 population. <b>Better Care Fund performance metric</b>	N/A	TBC	3728	TBC	TBC
ASC 03	Total non-elective admissions in to hospital (general & acute), all age, per 100,000 population. <b>Better Care Fund performance metric</b>	4893	5182	3728		
ASC 04	Proportion of Older People (65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services (ASCOF 2B) <b>Better Care Fund performance metric</b>	78%	85%	N/A	N/A	N/A

<b>Adults with Learning and/or Physical Disabilities:</b>						
ASC 05	Percentage of items of equipment and adaptations delivered within 7 working days (VI/DRC/HMS)	39%	97%	76%		
ASC 06	Proportion of people in receipt of SDS (ASCOF 1C – people in receipt of long term support) (Part 1) SDS	72%	80%	73%		
ASC 07	Proportion of people in receipt of SDS (ASCOF 1C – people in receipt of long term support) (Part 2) DP	35%	45%	34%		
ASC 08	Proportion of adults with learning disabilities who live in their own home or with their family (ASCOF 1G)	88.73 %	87%	88.47 %		
ASC 9	Proportion of adults with learning disabilities who are in Employment (ASCOF 1E)	5.04 %	5.5%	5.18%		
<b>Homelessness:</b>						
ASC 10	Homeless presentations made to the Local Authority for assistance In accordance with	1822	2000 1000 500 250	537 213 250 47		

	Homelessness Act 2017. Relief Prevention Homeless					
ASC 11	LA Accepted a statutory duty to homeless households in accordance with homelessness Act 2002	114	150	47	<input checked="" type="checkbox"/>	
ASC 12	Homelessness prevention, where an applicant has been found to be eligible and unintentionally homeless.	TBC	150	N/A	N/A	N/A
ASC 13	Number of households living in Temporary Accommodation Hostel Bed & Breakfast	105 15	150 80	162 20	N/A	
ASC 14	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)	6.62 %	7.0%	1.45%	<input checked="" type="checkbox"/>	
<b>Safeguarding:</b>						
ASC 15	Percentage of individuals	TBC	TBC	32%	<input checked="" type="checkbox"/>	

	involved in Section 42 Safeguarding Enquiries					
ASC 16	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%	85%	61%		
ASC 17	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)	89%	90%	N/A	N/A	N/A
<b>Carers:</b>						
ASC 18	Proportion of Carers in receipt of Self Directed Support.	100%	99%	95.4%		
ASC 19	<i>Carer reported Quality of Life (ASCOF 1D, (this figure is based on combined responses of several questions to give an average value. A higher value shows good performance)</i>	7.6%	8%	N/A	N/A	N/A
ASC 20	<i>Overall satisfaction of carers with social</i>	52.1 %	52%	N/A	N/A	N/A

	<i>services (ASCOF 3B)</i>					
ASC 21	The proportion of carers who report that they have been included or consulted in discussions about the person they care for (ASCOF 3C)	77.6 %	80%	N/A	N/A	N/A
ASC 22	Do care and support services help to have a better quality of life? (ASC survey Q 2b) <b>Better Care Fund performance metric</b>	89.1 %	93%	N/A	N/A	N/A

## Supporting Commentary:

**Older People:**

ASC 01 The performance team are unable to complete this indicator at this time.

ASC 02 National reporting has been suspended due to the Pandemic, data is not available, there is no date provided for this to resume

ASC 03 The very low numbers reported in Q3 are the direct result of fewer people attending A&E and being admitted due to changes in people behaviour during coronavirus pandemic. People have been avoiding healthcare settings including A&E. In addition, significant bed pressures at the acute hospital sites due to Covid-19 admissions have meant that the usual process of admit to assess (0 LOS) has not been happening to the same degree, resulting in a more pronounced reduction in the 0 LOS admissions compared to 1+ LOS admissions.

ASC 04 Annual collection only to be reported in Q4.

**Adults with Learning and/or Physical Disabilities:**

ASC 05 The reduced figures are due to the impact of covid and the reduced accessibility to properties with non-urgent requests placed on hold

ASC 06 We are aware that this is an ongoing issue with reporting on service agreements, however due to COVID, we are not in a position to fully investigate this

- ASC 07 We are monitoring this measure and are still above the NW averages when benchmarking.
- ASC 08 We are aware of issues with data quality with Primary support reasons, this may change the numerator meaning the percentage of clients will be lower.
- ASC 09 There are 22 people with a learning disability in paid employment. The percentage is based on the number of people with a learning disability "known to" the Council. The known to figure can fluctuate each month as people have been added to Care First or their assessments have been completed; this will have an overall effect on the percentage.

### Homelessness:

- ASC 10 Covid 19 and the government announcement of the `all in` approach has been extended upto 31/3/2021. This resulted in an increase in homelessness presentations.  
The government guidance instructed all LAs to remove all rough sleepers from the streets, to ensure all vulnerable homeless clients are accommodated.
- The Homelessness Reduction Act has influenced the homelessness administration and service delivery, which changed homelessness administration and further increased homelessness presentations, with the emphasis placed upon prevention and relief measures to reduce homelessness.
- ASC 11 The figure shown is for statutory homelessness acceptances, which is generally low. The Homelessness Reduction Act 2017 changed the homelessness administration process, whereby, statutory homelessness acceptance is now the last option. The legislations places further emphasis upon prevention and relief.
- ASC 12 Duplicate – relates to statutory homeless acceptance, detailed in ASC 11
- Eligibility and intentionality form part of the homelessness assessment to determine statutory home
- ASC 13 The Covid 19 pandemic and government guidance to place all homelessness clients into accommodation, placed extreme pressure upon Local Authorities and housing providers to source suitable temporary and permanent accommodation.  
The `all in` approach forced many Local Authorities to use hotel and B&B accommodation to meet the increased demand.  
The Local Authority also commissioned additional temporary accommodation provision to meet demand
- ASC 14 The team focus is upon advice and assistance to reduce homelessness issues. The early intervention team take an accelerated approach to working with many clients, offering advice to avert the crisis.  
The team are working with all vulnerable clients to prevent homelessness via the varying prevention initiatives and additional support services available to access and sustain tenancies

**Safeguarding:**

ASC 15 Work being done looking at the Actual/ target.

ASC 16 We have exceeded this target and staff continue to access the appropriate training.

ASC 17 Annual collection only to be reported in Q4, (figure is an estimate).

