

## Health Policy & Performance Board Priority Based Report

**Reporting Period:** Quarter “: 1<sup>st</sup> July to 30<sup>th</sup> September 2015

### 1.0 Introduction

This report provides an overview of issues and progress against key service area objectives and milestones and performance targets, during the second quarter of 2015/16 for service areas within the remit of the Health Policy and Performance Board. These areas include:

- Prevention & Assessment
- Commissioning & Complex Care (including housing operational areas)
- Public Health

### 2.0 Key Developments

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

#### **PREVENTION & ASSESSMENT**

##### **Minor Adaptations Service**

The contract for delivering this service ended on 30<sup>th</sup> September 2015. A tender process was completed during quarter 2 and a contract from 1<sup>st</sup> October 2016 to 30<sup>th</sup> September 2017 awarded to a new provider. Provision has been made to extend the contract period for up to a further 3 years subject to satisfactory performance. The service will be closely monitored to ensure quality of work is maintained and delivery targets set as part of the Better Care Plan are achieved.

##### **Care Act**

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

##### **Learning Disability Nursing Team**

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

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

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

We have developed “Making a Difference” a strategy for transforming care management in Halton that is aimed at staff and partner agencies. The overall purpose is to provide a shared vision of the future of care management services and provide us with a plan to shape our future, over the next five years. This Care Management strategy has stemmed from the growing need to identify a future vision of assessment and care management services that are fit for purpose to meet the many challenges at national and local level whilst maintaining high quality, effective and safe practice. The Strategy has been to SMT and HPPB and out for consultation with staff and has now been approved at Exec Board. A Progress Routes policy and procedure has been developed for Social workers in Adults across, that demonstrates Halton Borough Council that is committed to developing the careers of Social Workers through vocational and academic routes. Adopting a stepped advancement pathway allows for the successful recruitment, retention and succession planning of social work staff within the Borough. This means providing access to training, learning and development opportunities and increased professional responsibility based on a thorough assessment of the Social Worker’s competence and ability. The Council’s performance review and development process (Employee Development Reviews and Personal Action Plans) is used for monitoring this as well as the ongoing supervisory process. Progression is directly linked with maintenance of Professional Registration underpinned by the Professional Capabilities Framework (PCF) and, for the Communities Directorate, the Chief Social Worker’s Knowledge and Skills Statement. The notion of progression aligns to Halton Borough Council’s (HBC) learning and development values. Social Workers are accordingly rewarded for their knowledge, experience, potential and enthusiasm within their roles for HBC.

## **COMMISSIONING & COMPLEX CARE SERVICES**

### **Halton Community Day Services**

Halton Community Day Services continue to develop its small businesses and projects engaging all in meaningful day time opportunities. The service is delighted to have picked up the keys to its new venture the ‘Route’, and everyone is busy developing this shop to offer a shop mobility service, café, a place to sell our home produced beer, ice cream, along with fruit and veg. The shop is now open (a ‘soft’ opening) with the view to a more formal opening once all teething problems have been resolved.

### **Mental Health Services:**

Operation Emblem: this is the joint initiative between the police, the CCG and the 5Boroughs, and supported by the Borough Council, designed to reduce the numbers of

people detained in the community by the police under Section 136 Mental Health Act 1983. The reported results continue to be impressive, with significant reductions in the numbers of people detained under this Section whilst the service is in operation. In addition it is reported that more people are being appropriately referred to support services (rather than being detained). This is being independently evaluated and the results of this evaluation will be known in the autumn of 2015. This will then inform future commissioning intentions.

Mental Health Crisis Care Concordat: this national policy initiative drives local mental health organisations to work together to deliver improvements in services for people who are in mental health crisis. Locally, the main impetus for delivery of the concordat has been led by a pan-Cheshire grouping of all key partners; a detailed action plan was developed and submitted to the national monitoring body early in 2015, and the delivery of this action plan is being closely monitored by the pan-Cheshire group. A local plan has been developed to complement this and delivery of this plan is overseen by the Halton Mental Health Delivery Group. Importantly, the key message from the Department of Health is that these plans should be meaningful and deliverable, but they should also evolve and develop over time, and therefore both plans are under regular review.

Review of the Acute Care Pathway (ACP) and Later Life and Memory Services (LLAMS), 5Boroughs Partnership: the ACP within the 5Boroughs is the term applied to the ways in which people with complex mental health needs are referred into the 5Boroughs, their needs are assessed and they are then provided with appropriate help, advice, treatment and support, which includes a range of services and supports from the Directorate. Both the ACP and LLAMS have been in place for over two years, and they have been formally reviewed by an external body commissioned by the joint CCGs across the 5Boroughs. The Borough Council contributed to this review and will be engaged in any service redesign that emerges as a result. The outcomes of the Review are expected in October 2015; there will be recommendations for the 5Boroughs as a whole and for the specific boroughs within the Trust's footprint. Local workshops will take place to consider the results of the review and develop joint action plans.

CQC inspection of 5Boroughs Partnership: in the summer of 2015, CQC did a detailed inspection of the delivery of mental health services within the 5Boroughs. The published outcome of this is expected in autumn 2015, and the Council will be fully involved in any action planning that emerges as a result of the inspection.

Review of social work service within the 5Boroughs: through the earlier part of the year and the summer, a review of the delivery of the social work service for people with mental health problems in Halton has been taking place. This was triggered by the publication of a national guidance document in 2014 which examined the roles and functions of social workers in mental health, and the local and national priorities for interventions at an earlier stage of a person's condition. The review, which involved key partners, has now concluded and an action plan has been developed to put into place the recommendations. One early outcome is that an additional social worker has been identified to work with people known to primary care services who may have complex needs, but who have not yet been referred into the 5Boroughs.

**Other developments within the Commissioning and Complex Care Division:**

Halton and St Helens Emergency Duty Team: this service, which runs as a joint partnership between the two councils across children's and adults services, has been in place for over 10 years. A review of the way it works is taking place to ensure that it remains fit for purpose, particularly given the changes in the way social care is delivered

over the past 10 years, and the substantially increased demand for those services. In addition two neighbouring local authorities have indicated that they may wish to join the partnership, and the review is therefore taking this into account. The review is expected to be completed by the end of the calendar year.

### **Homelessness**

The Merseyside Sub Regional Homeless Group successfully qualified for single homeless funding. Each of the six authorities agreed that vulnerable client with complex needs was a priority, subsequently, it was agreed that the funding would be used to develop a small team of four who would provide intense support for high complex needs clients. The recruitment process has now been completed and the contract has been awarded to Whitechapel, whereby, the service is due to commence November 2015 for a period of two years.

Halton commissioned a new supported hostel Brennan Lodge, which officially opened July 2015. The scheme offers 39 bed self-contained units for single vulnerable homelessness clients. The building is owned by Halton Housing Trust and the Salvation Army are responsible for the operational management.

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

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

### Housing

Following a consultation event held at the Stadium the annual review of the Homeless Strategy 2013/18 has been completed. The update to the associated action plan is being reported to Executive Board on the 5<sup>th</sup> November 2015. Good progress has been made and some new actions have been incorporated to reflect the challenges presented by new case law and continuing welfare reform pressures.

A further homelessness report is being submitted to Executive Board on the 5<sup>th</sup> November advocating that a new policy be adopted to utilise powers contained in the Localism Act 2011. This policy would enable the Authority to discharge its homelessness duty in certain circumstances by the offer of a suitable private rented sector tenancy instead of social housing.

Tenders have been invited for the provision of housing support services at Grangeway Court and the YMCA, with a view to having new contracts in place for April 2016.

The builder originally appointed for the construction of HHT's Barkla Fields extra care scheme went into administration at the end of April with the project 85% complete. A new builder has been appointed and building work re-commenced in October. Completion is now anticipated in February 2016. The scheme includes 5 bungalows designed for adult social care clients with physical and/or learning disabilities.

For all new private rented sector tenancies created after 1<sup>st</sup> October 2015, landlords are now required to install smoke alarms on every floor of their property, to test them at the start of every tenancy, and to install carbon monoxide alarms in high risk rooms.

In addition to the measures announced in the July Budget and outlined in the last monitoring report, the new Housing Bill contains measures aimed at improving the private rented sector. These include –

- A proposal to introduce a blacklist of landlords who repeatedly let out sub-standard housing or fail to do immigration checks, including the power to ban them from renting in certain circumstances.
- A tightening of the ‘fit and proper person’ test (including DBS checks) for those in charge of licensable Houses in Multiple Occupation.

An extension of Rent Repayment Orders, currently only enforceable against landlords who do not register licensable HMOs, enabling local authorities to reclaim rent or Housing Benefit from Landlords who are guilty of illegally evicting a tenant or failing to comply with statutory notices served by the local authority.

## **PUBLIC HEALTH**

HPV vaccine which protects girls from developing cervical cancer in later life is on target and reaching the England average.

The One Halton board has identified cancer as a key priority area. Public Health is leading a piece of work to undertake a ‘deep dive’ into the system co-ordination and pathways.

The commissioning of the Health Visiting Service has now transferred to Halton Borough Council.

A ban on smoking in cars where children are present has been introduced.

Public Health England and Halton have agreed a Memorandum Of Understanding on bowel screening.