**Carers:**

ASC 18 The reduced figures are due to the impact of covid

ASC 19 This is a biannual survey which would have been due to have been administered later in 2020, however due to COVID-19, this has been postponed and will not take place until 2021 and biannually thereafter

ASC 20 This is a biannual survey which would have been due to have been administered later in 2020, however due to COVID-19, this has been postponed and will not take place until 2021 and biannually thereafter













ASC 21 This is a biannual survey which would have been due to have been administered later in 2020, however due to COVID-19, this has been postponed and will not take place until 2021 and biannually thereafter

ASC 22 This is a biannual survey which would have been due to have been administered later in 2020, however due to COVID-19, this has been postponed and will not take place until 2021 and biannually thereafter

**Public Health****Key Objectives / milestones**

Ref	Milestones	Q3 Progress
PH 01a	Increase the uptake of smoking cessation services and successful quits among routine and manual workers and pregnant women.	u
PH 01b	Work with partners to increase uptake of the NHS cancer screening programmes (cervical, breast and bowel).	u
PH 01c	Work with partners to continue to expand early diagnosis and treatment of respiratory disease including Lung Age Checks, and improving respiratory pathways.	u
PH 01d	Increase the number of people achieving a healthy lifestyle in terms of physical activity, healthy eating and drinking within recommended levels.	✓



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 and develop an enhanced offer through the 0-19 programme for families requiring additional support, For example: teenage parents (through Family Nurse Partnership), Care leavers and support (when needed) following the 2 year integrated assessment.	
PH 02c	Maintain and develop an offer for families to help their child to have a healthy weight, including encouraging breastfeeding, infant feeding support, healthy family diets, physical activity and support to families with children who are overweight.	
PH 03a	Continue to develop opportunities for older people to engage in community and social activities to reduce isolation and loneliness and promote social inclusion and activity.	
PH 03b	Review and evaluate the performance of the integrated falls pathway.	
PH 03c	Work with partners to promote the uptake and increase accessibility of flu and Pneumonia vaccinations for appropriate age groups in older age.	
PH 04a	Work in partnership to reduce 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 in the community and within secondary care.	
PH 05a	Work with schools, parents, carers and children's centres to improve the social and emotional health of children.	
PH 05b	Implementation of the Suicide Action Plan.	
PH 05c	Provide training to front line settings and work to implement workplace mental health programmes.	

### **Supporting Commentary**

<b>PH 01a</b>	<b>Supporting commentary</b> Halton Stop Smoking Service has continued to deliver the service remotely throughout COVID 19 to support local people to stop smoking. The voucher scheme previously used by the service to request products from Pharmacies has now been replaced by requesting products for clients directly through the
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	<p>pharmacists database – PharmOutcomes. The intention is to continue using PharmOutcomes when services resume post COVID. CO monitoring and Lung Age checks had to be stopped as well as the pregnancy incentive voucher scheme due to COVID 19. Through the use of digital platforms and contact with all referring agencies we have continued to promote the service to encourage referrals into the service. However, there has been a decrease in all referrals during COVID. Extra emphasis is placed on pregnant smokers, routine and manual smokers, smokers with respiratory disease, and smokers with mental health, where extra support is required. To date Halton Stop Smoking Service has received 74 pregnant smoker referrals compared to 113 received in the same period last year. Out of 74 referrals, 61 clients engaged with the service and 21 pregnant smokers successfully quit - achieving a quit rate of 34%. In comparison out of 113 pregnant smokers referred last year, only 59 engaged with the service and 28 pregnant smokers successfully quit-achieving a quit rate of 47%. Among the Routine and Manual group, there have been 113 smokers accessing the service and 64 smokers quitting – achieving a quit rate of 57%. Again the service has seen a reduction in referrals into the service compared to the same period last year 157 accessing the service and 94 quitting –achieving a quit rate of 60%.The service has now set up a FB page where advice and tips on stopping smoking are available to smokers – 82 people currently access the FB page. To date the service has seen a total of 575 clients that have been referred into the service, either by professional partners or self-referred, only 35 out of 575 clients have not engaged with the service. The service has a quit rate of 62% currently. The service has also supported Contact Track and Tracing and supported the Health Trainer Assessment programme. Assessing the practicalities of resuming the delivery of the Stop Smoking Service in GP and Community settings as well as resuming CO Monitoring and COPD6 will remain on hold due to the current COVID climate.</p>
<p><b>PH 01b</b></p>	<p><b>Supporting commentary</b> There has been a decline in the uptake of screening programmes across nationally and locally as a result of the Covid situation, with services slowing down for a period of time. All screening programmes are now open again and we are working with local groups to increase awareness of this and encourage re-engagement, including targetting material and engagement at local covid vaccination centres and re-establishing connections across Cheshire and Merseyside.</p>
<p><b>PH 01c</b></p>	<p><b>Supporting commentary</b> The Stop Smoking Service have had to cease delivering COPD6 Lung Age Checks to clients aged 35yrs and over as per NICE guidelines during consultations due to COVID and working remotely. The service has started working on the recently revived TLHC Targeted Lung Health Check Programme with Halton CCG and LHCH. This programme is in the early stages of development but it is envisaged the Stop Smoking Service will see an increase in throughput into the service of potentially 1,600 current and ex smokers in Halton aged between 55 yrs and 75 yrs.</p>
<p><b>PH 01d</b></p>	<p><b>Supporting commentary</b> Haltons Adult Weight Management Service received 80 new referrals in Q3. The service worked remotely throughout, providing an individual telephone based service. Fresh Start clients continued to receive healthy lifestyle and</p>

	<p>physical activity advice on a weekly basis. The Dietician led tier 3 weight management service operated face to face appointments throughout Q3, supporting local people with high BMI's and those considering bariatric surgery service for those requiring dietetic input, 282 appointments were completed in Q3. A Facebook group with over 400 active Fresh Start clients has been maintained throughout Q3. Work continued and was completed to develop a Fresh Start app for the delivery of the weight management service through smart phones, this will launch in Q4 2020/21.</p> <p>Telephone physical activity advice and online video sessions were provided for those clients referred to the HIT exercise referral service. Working predominantly with clients with a history of cardiac, respiratory, neurological or chronic pain diagnoses.</p> <p>The Active Halton steering group meetings have continued monthly, the group has focused on updating colleagues from across Halton on how services are being managed during the Covid-19 pandemic and changes to the availability of facilities during Q3.</p> <p>Face to face sessions on healthy lifestyles continued during Q3. The number of sessions was reduced due to Covid-19. Parent Bitesize sessions delivered remotely on healthy eating, physical activity and screen time, offered to parents monthly with good engagement. Healthy lifestyles for the staff is promoted as part of the healthy schools ethos.</p> <p>Resources available to all schools on health curriculum.</p>
<b>PH 02a</b>	<p><b>Supporting commentary</b></p> <p>At the end of Qtr.2 86% of families were receiving a new birth visit within 14 days, 71% received the 12 month check within 15mths, and 56% received the 2-21/2 year check. Restoration plans are in place to catch up any outstanding visits or checks and the 0-19 Service has continued to support local families through drop ins, visits and telephone support.</p>
<b>PH 02b</b>	<p><b>Supporting commentary</b></p> <p>During the quarter, the 0-19 Service (comprising the Family Nurse Partnership, Health Visiting and School Nursing) continued to deliver support to children, young people and families.</p> <p>The service provided support to schools and early years settings and focused particularly on the flu vaccination programme and school age immunisations, as well as continuing to support the increasing workload caused by safeguarding concerns.</p>
<b>PH 02c</b>	<p><b>Supporting commentary</b></p> <p>The Halton Early Years partnership has continued to meet remotely to consider how to support families and develop the local offer and is looking to re-establish the antenatal 'Your baby and you offer' remotely. Infant feeding support continues to be available to families from the HIT infant feeding team. The NCMP programme has been paused due to the pandemic.</p>
<b>PH 03a</b>	<p><b>Supporting commentary</b></p> <p>During Lockdown like many other teams, Sure Start to Later Life (SS2LL) were pivotal to the COVID19 response to support the shielded and most</p>

vulnerable individuals. The team worked tirelessly to offer a telephone befriender service to those people who were on their own, isolated from their families, friends and communities and who may be feeling lonely. During Lockdown and continuing we have managed to contact over 800 people to offer this service too. At the peak response time we have supported 230 people on a regular basis via the telephone befriending service which has been either on a fortnightly basis or in some cases weekly.