UNICEF stage 3 Baby Friendly Award has been achieved meaning that local services are fully compliant in enabling women to breastfeed.

Staff have now been recruited to the vacant public mental health positions. These staff will work with children and adults.

### **3.0 Emerging Issues**

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

## **PREVENTION & ASSESSMENT**

### **Telehealthcare**

We are involved in a project alongside Liverpool City Region to develop a range of solutions in relation to Telehealthcare. Funding of £25k to support a pilot is available from

the North West Coast Academic Health Science Network. The idea of the pilot is to provide evidence that technology can have a positive effect by enabling people to self-monitor and so change their own behaviour.

Rescon Lincus will provide the technology (a tablet and app). Their tablet aims to enhance a person's performance using various measures of their physical, social and emotional lives in order to combat social isolation, depression and loneliness (see below)

1. There will be a cohort of 300 people involved in the pilot across LCR. That means a quota of 50 per local authority within LCR.
2. A possible area that would suit us for our pilot cohort would be **supported living among younger adults**. It would also be suitable for **individuals undergoing a programme of behaviour modification** as this is essentially what the app is designed to do. It allows people to self-monitor and control their own physical, social and emotional behaviour.

### **Complex Dependency Programme**

Adult services are working collaboratively with Children's services on the Funding Proposal for the Complex Dependency Programme, which has been successful, the Transformation Challenge Award 2015-16. The early conception is in relation to an integrated "Front Door" service.

## **COMMISSIONING & COMPLEX CARE**

### **Mental Health Services:**

Direct Payments in mental health: across the country, there has been relatively low uptake of direct payments for people with mental health problems, and this picture is the same in Halton. Although there has been some improvement in the local figures for direct payments in mental health, the figures still remain low. There are believed to be a number of reasons for this, including the fact that people with mental health problems can find the whole process very daunting, particularly if the direct payment is to be used to help them employ a personal assistant.

Halton is now setting in place a project with Halton Disability Partnership to support people who might benefit from a direct payment and personal assistant. Working very closely with mental health services, a project worker will be introduced to the person at a very early stage, and will spend time with them to help them consider the potential options. If a direct payment seems feasible, the worker will provide guidance and active support for them through every stage of the process. It is hoped that this will lead to a significant improvement in the uptake of direct payments.

Social Work for Better Mental Health: in 2013, The College of Social Work, in conjunction with the Association of Directors of Adult Social Services, published some national guidance on the roles and functions of social workers in mental health services. This guidance identified a number of key and essential aspects of the delivery of social work, and made recommendations as to how this could be used to improve services. In Halton, this guidance was used as part of the review of the social work described above.

A new project has now been established nationally, under the oversight of the Department of Health, to take forward this guidance and support localities in their delivery of more effective mental health social work services. Halton has put itself forward to be an

early implementer site for this project, and will receive national support in taking the project forward locally.

## **PUBLIC HEALTH**

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

Despite local Halton Hospitals improving in terms of the 62 day referral to treatment target for cancer Halton is unlikely to achieve this target due to breaches in specialist tertiary treatment.

### **4.0 Risk Control Measures**

Risk control forms an integral part of the Council's Business Planning and performance monitoring arrangements. As such Directorate Risk Registers were updated in tandem with the development of the suite of 2015-16 Directorate Business Plans.

Progress concerning the implementation of all Directorate high-risk mitigation measures relevant to this Board is included within Appendix 1 of this report.

### **5.0 Progress against high priority equality actions**

Equality issues continue to form a routine element of the Council's business planning and operational decision making processes. Additionally the Council must have evidence to demonstrate compliance with the Public Sector Equality Duty (PSED) which came into force in April 2011.

The Council's latest annual progress report in relation to the achievement of its equality objectives is published on the Council website and is available via:

[http://www3.halton.gov.uk/Pages/councildemocracy/pdfs/EandD/Equality\\_-\\_objectives\\_progress\\_report\\_-\\_April\\_2013.pdf](http://www3.halton.gov.uk/Pages/councildemocracy/pdfs/EandD/Equality_-_objectives_progress_report_-_April_2013.pdf).