As a means to build capacity to continue to deliver this service we have recruited an additional 23 telephone befrienders who are providing approx. 66 hours per week of support. We still have 30 applications to process.

The Telephone befriending service has been a lifeline to the outside world for a lot of people and a means to tackle loneliness. These are some of the quotes from people who have accessed the service

**"Im very grateful for all the support he has had from SSTLL staff during C19 shielding lockdown"**

**Your calls are a blessing and your loveliness is shining bright (this lady is totally isolated with no family)**

**"Thank you for your calls it's nice to know someone cares about you (this gentleman's family live abroad)"**

We work in collaboration with our partners in particular Age UK and more recently MIND as they too provide a similar service and we have referred people onto these services where appropriate.

Towards the end of September we launched the Pen Pal Scheme where we asked people to write letters/ cards to people who reside in care homes as a means to tackle loneliness. We had a lot of interest from over 30 people. So far we have managed to match up 10 people. The feedback has been very positive.

In the run up to Christmas we were involved in a number of projects supporting older people over the festive period.

We matched up a number of early year settings with a number of local care homes. Some of the children did a virtual nativity where others sent Christmas cards and gifts. This was well received by our residents of Halton.

We supported 85 people to receive a Christmas Hamper or a Christmas Meal which was donated by the community.

**PPH 03b Supporting commentary**

During the pandemic there have been significant changes made to the falls pathway. The Falls Intervention ceases to exist as does the Rapid Access Rehabilitation Service. This has left a gap in the service provision. The intermediate care service is currently under review and the outcome of this review will not be known until April 2021. A decision has been made to put

	<p>the falls steering group on hold until further information is gathered about the future plan of the falls service.</p> <p>From an Age Well Falls prevention service perspective we have continued to offer a telephone consultation , where we have been contacting our existing clients pre covid to offer them either 1:1 falls prevention advise or to consult them as a group.</p> <p>This is some of the feedback from the people who receive calls:</p> <p>I'm always excitedly waiting for your call; I so look forward to it each week'. (Santosh)</p> <p>'Thank you for bringing us all together, I've enjoyed chatting with the group. It makes you feel that you're not alone' (Harold)</p> <p>I hope the calls to will continue after Christmas, it's lovely hearing from you and the others in the group. Thank you for including me'. (Margaret)</p> <p>'Thank you for all your efforts in doing these calls, I enjoy them and look forward to them each week. It makes me feel connected'. (Ian)</p> <p>'When we've all had the vaccine and the weather gets warmer, let's all meet on a big field and do our exercises together' (Joan 91yrs old)</p> <p>At present we have over 100 people who are on our waiting list to start the Age Well Exercise class when we are allowed to restart. In the meantime they are being offered telephone advice about what they can do to stay active and promoting the Active at Home Booklet. The aim of the booklet is to help you to stay active at home to help prevent physical deterioration that increases your risk of falls, loss of independence and increased need for care during Covid-19. . In total we have sent out over 6000 copies of the Active at Home Booklet.</p>
PH 03c	<p><b>Supporting commentary</b></p> <p>Work on increasing the uptake of flu vaccination has continued throughout the flu season. Capacity and community engagement oportunities have been limited but we have been supporting practices to target eligible groups. The uptake of vaccine in the over 65 age group has increased this year compared to previous years although some of the other targetted cohorts has not achieved target uptakes.</p>
PH 04a	<p><b>Supporting commentary</b></p> <p>Work has continued to focus on reducing the rate of young people admitted to hospital due to alcohol, although this has been impacted due to COVID-19, lock down, and reductions in social interaction.</p>
PH 04b	<p><b>Supporting commentary</b></p> <p>Awareness is raised within the local community of safe drinking recommendations and local alcohol support services through social media campaign messages and the promotion of national campaigns via digital platforms.</p> <p>The Stop Smoking Service has continued to deliver Audit C screening remotely and offers Brief Advice and signposting, when appropriate, during consultations with clients who are stopping smoking and who also wish to reduce their alcohol intake</p>

	<p>To date over 345 clients have received Audit C screening from the Stop Smoking Service.</p> <p>Health Trainers have had limited opportunities to deliver Audit C screening as part of Health Checks due to COVID.</p>												
<b>PH 04c</b>	<p><b>Supporting commentary</b></p> <p>The Substance Misuse Service has continued to find innovative ways in which to support clients affected by substance misuse, including digital consultations and socially distanced appointments. During Qtr.2, 185 assessments were completed, with 120 entering structured treatment and 65 requiring brief intervention.</p> <p>Those requiring support for alcohol represented 43% of overall assessments, with 18% non-opiate and opiate support 22% and 17% of assessments being for alcohol and non-opiate support.</p> <p>At the end of Qtr.2 there were 651 people engaged in structured treatment.</p>												
<b>PH 05a</b>	<p><b>Supporting commentary</b></p> <p>The Health Improvement Team provide a whole setting approach to schools and early years settings to support them to improve the mental health and wellbeing of their setting. Due to the pandemic the number of educational settings able to engage with preventative work has reduced due to additional demands on them. However despite this educational settings have still engaged</p> <p>3 schools are currently engaged  13 early years setting or child minders are engaged  22 Parents and carers engaged in parent workshop on childrens mental health and wellbeing</p>												
<b>PH 05b</b>	<p><b>Supporting commentary</b></p> <p>The suicide prevention partnership board has continued to meet during the pandemic. There has been delays with the real time surveillance information which has been flagged as a concern with Champs. Champs have continued to work to address: self harm, middle aged men, quality improvement within mental health trusts, primary care staff, workforce development training throughout the pandemic. However the development of a lived experience network has been placed on hold due to the pandemic.</p> <p>A Halton Time to Change campaign using local male time to change champions was launched in September and continued through to December. The campaign aimed at middle aged men shared lived experience to tackle mental health stigma and sign post to text support</p> <p><b>Table 1-Results of targeted social media posts on facebook</b></p> <table border="1"> <thead> <tr> <th>People Reached</th> <th>Views of the videos</th> <th>engagements</th> </tr> </thead> <tbody> <tr> <td>84868</td> <td>23,920</td> <td>8638</td> </tr> </tbody> </table> <p><b>Table 2- results of social media posts on twitter</b></p> <table border="1"> <thead> <tr> <th>Impressions</th> <th>views</th> <th>Engagement</th> </tr> </thead> <tbody> <tr> <td>9787</td> <td>2421</td> <td>573</td> </tr> </tbody> </table>	People Reached	Views of the videos	engagements	84868	23,920	8638	Impressions	views	Engagement	9787	2421	573
People Reached	Views of the videos	engagements											
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**Table 3-Targeted radio Campaign results**

Impressions	Listen through rate
<b>50,000 to 6116 individuals</b>	<b>96.6%</b>

**Champs Stay Alive App campaign**

Champs developed and delivered a campaign to raise awareness of the free Stay Alive App across Cheshire and Merseyside from October to December 2020. The aim of the campaign was to encourage people to download the App that signposts to local Crisis helplines. A full evaluation will be available at the beginning of February demonstrating how many downloaded the app in Halton. The initial figures very encouraging, with **2000** new users and over **14,000** clicks to services in the first 3 weeks.

**Local Activity**







The Mental Health Info Point continues to be promoted via social media and training. From October to December it has received **848** page views with **389** users, **59** visiting the need help now section for details of mental health crisis support. A new local mental health crisis telephone number has been continuously promoted as well.

**PH 05c****Supporting commentary**









A variety of training is provided to early years settings, schools, workplaces and the community. Since the pandemic began face to face training has been cancelled and virtual training has been available in its place. To ensure quality is maintained numbers attending virtual training has been capped and is significantly lower than numbers attending face to face sessions. Also workplaces haven't engaged with any of the training offer due to the pandemic however information has been provided to them and a workplace section established on the MH info point to help support with staff wellbeing.

Training	Numbers trained
Mental health awareness training for adults	53
Mental health awareness for managers	40
Stress Awareness training for adults	2
Stress Awareness training for managers	0
Suicide Awareness training	46
Mental health awareness for early years settings	39
Mental Health awareness training for staff who work with CYP	26
Self Harm awareness training for staff who work with CYP	17
Resilience Workshop for staff working with CYP	19
<b>Total trained</b>	<b>186</b>



**Key Performance Indicators**

Ref	Measure	19/20 Actual	20/21 Target	Q3	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)	66.1% (2018/19)	68%	N/A  (Department of Education are not publishing 2019/20 data due to COVID priorities)		N/A
PH LI 02a	Adults achieving recommended levels of physical activity (% of adults aged 19+ that achieve 150+ minutes of moderate intensity equivalent per week)	62.8% (2017/18)	66% (2018/19)	68.6% (2018/19)		
PH LI 02b	Alcohol-related admission episodes – narrow definition (Directly Standardised Rate per 100,000 population)	863 (2018/19)	848 (2019/20)	895 (2019/20)		
PH LI 02c	Under-18 alcohol-specific admission episodes (crude rate per 100,000 population)	58.6 (2016/17 - 2018/19)	55.6 (2017/18-2019/20)	59.4 (2017/18 – 2019/20) provisional		
PH LI 03a	Smoking prevalence	17.9% (2018)	16% (2019)	14.9% (2019)		



	(% of adults who currently smoke)					
PH LI 03b	Prevalence of adult obesity (% of adults estimated to be obese)	74.4% (2017/18)	72% (2018/19)	70.6% (2018/19)		
PH LI 03c	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>	85.3 (2017-19)	N/A (2018-20 target not set due to COVID pressures)	87.1 (Q4 2017- Q3 2020 provisional) (Public Health have not published latest data due to COVID)		
PH LI 03d	Mortality from cancer at ages under 75 (Directly Standardised Rate per 100,000 population) <i>Published data based on calendar year, please note year for targets</i>	166.1 (2017-19)	N/A (2018-20 target not set due to COVID pressures)	161.6 (Q4 2017- Q3 2020 provisional) (Public Health England have not published latest data due to COVID)		
PH LI 03e	Mortality from respiratory 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>	52.5 (2017-19)	N/A (2018-20 target not set due to COVID pressures)	53.2 (Q4 2017- Q3 2020 provisional) (Public Health England have not published latest data due to COVID)		

PH LI 04a	Self-harm hospital admissions (Emergency admissions, all ages, directly standardised rate per 100,000 population)	349.7 (2018/19)	N/A (2019/20 target not set due to COVID pressures)	388.3 (2019/20) provisional		
PH LI 04b	Self-reported wellbeing: % of people with a low happiness score	9.7% (2017/18)	8.0% (2018/19)	7.2% (2018/19)		
PH LI 05ai	<b>Male</b> 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>	17.7 (2017-19)	N/A (2018-20 target not set due to COVID pressures)	N/A (2018-20 data not yet available nationally or locally)		N/A
PH LI 05aii	<b>Female</b> 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>	20.3 (2017-19)	N/A (2018-20 target not set due to COVID pressures)	N/A (2018-20 data not yet available nationally or locally)		N/A
PH LI 05b	Emergency admissions due to injuries resulting from falls in the over	2970 (2018/19)	2,900	2834 (2019/20) provisional		

	65s (Directly Standardised Rate, per 100,000 population; PHOF definition)					
PH LI 05c	Flu vaccination at age 65+ (% of eligible adults aged 65+ who received the flu vaccine, GP registered population)	71.6% (2019/20)	75% (national target)	79.5% (Sept – Dec 2020)		

### Supporting Commentary

**PH LI 01** - Department of Education are not producing 2019/20 data due to COVID priorities.

**PH LI 02a** – The target has been met for 2018/19 and the percentage of adults meeting recommended levels of physical activity has increased.

**PH LI 02b** – Hospital admissions for alcohol have increased in 2019/20 and the target has not been met. Rates have also increased nationally and regionally.

**PH LI 02c** – Hospital admissions for alcohol in under 18 year olds have increased slightly in 2019/20 and the target has not been met.

**PH LI 03a** – The latest smoking prevalence estimate has reduced for Halton, meeting the target for 2019.

**PH LI 03b** – Adult obesity has reduced in 2018/19, meeting the target.

**PH LI 03c** – Provisional 3 year data to September 2020 indicates the under 75 CVD mortality rate has increased slightly on 2017-19. We have yet to understand the impact on COVID deaths compared to other leading causes of death in 2020.

**PH LI 03d** – Provisional 3 year data to September 2020 indicates the under 75 cancer mortality rate has decreased slightly on 2017-19. We have yet to understand the impact on COVID deaths compared to other leading causes of death in 2020.

**PH LI 03e** - Provisional 3 year data to September 2020 indicates the under 75 respiratory disease mortality rate has increased very slightly on 2017-19. We have yet to understand the impact on COVID deaths compared to other leading causes of death in 2020.

**PH LI 04a** – Provisional data shows self harm hospital admissions have increased in 2019/20.

**PH LI 04b** – The percentage of people reporting a low happiness score had reduced in 2018/19, meeting the target.

**PH LI 05ai** – 2018-20 data is not yet available nationally or locally. The 2017-19 life expectancy at age 65 saw an improvement on the previous 3 year period.

**PH LI 05aii** – 2018-20 data is not yet available nationally or locally. The 2017-19 life expectancy at age 65 saw an improvement on the previous 3 year period.

**PH LI 05b** – Falls injuries hospital admissions in those aged 65 and over have reduced, based on provisional 219/20 data, meaning the target has been met.