### **6.0 Performance Overview**

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

#### **"Rate per population" vs "Percentage" to express data**

Four BCF KPIs are expressed as rates per population. "Rates per population" and "percentages" are both used to compare data but each expresses the same amount in a different way. A common guide used is that if a percent is less than 0.1 then a rate (e.g.

per 100,000) is used. For example, permanent admissions to residential care expressed as a rate (50 admissions per or for every 100,000 people) makes more sense when comparing performance with other authorities rather than as a percentage (0.05%) which is quite a small number and could be somewhat confusing. More examples below:

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

### **Prevention and Assessment Services**

#### **Key Objectives / milestones**

Ref	Milestones	Q2 Progress
PA 1	Monitor the effectiveness of the Better Care Fund pooled budget ensuring that budget comes out on target (AOF 21, 25) <b>March 2016.</b>	
PA 1	Implement the Care Act (AOF 2,4,10, 21) <b>March 2016.</b>	

#### **Supporting Commentary**

##### **PA 1 Monitor effectiveness of Better Care Fund pooled budget:**

Governance arrangements in place- predicted outturn is a small underspend

##### **PA 1 Implement the Care Act:**

All key stages of the first phase of the implementation of the Care Act have been completed. This includes completion of new policies, amending existing policies, changes to the assessment process, public awareness and staff training. We are currently waiting for details of the financial settlement for 2016/17 to fully understand what changes are required for next year.

#### **Key Performance Indicators**

Ref	Measure	14/15 Actual	15/16 Target	Q2 Actual	Q2 Progress	Direction of travel
PA 1	Numbers of people receiving Intermediate Care per 1,000 population (65+)	80	77	<b>41.1</b> (835 referrals)		
PA 2	Percentage of VAA Assessments completed within 28 days	86.8%	85%	<b>64.91%</b>		
PA 6a	Percentage of items of equipment and	95.5%	97%	<b>99%</b>		

Ref	Measure	14/15 Actual	15/16 Target	Q2 Actual	Q2 Progress	Direction of travel
	adaptations delivered within 7 working days					
PA 6b	Percentage of items of equipment and adaptations delivered within 5 working days – new indicator	89.5%	95%	<b>94%</b>		
PA 11	Permanent Admissions to residential and nursing care homes per 100,000 population,65+ (ASCOF 2A1) <i>Better Care Fund performance metric</i>	600.8	635.1	<b>261.0</b> (53 admissions)		
PA 12	Delayed transfers of care (delayed days) from hospital per 100,000 population <i>Better Care Fund performance metric</i>	tbc	2831	<b>1203</b> (cumulative)	n/a	n/a
PA 14	Total non-elective admissions in to hospital (general & acute), all age, per 100,000 population <i>Better Care Fund performance metric</i>	tbc	12771.8 <small>Admissions: 16,141 Pop: 126,380</small>	<b>6559.58</b> (8290 Admissions)	n/a	n/a
PA 15	Hospital re-admissions (within 28 days) where original admission was due to a fall (aged 65+) (directly standardised rate per 100,000 population aged 65+) <i>Better Care Fund performance metric</i>	823.89	884.2	<b>Not yet available</b>		
PA 16	Proportion of Older People (65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services (ASCOF 2B1) <i>Better Care Fund performance metric</i>	65.6	70%	<b>n/a</b>	n/a	
PA 20	Do care and support services help to have a better quality of life?	93.3%	91%	<b>n/a</b>	n/a	

Ref	Measure	14/15 Actual	15/16 Target	Q2 Actual	Q2 Progress	Direction of travel
	(ASC survey Q 2b) <i>Better Care Fund performance metric</i>					

### Supporting Commentary

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

Figures may be subject to change as some data cleansing is currently taking place which may result in a potential increase in the total number of referrals received. The total number of Intermediate Care referrals is up on the same quarter last year (approximately a 7% increase).

#### **PA 2 Percentage of VAA Assessments completed within 28 days:**

VAA completed within 28 days is being monitored, exception reports are circulated on a monthly basis.

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

The contract for delivering this service ended on 30<sup>th</sup> September 2015. A tender process was completed during quarter 2 and a contract from 1<sup>st</sup> October 2015 to 30<sup>th</sup> September 2017 awarded to a new provider.

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

The contract for delivering this service ended on 30<sup>th</sup> September 2015. A tender process was completed during quarter 2 and a contract from 1<sup>st</sup> October 2015 to 30<sup>th</sup> September 2017 awarded to a new provider.

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

We are on target to achieve this indicator.

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

With a monthly target of 236 (per 100,000), for Q2 average monthly total of 210, which indicates we are below target.

#### **PA 14 Total non-elective admissions in to hospital (general & acute), all age, per 100,000 population:** No commentary provided.

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

Performance has improved from the quarter 4 which stood at 927 per 100,000. It is expected that the further developments within the falls service will support continued improvement.

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

This information is collected annually between October and December.

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

This information is collected annually via the Adult Social Care Survey.