**PH LI 05c** – The flu vaccination target has been exceeded, based on data for September to December 2020.**PH LI 01** -

APPENDIX 1 – Financial Statements

## **ADULT SOCIAL CARE DEPARTMENT**

### **Finance**

#### **Revenue Operational Budget as at 31 December 2020**

	Annual Budget	Budget to Date	Actual	Variance (Overspend)	Forecast Outturn (Overspend)
	£'000	£'000	£'000	£'000	£'000
<b>Expenditure</b>					
Employees	14,265	10,314	10,142	172	220
Premises	322	246	265	(19)	(25)
Supplies & Services	748	574	583	(9)	(20)
Aids & Adaptations	113	46	47	(1)	0
Transport	235	188	176	12	0
Food Provision	134	89	78	11	15
Agency	880	685	683	2	0
Supported Accommodation and Services	1,443	1,082	1,091	(9)	(15)
Emergency Duty Team	101	50	55	(5)	(5)
Contracts & SLAs	602	513	502	11	(15)
Residential & Nursing Care	994	781	781	0	0
Domiciliary Care	389	338	308	30	0
Lillycross Contract Costs	600	500	500	0	0
Capital Financing	44	0	0	0	0
<u>Housing Solutions Grant Funded Schemes</u>					
LCR Immigration Programme	342	156	154	2	0
Flexible Homeless Support	169	69	69	0	0
LCR Trailblazer	69	51	47	4	0
Rough Sleepers Initiative	242	9	9	0	0
<b>Total Expenditure</b>	<b>21,692</b>	<b>15,691</b>	<b>15,490</b>	<b>201</b>	<b>155</b>
<b>Income</b>					
Fees & Charges	-547	-424	-419	(5)	(5)
Sales & Rents Income	-272	-83	-87	4	0
Reimbursements & Grant Income	-589	-516	-492	(24)	(30)
Housing Strategy Grant Funded Schemes	-735	-700	-701	1	0
Transfer from Reserves	-1,163	0	0	0	0
Capital Salaries	-111	-55	-61	6	10
CCG Reimbursement Re Lillycross	-600	-500	-500	0	0
Government Grant Income	-2,140	-1,662	-1,662	0	0
<b>Total Income</b>	<b>-6,157</b>	<b>-3,940</b>	<b>-3,922</b>	<b>(18)</b>	<b>(25)</b>
<b>Net Operational Expenditure Excluding Homes and Community Care</b>	<b>15,535</b>	<b>11,751</b>	<b>11,568</b>	<b>183</b>	<b>130</b>
Care Homes Net Expenditure	6,302	4,578	4,739	(161)	(215)
Community Care Expenditure	18,848	13,580	13,634	(54)	(59)
<b>Net Operational Expenditure Including Homes and Community Care</b>	<b>40,685</b>	<b>29,909</b>	<b>29,941</b>	<b>(32)</b>	<b>(144)</b>

### Revenue Operational Budget as at 31 December 2020 continued

	Annual Budget	Budget to Date	Actual	Variance (Overspend)	Forecast Outturn (Overspend)
	£'000	£'000	£'000	£'000	£'000
<b>Covid Costs</b>					
Staffing	0	0	1,085	(1,085)	(1,404)
PPE	0	0	68	(68)	(90)
Telehealthcare Equipment	0	0	16	(16)	(30)
Bed & Breakfast Accommodation	0	0	85	(85)	(120)
Medical, hygiene & cleaning	0	0	71	(71)	(94)
Lilycross	0	0	686	(686)	(900)
Community Care Market Stability/Resilience					
Community Care Additional Demand	0	0	4,617	(4,617)	(4,617)
Infection Control Costs	0	0	1,894	(1,894)	(1,894)
Contract Costs	0	0	388	(388)	(520)
<b>Covid Loss of Income</b>					
Community Care Income	-718	-718	0	(718)	(718)
Community Services Transport	-114	-114	0	(114)	(150)
Community Services Trading	-118	-118	0	(118)	(160)
Community Services Placements	-102	-102	0	(102)	(130)
Rentals	-14	-14	0	(14)	(20)
Halton CCG Income	0	0	-4,217	4,217	4,217
Infection Control Grant	0	0	-1,894	1,894	1,894
Covid Grant Funding	0	0	-3,865	3,865	4,736
<b>Net Covid Expenditure</b>	<b>-1,066</b>	<b>-1,066</b>	<b>-1,066</b>	<b>0</b>	<b>0</b>
<b>Recharges</b>					
Premises Support	563	422	422	0	0
Transport Support	564	423	442	(19)	0
Central Support	3,588	2,684	2,684	0	0
Asset Rental Support	13	0	0	0	0
Recharge Income	-122	-83	-87	4	0
<b>Net Total Recharges</b>	<b>4,606</b>	<b>3,446</b>	<b>3,461</b>	<b>(15)</b>	<b>0</b>
<b>Net Departmental Expenditure</b>	<b>44,225</b>	<b>32,289</b>	<b>32,336</b>	<b>(47)</b>	<b>(144)</b>

### Comments on the above figures

Net Department Expenditure, excluding the Community Care and Care Homes divisions, is £0.183m below budget profile at the end of the third quarter of the 2020/21 financial year. A net underspend of £0.130m is projected for the 2020/21 financial year overall.

The Community Care and Care Homes Divisions are reported separately below. At present, a net overspend of £0.215m is projected for the financial year for the Care Homes Division, and a net overspend of £0.059m is projected for the Community Care Division. A more detailed analysis of the respective divisions spend is included in separate reports below.

Employee costs are currently £0.172m under budget profile, due to savings being made on vacancies. It is anticipated that a full-year underspend in the region of £0.220m will result by the end of the financial year.

The revenue costs of Lilycross largely consist of a contract payment for 60 beds from 1 May 2020. A proportion of these bed costs are recharged to the CCG (these costs and

income are shown in the main table above). The cost of the remaining beds are currently classed as Covid-19 related expenditure

There are a number of full grant funded Housing Strategy initiatives included in the financial table, specifically the LCR Immigration Programme, Flexible Homelessness Support Initiative, LCR Trailblazer and Rough Sleepers Initiative. Total funding of £0.735m represents confirmed grant allocations for 2020/21, together with unspent funding carried forward from the previous financial year. Income currently significantly exceeds expenditure, and any unspent in-year funding will be carried forward to the 2021/22 financial year, in-line with grant conditions.

Costs relating to the Covid-19 pandemic have been recorded separately, and a summary is recorded in the table above. These figures are inclusive of costs relating to Care Homes and Community Care. Total expenditure and loss of income funded from general Covid grant has been recorded as £3.865m for the period April to December 2020. The total cost for the financial year is currently estimated at £4.736m.