### Commissioning and Complex Care Services

#### Key Objectives / milestones

Ref	Milestones	Q2
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		Progress
CCC 1	Continue to monitor effectiveness of changes arising from review of services and support to children and adults with Autistic Spectrum Disorder. <b>Mar 2016.</b> (AOF 4)	
CCC 1	Continue to implement the Local Dementia Strategy, to ensure effective services are in place. <b>Mar 2016.</b> (AOF 4)	
CCC 1	Continue to work with the 5Boroughs NHS Foundation Trust proposals to redesign pathways for people with Acute Mental Health problems and services for older people with Mental Health problems. <b>Mar 2016.</b> (AOF 4)	
CCC 1	The Homelessness strategy be kept under annual review to determine if any changes or updates are required. <b>Mar 2016.</b> (AOF 4, AOF 18)	

### **Key Performance Indicators**

#### **Supporting Commentary**

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

The autism strategy continues on track. The council now has more accurate information about children and adult on the autistic spectrum and this is improving the quality of planning and service delivery.

##### **CCC 1 Dementia Strategy:**

The review of the Dementia Community Pathway continues, with a view to reconfiguring existing specifications and resources into a 'Prime Provider' model. Recruitment for the Admiral Nurse Service posts got under way during Sept 2015. Halton Dementia Friendly Communities was awarded recognition for 2015/16 ( an annually applied for recognition process), with 24 active member organisations of the Halton Dementia Action Alliance. The dementia diagnosis rate for Halton remains above the national target (67%) at 70%

##### **CCC 1 Mental Health:**

As described above, a formal external review of the Acute Care Pathway and the Later Life and Memory Service has been commissioned by the joint CCGs operating across the footprint of the 5Boroughs. The council has been fully involved with this review and will be actively supporting any action plans that are developed as a result. The review is scheduled to report in October 2015, focusing on both the 5boroughs as a whole and on the individual localities within the Trust.

##### **CCC 1 Homelessness Strategy:**

The homelessness strategy 2014 – 2018 is a working document that captures future change, trends, and demands. A consultation event was held in June 2015 to review the strategy and action plan, which involved both statutory and voluntary agencies to determine the key priorities for next 12 months. The main priorities identified for 2015/16 are Health and Homelessness, and Complex needs. The focus will be around the key priorities, with additional emphasis placed upon achieving the objectives outlined within the St Mungo's report, which will be incorporated within the reviewed strategy action plan. The purpose of the review is to ensure that the working document is current and reflects legislative and economical change.

### **Key Performance Indicators**

Ref	Measure	14/15 Actual	15/16 Target	Q2 Actual	Q2 Progress	Direction of travel
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Ref	Measure	14/15 Actual	15/16 Target	Q2 Actual	Q2 Progress	Direction of travel
CCC 3	Adults with mental health problems helped to live at home per 1,000 population	2.64	3.0	2.43		
CCC 4	The proportion of households who were accepted as statutorily homeless, who were accepted by the same LA within the last 2 years (Previously CCC 6).	0	1.2	0		
CCC 5	Number of households living in Temporary Accommodation (Previously NI 156, CCC 7).	19	11	20		

### **Supporting Commentary**

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

The numbers of people supported to live at home have fallen steadily over recent months. This is mainly due to the fact that the introduction of the Acute Care Pathway within the 5Boroughs has resulted in a greater focus on people with complex needs; those with less complex needs are increasingly managed through primary care services. As a result the caseloads within the social work service have reduced but the complexity has increased considerably. A review of the social work service has taken place, alongside a wider review of the Acute Care Pathway in the 5Boroughs, and this is resulting in plans which will mean that more people in the community will receive support through an enhanced primary care service.

#### **CCC 4 The proportion of households who were accepted as statutorily homeless, who were accepted by the same LA within the last 2 years:**

The Authority places strong emphasis upon homelessness prevention and achieving sustainable outcomes for clients.

The Authority will continue to strive to sustain a zero tolerance towards repeat homelessness within the district and facilitate reconnection with neighbouring authorities.

#### **CCC 5 Number of households living in Temporary Accommodation:**

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

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

The emphasis is focused on early intervention and empowerment to promote independent living.

The improved service process has developed stronger partnership working and contributed towards an effective move on process for clients.