**CARE HOMES DIVISION****Revenue Budget as at 31 December 2020**

	Annual Budget	Budget to Date	Actual	Variance (Overspend)	Forecast Outturn (Overspend)
	£'000	£'000	£'000	£'000	£'000
<b>Expenditure</b>					
<b>Madeline McKenna</b>					
Employees	485	352	438	(86)	(115)
Other Premises	53	23	25	(2)	(3)
Supplies & Services	14	8	4	4	5
Food	30	20	18	2	3
<b>Total Madeline McKenna Expenditure</b>	<b>582</b>	<b>403</b>	<b>485</b>	<b>(82)</b>	<b>(109)</b>
<b>Millbrow</b>					
Employees	1,550	1,119	1,358	(239)	(319)
Other Premises	73	51	61	(10)	(13)
Supplies & Services	50	38	42	(4)	(5)
Food	55	40	37	3	4
<b>Total Millbrow Expenditure</b>	<b>1,728</b>	<b>1,248</b>	<b>1,498</b>	<b>(250)</b>	<b>(333)</b>
<b>St Luke's</b>					
Employees	2,105	1,573	1,591	(18)	(24)
Other Premises	83	60	103	(43)	(57)
Supplies & Services	44	25	29	(4)	(5)
Food	99	59	40	19	25
Reimbursements & Other Grant Income	0	0	-1	1	1
<b>Total St Luke's Expenditure</b>	<b>2,331</b>	<b>1,717</b>	<b>1,762</b>	<b>(45)</b>	<b>(60)</b>
<b>St Patrick's</b>					
Employees	1,448	1,077	891	186	248
Other Premises	82	55	56	(1)	(1)
Supplies & Services	32	15	12	3	4
Food	99	63	35	28	37
<b>Total St Patrick's Expenditure</b>	<b>1,661</b>	<b>1,210</b>	<b>994</b>	<b>216</b>	<b>288</b>
<b>Net Departmental Expenditure</b>	<b>6,302</b>	<b>4,578</b>	<b>4,739</b>	<b>(161)</b>	<b>(215)</b>

**Comments on the above figures****Overview**

The Care Homes Division was created during the third quarter of 2019/20 after the acquisition of two additional homes in October 2019; St Luke's in Runcorn and St Patrick's in Widnes. The new Care Homes Division contains four homes, Madeline McKenna and Millbrow, which transferred from the Complex Care Pool Division, along with the two new homes, St Luke's and St Patrick's. They have a combined budget of £6.302M based on 100% occupancy levels.

**Divisional Summary**

Overall, the net Care Homes Divisional Expenditure is £0.161m over budget profile at Q3. The forecast outturn position for 2020/21 is £0.215m over budget. The following factors have reduced the base funded costs since the last quarter:

- All additional costs related to COVID: staffing and non-staffing, have been moved to the COVID Support budget.
- Infection Control Grant of £0.270m has offset staffing costs.



- St Luke's and St Patricks staff have yet to move to Halton contracts due to the pandemic. The additional costs incurred from their improved terms & conditions have not affected 2020/21 and are now forecast to hit the 2021/22 budget.
- Review of food costs

### **Madeline McKenna Care Home**

Madeline McKenna is a 23-bed residential care home with a budget of £0.582M. At the end of Quarter 3, Madeline McKenna's net expenditure is £0.082m over budget profile. Year-end outturn is forecast to be £0.190m over budget.

Employee related expenditure is £0.086m over expected budget at this point in the financial year. The harmonisation of terms and conditions following the restructure necessitated an efficiency saving of £0.108m for 2020/21, this and the anticipated higher than budgeted pay award for the year, continues to create pressure across the staffing budgets. Work continues to achieve this saving; however the current COVID situation is impacting on this. Agency staff expenditure of £0.046m is offset by underspends due to the vacant posts remaining following the staffing restructure in 2019/20.

### **Millbrow Care Home**

Millbrow is a 44-bed residential and nursing care home with a budget of £1.728M. At the end of Q3, net expenditure is £0.250m over budget profile. The forecast outturn at March 2021 is circa £0.333m.

Employee related expenditure, including agency, is £0.239m over budget profile at Q3. Significant weekly agency costs are forecast to continue whilst contracted costs are anticipated to increase as vacant posts are filled. This, plus the £0.190m efficiency saving for 2020/21 necessitated following the harmonisation of terms and conditions following the restructure, continues to create pressure across the staffing budgets.

### **St Luke's Care Home**

St Luke's is a 56-bed care home providing residential and nursing care specialising in support for older people with dementia. Halton Borough Council acquired the care home in October 2019. The net spend budget for the year is £2.331m. At the end of Q3, St Luke's net expenditure is £0.045m over budget profile. The year-end position forecast to be circa £0.060m over budget.

Employee related expenditure is £0.018m over budget profile at the end of December. Agency staff expenditure to date is offset by underspends due to on-costs and vacant posts following the transfer of staff to Halton Borough Council. All above average pre-Covid agency expenditure is forecast to be met from COVID funding until March 2021. Work is continuing to review the staffing requirements at the care home and move staff to Halton's Term & Conditions this has been delayed due to the pandemic. Whilst this has created an underspend in 2020/21 once staff move to Halton's Terms & Conditions this will become a budget pressure in 2021/22 and beyond.

Premises related expenditure is £0.043m over budget at Q3. The main overspend is within Repairs & Maintenance.

## St Patrick's Care Home

St Patrick's is a 40-bed dementia care nursing home. Halton Borough Council acquired the care home in October 2019. The net spend budget for the year is £1.661m. At the end of Q3, St Patrick's net expenditure is £0.216m under budget profile. This is due to savings on staffing budgets.

Employee related expenditure is £0.186m under planned budget at Q3. Agency staff expenditure is fully-offset by underspends on contracted staffing budgets, due to vacant posts following the transfer of staff to Halton Borough Council; on-costs and staff receiving statutory payments only. As before, all agency costs above pre-Covid average are forecast to come from COVID until March 2021. Work continues to review the staffing requirements at the care home; however, this has again been delayed due to the pandemic. Staffing will continue to be a budget pressure once staff move to Halton's Terms & Conditions.

## Summary

Work continues across all of Halton's care homes to address the various cost pressure areas and reduce the overspend position, including

- Recruitment
- Reliance on Agency
- Harmonisation to HBC terms & Conditions
- Premises expenditure
- Reviewing supplies & services spend
- Model of care provision

The pandemic has resulted in additional grant support, which has mitigated some of the costs in 2020/21, whilst also delaying the move of staff to Halton terms & conditions. This has delayed the full impact of these costs on the base budget. Ultimately, these costs have only been deferred, and will impact on the budget in 2021/22 and beyond and the division will need to continue the work on all the areas above in order to have a sustainable post-COVID budget.

## **COMMUNITY CARE**

### **Revenue Budget as at 31 December 2020**

	Annual Budget	Budget to Date	Actual	Variance (Overspend)	Forecast Outturn (Overspend)
	£'000	£'000	£'000	£'000	£'000
<b>Expenditure</b>					
Adult Social Care Services:					
Residential & Nursing Care	11,547	7,516	7,272	244	326
Domiciliary, Supported Living & Day Care	8,938	5,433	5,448	(15)	(21)
Direct Payments	9,658	7,880	8,054	(174)	(207)
<b>Total Expenditure</b>	<b>30,143</b>	<b>20,829</b>	<b>20,774</b>	<b>55</b>	<b>98</b>
<b>Income</b>					
Residential & Nursing Income	-6,713	-4,478	-4,448	(30)	(48)
Domiciliary Income	-1,461	-898	-856	(42)	(58)
Direct Payments Income	-714	-420	-423	3	5
CCG funded care home placements	-1,638	-1,040	-1,000	(40)	(56)
Income from other CCG's	-113	-85	-85	0	0
ILF	-656	-328	-328	0	0
<b>Total Income</b>	<b>-11,295</b>	<b>-7,249</b>	<b>-7,140</b>	<b>(109)</b>	<b>(157)</b>
<b>Net Departmental Expenditure</b>	<b>18,848</b>	<b>13,580</b>	<b>13,634</b>	<b>(54)</b>	<b>(59)</b>

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

The overall position for the Community care budget is £0.054M under budget profile at the end of December and the forecast year end position is expected to be approximately £0.059M under the annual budget profile. This is based on information held at present and the position may change dependent on demand over the final quarter of the year.

An internal audit exercise has been undertaken to ensure packages of care during the pandemic had been coded correctly. As a result of the funding check £0.130m of residential costs and £0.230m of domiciliary costs have been moved from base funding and will now be funded through Covid grant.

Direct Payments, as in previous years, continues to be a budget pressure. However, a task and finish group was set up in July and has so far identified £0.382m savings. This work is ongoing.

CCG funded care homes placements relate to the Council's internal care homes. Approximately 15 internal care home beds, previously funded by the CCG have become vacant due to Covid 19 resulting in a loss of income.

Initial CCG funding for Covid ended in August and was been replaced from 1st September by a second scheme whereby packages that avoid hospital admissions will be funded for a period of up to 6 weeks. Both the Council and Halton CCG continue to assess funding responsibilities. As this work is ongoing it is not yet possible to quantify final numbers or financial impact.

#### **Capital Projects as at 31 December 2020**

	2020-21 Capital Allocation £'000	Allocation To Date £'000	Actual Spend £'000	Total Allocation Remainin g £'000
Orchard House	200	160	156	44
Lillycross	1,026	960	955	71
Purchase Of 2 Adapted Properties	369	10	9	360
<b>Total</b>	<b>1,595</b>	<b>1,130</b>	<b>1,120</b>	<b>475</b>

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

The Orchard House allocation relates to the purchase and re-modelling of a previously vacant property, to provide accommodation for young adults who have a Learning Disability and Autism. The scheme was approved by Council in November 2018. The original total capital allocation was £407,000, which reflected the projected remodelling and refurbishment costs of the property following its purchase in March 2019. The current year capital allocation has been carried forward from 2019/20, and will enable the scheme's completion.

The former Lillycross care home in Widnes has been adapted to help ease the pressure on hospitals treating patients with Covid-19. Capital costs are to be fully reimbursed by Halton CCG.

The capital allocation for the purchase of land and construction of 2 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 to meet the particularly complex and unique needs of two service users. The purchase of suitable land was completed in September 2019, and construction work is set to start in 2020/21. It is anticipated that the full cost of the project will be met from the original grant funding.

## **COMPLEX CARE POOL**

### **Revenue Budget as at 31st December 2020**

	Annual Budget	Budget to Date	Actual	Variance (Overspend)	Forecast Outturn (Overspend)
	£'000	£'000	£'000	£'000	£'000
<b>Expenditure</b>					
Intermediate Care Services	6,664	4,160	4,045	115	170
End of Life	206	154	36	118	170
Sub-Acute	1,641	1,641	1,128	513	513
B3 Beds	345	345	345	0	0
Joint Equipment Store	617	412	414	(2)	4
CCG Contracts & SLA's	3,016	1,257	1,257	0	0
Red Cross Contract	65	65	65	0	0
Service Development	425	0	0	0	0
Intermediate Care Beds	607	455	455	0	0
Carers Breaks	405	384	303	81	113
Oakmeadow	1,140	854	915	(61)	(78)
Carers Centre	364	273	273	0	0
Transfer to Reserves	117	117	117	0	0
Inglenook	125	94	42	52	70
Health & Community Care Packages	3,150	2,363	2,363	0	0
<b>Total Expenditure</b>	<b>18,887</b>	<b>12,574</b>	<b>11,758</b>	<b>816</b>	<b>962</b>
<b>Income</b>					
BCF	-10,891	-8,168	-8,168	0	0
CCG Contribution to Pool	-3,402	-2,551	-2,551	0	0
Oakmeadow Income	-612	-460	-457	(3)	(4)
Infection Control	-71	-51	-51	0	0
<b>Total Income</b>	<b>-14,976</b>	<b>-11,230</b>	<b>-11,227</b>	<b>(3)</b>	<b>(4)</b>
<b>Net Operational Expenditure</b>	<b>3,911</b>	<b>1,344</b>	<b>531</b>	<b>813</b>	<b>958</b>
<b>Covid Costs</b>					
Additional hours, PPE	0	0	69	(69)	(69)
Government Grant Income	0	0	-69	69	69
<b>Net Covid Expenditure</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Net Departmental Expenditure</b>	<b>3,911</b>	<b>1,344</b>	<b>531</b>	<b>813</b>	<b>958</b>

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

The overall position for the Complex Care Pool budget is £0.813m under budget profile at the end of December and the forecast year end position is expected to be approximately £0.958m under budget.

The winding down of the End of Life contract has resulted in an underspend of £0.118m as at quarter 3 and is expected to be £0.170m underspent at year end. The Clinical Commissioning Group now commission agencies directly themselves to provide this service.

There is an underspend to date against the profiled budget of £0.513m on the Sub Acute Unit due to the termination of two contracts with Warrington NHS Trust in October 2020. As part of the settlement it was agreed to fund B3 beds by a further £0.345m.

Expenditure on Carer's Breaks is under budget profile by £0.081m as at the end of December and expected to be £0.113m underspent by year-end. The personalised break costs from Halton Carer's Centre continue to be quite low as are the direct payment carers breaks.

The Oakmeadow overspend to date against budget is due to agency costs of £0.088m. This is due to difficulty in recruiting due to Covid.

The underspend to date against budget on Inglenook is due to a reduction of service users at the property. This may change if the vacancy is filled.

The current pandemic has changed how some of our services are delivered. An Intermediate Care review currently being undertaken may result in resources and budgets being reallocated during the remainder of the year with possible impact on the final outturn position.

### **Pooled Budget Capital Projects as at 31 December 2020**

	2020-21 Capital Allocation £'000	Allocation To Date £'000	Actual Spend £'000	Total Allocation Remaining £'000
Disabled Facilities Grant	570	430	425	145
Stair lifts (Adaptations Initiative)	270	200	123	147
RSL Adaptations (Joint Funding)	185	140	85	100
Millbrow Refurbishment	516	100	66	450
Madeline Mckenna Refurb.	10	8	8	2
Redesign Oakmeadow	20	15	9	11
St Luke's Care Home	265	0	0	265
St Patrick's Care Home	55	10	2	53
<b>Total</b>	<b>1,891</b>	<b>903</b>	<b>718</b>	<b>1,173</b>

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

Allocations for Disabled Facilities Grants/Stair Lifts and RSL adaptations are consistent with 2019/20 spend and budget, and expenditure across the 3 headings is anticipated to be below budget overall, partly as a result of reduced demand, and access to homes, as a result of the Coronavirus pandemic.