## Public Health

### Key Objectives / milestones

Ref	Milestones	Q2 Progress
PH 01	Work with PHE to ensure targets for HPV vaccination are maintained in light of national immunisation Schedule Changes and Service reorganisations. <b>March 2016</b>	
PH 01	Working with partners to identify opportunities to increase uptake across the Cancer Screening Programmes by 10%. <b>March 2016</b>	
PH 01	Ensure Referral to treatment targets are achieved and minimise all avoidable breaches. <b>March 2016</b>	
PH 02	Facilitate the <i>Early Life Stages</i> development which focusses on a universal preventative service, providing families with a programme of screening, immunisation, health and development reviews, and health, well-being and parenting advice for ages 2½ years and 5 years. <b>March 2016</b>	
PH 02	Fully establish the Family Nurse Partnership programme <b>March 2016</b>	
PH 02	Facilitate the Halton Breastfeeding programme so that all mothers have access to breastfeeding-friendly premises and breastfeeding support from midwives and care support workers. Achieve UNICEF baby friendly stage 3 award <b>March 2016</b>	
PH 03	Development of new triage service between Rapid Access Rehabilitation Team and Falls Specialist Service. <b>March 2016</b>	
PH 03	New Voluntary sector pathway developed to support low-level intervention within falls in the borough. <b>March 2016</b>	
PH 04	Implement the Halton alcohol strategy action plan working with a range of partners in order to minimise the harm from alcohol and deliver on three interlinked outcomes: reducing alcohol-related health harms; reducing alcohol-related crime, antisocial behaviour and domestic abuse and establishing a diverse, vibrant and safe night-time economy. <b>March 2016</b>	
PH 04	Deliver a local education campaign to increase the awareness of the harm of drinking alcohol when pregnant or trying to conceive. <b>March 2016</b>	
PH 04	Hold a community conversation around alcohol – using an Inquiry approach based on the citizen's jury model of community engagement and ensure recommendations for action are acted upon by all local partners. <b>March 2016</b>	
PH 05	Successfully implement a new tier 2 Children and Young Peoples	

	Emotional Health and Wellbeing Service. <b>March 2016</b>	
PH 05	Monitor and review the Mental Health Action plan under new Mental Health Governance structures. <b>March 2016</b>	
PH 05	Implementation of the Suicide Action Plan. <b>March 2016</b>	

### **Supporting Commentary**

#### **PH 01 HPV vaccinations:**

HPV vaccinations protect young women from later developing cervical cancer. Data on previous year's performance is not yet available. Indications from service providers suggest that we are likely to achieve target uptake for 2014-2015. School nurses are delivering this service across Halton.

#### **PH 01 Cancer Screening Programmes:**

Halton has exceeded its target for breast screening achieving 71.4% with a target of 70%. To date Halton is not achieving its cancer screening targets for cervical and bowel cancer. Cervical screening stands at 75.8% with a target of 80% and bowel cancer at 50.7% with a target of 60%. Public Health England is responsible for delivering on bowel screening and breast screening and Halton CCG is responsible for cervical screening.

Halton have signed up to a 2 year Memorandum of Understanding with Local Public Health England Screening and Immunisation team to address cancer screening across the zone. Halton are actively participating and are currently undertaking a localised version of a national Bowel Cancer Screening awareness campaign to run until the end of the year in addition to ongoing work with the Be Clear on Cancer campaigns and local Health Improvement Team work.

Cancer Research UK (CRUK) is also launching a bowel cancer screening campaign in the Merseyside (Liverpool, South Sefton, Knowsley, Halton and St Helens) area. CRUK have developed a campaign designed to increase awareness of the test and increase uptake. The Merseyside campaign will re-use many elements of these early campaigns.

An advertising campaign will run from August 2015 through to March 2016 and will include posters in bus shelters, posters in and outside of buses, adverts on pharmacy bags and posters in telephone kiosks and will be supported by regional press articles. There is a possibility that the campaign will be supplemented by direct mail activity early in 2016, which will include an additional letter and 'kit enhancement pack' being sent to the patients two days after they receive the Faecal Occult Blood (FOB) kit from the programme hub.

In Halton, the Health Improvement Team intends to support the CRUK activity by promoting the campaign locally and actively engaging with the local population. Bowel cancer has been identified as a key public health priority, particularly in terms of targeting men to participate in the screening process.

Cancer has been identified by the One Halton board as a key priority area to undertake a 'deep dive' into the system co-ordination and pathways. Public health is leading the piece of work to map Cancer as a whole system and understand where improvements in joint working and outcomes can be maximised.

**PH 01 Referral to treatment:**

62 day breaches for referral to a cancer treatment are now being reported through the Halton System Resilience Group which includes the CCG and adult social care. Individual breaches by hospitals continue to be investigated and analysed so that the root causes for the delays can be assessed and mitigated. Quarter 2 data has not yet been assessed however the year to date suggests that in the last 12 months both Halton and Warrington and St Helens and Knowsley hospitals have achieved 85% of the 62 day target which is an improvement. However, overall Halton is likely to have failed the target as a result of breaches in tertiary/ specialist treatment centres, such as Christies Hospital.