It is anticipated that the bulk of costs relating to the refurbishment of Millbrow may fall into the next financial year as a result of the Coronavirus pandemic. In view of this £1.000m of the original £1.516m allocation for the current financial year has been re-profiled from this year to the next.

Both St Luke's and St Patrick's care homes were purchased by Halton Borough Council on 30 September 2019. The two establishments are now under the management of the Council's Adult Social Care department. The capital allocation reflects funding carried forward to allow the continuation of refurbishments.

## **PUBLIC HEALTH & PUBLIC PROTECTION DEPARTMENT**

### **Revenue Budget as at 31<sup>st</sup> December 2020**

	Annual Budget	Budget to Date	Actual	Variance (Overspend)	Forecast Outturn (Overspend)
	£'000	£'000	£'000	£'000	£'000
<b>Expenditure</b>					
Employees	4,118	2,610	2,247	363	480
Other Premises	5	0	0	0	5
Supplies & Services	236	118	91	27	36
Other Agency	20	20	20	0	0
Contracts & SLAs	6,740	4,329	4,329	0	0
Halton Outbreak Hub	0	0	0	0	0
Transport	10	7	2	5	8
<b>Total Expenditure</b>	<b>11,129</b>	<b>7,084</b>	<b>6,689</b>	<b>395</b>	<b>529</b>
<b>Income</b>					
Other Fees & Charges	-86	-65	-59	(6)	(8)
Reimbursements & Grant Income	-301	-245	-245	0	0
Government Grant	-10,366	-6,578	-6,578	0	0
Government Grant Test and Trace	0	0	0	0	0
<b>Total Income</b>	<b>-10,753</b>	<b>-6,888</b>	<b>-6,882</b>	<b>(6)</b>	<b>(8)</b>
<b>Net Operational Expenditure</b>	<b>376</b>	<b>196</b>	<b>-193</b>	<b>389</b>	<b>521</b>
<b>Covid Costs</b>					
Contracts & SLA's	0	0	15	(15)	(160)
PPE	0	0	0	0	(8)
COVID-19 Test & Trace - Halton Outbreak Hub	949	347	347	0	0
Contain Outbreak Management Fund - Halton Outbreak Support Team	2,357	365	365	0	0
LCR SMART Testing Grant	1,987	55	55	0	0
<b>Covid Loss of Income</b>					
Fees & Charges	-128	-52	0	(52)	(128)
Government Grant Covid	0	0	-67	67	296
COVID19 Test & Trace Grant	-949	-347	-347	0	0
Contain Outbreak Management Fund Grant	-2,357	-365	-365	0	0
LCR SMART Testing Grant	-1,987	-55	-55	0	0
<b>Net Covid Expenditure</b>	<b>-128</b>	<b>-52</b>	<b>-52</b>	<b>0</b>	<b>0</b>
<b>Recharges</b>					
Premises Support	137	103	103	0	0
Transport Support	23	17	15	2	3
Central Support	760	570	570	0	0
<b>Net Total Recharges</b>	<b>920</b>	<b>690</b>	<b>688</b>	<b>2</b>	<b>3</b>
<b>Net Departmental Expenditure</b>	<b>1,168</b>	<b>834</b>	<b>443</b>	<b>391</b>	<b>524</b>

### Comments on the above figures

The net Department spend is £0.391m under budget at the end of Quarter 3 and the estimated outturn position for 2020/21 is for net spend to be £0.524m under the available budget.

Employee costs are currently £0.363m under budget, due to savings on a small number of vacancies, maternity leave and reductions in hours within the department. Delays in recruitment due to the coronavirus pandemic have increased the departments underspend since Quarter 2. It is anticipated that a full year underspend of £0.480m will result by the end of the financial year. The employee budget is based on 86.7 full time equivalent staff. During the year a number of staff have worked and continue to do so on Covid related activities, associated costs being will be funded from grant. The staff turnover saving target of £0.025m is expected to be achieved in full by the end of the financial year.

Spend on Supplies and Services is currently £0.027m under budget and spend on Hired & Contracted Services is currently £0.016m under budget. This underspend has been generated



by reduced spending on services that have been temporarily halted and spending is expected to return to normal once services return to pre-coronavirus activity.

There will be a significant underspend from the Public Health ring-fenced grant to be transferred to reserves at the end of the financial year, although this is to be determined after fully understanding the impact of the additional COVID grants received in year within the Department.

Halton Borough Council has been allocated £0.949m from the Local Authority COVID-19 Test & Trace Service Support Grant to manage local outbreaks of COVID-19 through Halton's Outbreak Hub. Expenditure to Quarter 3 is £0.347m and 79% of this spend is staffing costs. With current commitments for 12 months, the grant will be fully spent.

With escalating numbers of coronavirus infections, Local COVID Alert Levels were introduced in England in October. As a result, Halton Borough Council received the first in a series of payments from the Contain Management Outbreak Support Fund (COMF). The first payment of £1.691m included £0.418m for enforcement and £0.087m for Clinically Extremely Vulnerable People. Second and third payments of £0.407m and £0.259m respectively have also been received, providing COMF grant funding of £2.357m to date. This funding has allowed the Halton Outbreak Support Team to be expanded, introduce 7 day working, increase contact tracing and deal with complex cases, as well as introduce community based mass asymptomatic serial testing known as lateral flow tests.




Following Liverpool's pilot of mass testing, the LCR authorities were successful in a £16m bid to roll out SMART (Systematic, Meaningful, Asymptomatic, Repeated Testing) testing. Halton have been awarded £1.988m to extend community based no symptoms lateral flow tests to help reduce infection rates locally by identifying people who have no symptoms, but who are infectious. The Council received 10,000 lateral flow tests initially, with supply's increasing so that the Council are able to test 10% of the population on a weekly basis until March 2021. With the support of the Army and the Health Improvement Team, two fixed sites at Grangeway and Ditton Community Centres were set up and opened to the public on the 14<sup>th</sup> December. In addition, the aim is to have pop-up SMART testing vans that will move around to various locations within the borough to target specific areas where infection levels are particularly high.

COVID-19 costs for Contracts & SLA's to Quarter 3 are £0.015m. Estimated additional expenditure of £0.145m is expected because of the coronavirus. The Public Health & Public Protection Department is likely to see medium and longer-term effects as a result of the current pandemic.

Loss of income due to COVID-19, with Sure Start to Later Life and Pest Control unable to generate income during the financial year and the Health Improvement Team has only been able to achieve reduced levels of income. The resulting loss of £0.052m fees and charges income to date has been offset by a contribution from reserves. The loss of income in 2020/21 is estimated to be £0.128m, assuming income levels will not return to normal until the next financial year.



## APPENDIX 2 – Explanation of Symbols

Symbols are used in the following manner:

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

<b>Green</b>		<i>Indicates that <b>performance is better</b> as compared to the same period last year.</i>
<b>Amber</b>		<i>Indicates that <b>performance is the same</b> as compared to the same period last year.</i>

**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.*