**PH 02 Early Life Stages:**

The transfer of commissioning of the Health Visiting service and Family Nurse Partnership from NHS England to Halton Borough Council will take place at the start of October 2015. Work is underway with the Health Visiting Service to ensure that the additional components of the national Healthy Child Programme will be delivered to all eligible families. For example, each child aged 2-21/2 will have a health developmental check, the results of which will be shared with the early years setting to inform their assessment of the child, and services will collaboratively put in place a support package as required.

A perinatal mental health pathway action plan is being developed, including training for staff to ensure they are able to support bonding and the early identification of mental health issues.

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

A joint application to Public Health England for funding to run the BabyClear smoking cessation programme has been successful and covers Halton, St Helens and Knowsley midwifery services. Halton midwives are currently being trained to deliver enhanced smoking cessation support to all pregnant women.

A no smoking in cars that carry children or young people policy has been introduced nationally. Halton is working to enforce this.

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

**PH 02 Family Nurse Partnership programme:**

Halton's Family Nurse Partnership programme is fully operational, all staff have been trained and mothers are being recruited to the programme. At present the service has the capacity to work with all eligible families. This programme supports young teenage parents to improve outcomes for their children

**PH 02 Breastfeeding programme:**

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

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

The initial stages of the triage system have been implemented that has allowed for improved access through the existing pathway. The next stage will be further integration between the Rapid Access Rehabilitation Team and the Falls Specialist Service that will lead to improved response times, faster triage and improved outcomes for patients who have had a fall or who are at risk of falling in the future. It is anticipated that this additional work will be completed by the end of the financial year.

Falls prevention awareness sessions continue across Halton. The new provision of classes increases the range of options available for clients. There are now 3 levels of classes in both Widnes and Runcorn. Falls assessments to ascertain ability and improvement have been undertaken across all classes.

There are 3 levels of provision which are based on a falls assessment which grades a person's balance, strength and flexibility.

Clients are assessed at 12 weeks and 24 weeks in addition to the initial assessment to assess need, and to progress the client through the Levels 1-3.

The classes are held in both Widnes and in Runcorn, with transport available to clients at the entry level class (level 1). Level 1 is the entry point and is for people with the poorest levels of mobility, level 2 is for people as they improve and finally level 3 is for people who are close to completing the course and have seen enough of an improvement that they are about to move off the service.

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

Redesign work on existing services is well under way and should be completed by December 2015. The pathway will be completed once the final elements of redesign have been completed. This will allow improved access into exercise programmes, home environment visits and to specific falls information.

**PH 04 Alcohol Strategy Action Plan:**

Good progress is being made towards implementing the Halton alcohol strategy action plan. Key activity includes:

- Developing a coordinated alcohol awareness campaign plan.
- Delivery of alcohol education within local school settings (Healthitude, R U Different, Amy Winehouse Foundation, Cheshire Police, Alcohol education Trust, wellbeing web magazine).
- Ensuring the early identification and support of those drinking above recommended levels through training key staff members in alcohol identification and brief advice (alcohol IBA).
- Reviewing alcohol treatment pathways

- Working closely with colleagues from licensing, the community safety team, trading standards and Cheshire Police to ensure that the local licensing policy supports the alcohol harm reduction agenda, promoting more responsible approaches to the sale of alcohol (e.g. promotion of Arc Angel and the local pub watch schemes within Halton), promoting a diverse night-time economy.
- Working to influence government policy and initiatives around alcohol: 50p minimum unit price for alcohol, restrictions of all alcohol marketing, public health as a fifth licensing objective.

#### **PH 04 Education campaign around alcohol:**

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

#### **PH 04 Community conversation around alcohol:**

The Inquiry group have developed recommendations for local action related to:

- alcohol education in schools and educating parents
- alcohol licensing and promoting responsible retailing
- alcohol advertising and education around alcohol especially awareness of alcohol units and recommended safe drinking levels.

These were shared with local stakeholders at a well-attended launch event held in June. Local stakeholders will now support the group going forward in making these recommendations a reality. Members of the Inquiry group attended the local alcohol strategy group to ensure their recommendations are taken forward locally.

#### **PH 05 Children and Young People Health and Wellbeing Service:**

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

#### **PH 05 Mental Health Action plan:**

- New governance structures for the Mental Health Action plans are in place and the processes for receiving assurance from each action plan is being implemented.
- Recruitment to the vacant posts in Mental Health within the Health Improvement teams have now been filled, although not yet commenced, additional support to achieving and developing actions is underway.

#### **PH 05 Suicide Action Plan:**

Good progress is being made towards implementing the Suicide strategy action plan. This work is being overseen by the Halton suicide prevention partnership.

Key developments include:

- Working towards Halton being a suicide safer community
- Developing a local multi-agency suicide awareness campaign plan
- Developing a local training plan to deliver suicide awareness training for community members, local community groups and key professionals who interact with known groups at high risk of suicide

Halton being part of a pilot programme across Cheshire and Merseyside to provide a support service for individuals bereaved by suicide. The service became operational on the 1st April 2015 and is called Amparo. Amparo provides support to anyone who has been affected by suicide within Halton.

### Key Performance Indicators

Ref	Measure	14/15 Actual	15/16 Target	Q2	Current Progress	Direction of travel
PH LI 01	Mortality from all cancers at ages under 75 Directly Standardised Rate, per 100,000 population  <i>Published data based on calendar year, please note year for targets.</i>	179.8 (2014)	185.6 (2015)	170.1 (Apr 14 - Mar15)		N / A
PH LI 02	A good level of child development	46% (2013/14)	TBC (Awaiting confirmation of new target definition)	N / A	N / A	N / A
PH LI 03	Falls and injuries in the over 65s. Directly Standardised Rate, per 100,000 population (PHOF definition).	3237.6	3263.9	2979.3 (Jul 14- Jun15)		
PH LI 04	Alcohol related admission episodes - narrow definition Directly Standardised Rate, per 100,000 population	814.0 (2013/14)	808.4	761.4 (Q1 2015/16)		
PH LI 05	Under 18 alcohol-specific admissions Crude Rate, per 100,000 population	60.5 (11/12 to 13/14)	55.0	51.0* (12/13 to 14/15)		
PH LI 06	Self-reported wellbeing: % of people with a low happiness score	12.1% (2013/14)	11.1%	11.8% (2014/15)		n/a

### Supporting Commentary

#### **PH LI 01 Mortality from all cancers at ages under 75:**

The Data methodology for this indicator has changed from previous years making comparison with previous years data difficult. Although it does indicate continual

improvement with a yearly decrease in premature death from cancer over recent years.

**PH LI 02 Child development:**

The Data methodology for this indicator has changed from previous years making comparison with previous years data difficult. The target will be updated when national data has been published.

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

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

**PH LI 04 Alcohol related admissions:**

Alcohol related admissions during Q1 have reduced from the 2014/15 rate and are below the 2015/16 threshold (target).

**PH LI 05 Under 18 alcohol-specific admissions:**

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

*\*Please note that the 12/13-14/15 data was calculated using local unverified data, so it may change when the final figures are published.*

**PH LI 06 Self-reported wellbeing:**

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

# Financial Statements

## PREVENTION & ASSESSMENT DEPARTMENT

### Revenue Budget as at 30<sup>th</sup> September 2015

	Annual Budget	Budget To Date	Actual To Date	Variance To Date (overspend)
	£'000	£'000	£'000	£'000
<b>Expenditure</b>				
Employees	6,818	3,212	3157	55
Other Premises	113	36	41	(5)
Supplies & Services	399	197	201	(4)
Aids & Adaptations	113	56	79	(23)
Transport	17	5	5	0
Food Provision	28	8	10	(2)
Other Agency	22	9	9	0
	1,874	0	0	0
<b>Transfer to Reserves</b>				
Contribution to Complex Care Pool	17,330	6,836	6,778	58
<b>Total Expenditure</b>	<b>26,714</b>	<b>10,359</b>	<b>10,280</b>	<b>79</b>
<b>Income</b>				
Fees & Charges	-292	-131	-136	5
Reimbursements & Grant Income	-149	-80	-81	1
Transfer from Reserves	-1,001	0	0	0
Capital Salaries	-121	0	0	0
Government Grant Income	-300	-300	-300	0
Other Income	-3	-3	-3	0
<b>Total Income</b>	<b>-1,866</b>	<b>-514</b>	<b>-520</b>	<b>6</b>
<b>Net Operational Expenditure</b>	<b>24,848</b>	<b>9,845</b>	<b>9,760</b>	<b>85</b>
<b>Recharges</b>				
Premises Support	331	165	165	0
Asset Charges	175	0	0	0
Central Support Services	2,193	1,048	1,048	0
Internal Recharge Income	-1,560	-774	-774	0
Transport Recharges	49	20	20	0
<b>Net Total Recharges</b>	<b>1,188</b>	<b>459</b>	<b>459</b>	<b>0</b>
	<b>26,036</b>	<b>10,304</b>	<b>10,219</b>	<b>85</b>
<b>Net Departmental Total</b>				

### Comments on the above figures:

In overall terms, the Net Operational Expenditure for the second quarter of the financial year is £27,000 under budget profile excluding the Complex Care Pool.

Employee costs are currently showing £55,000 under budget profile. This is due to savings being made on vacancies within the department. Some of these vacancies have been advertised and have been or are expected to be filled in the coming months.

Other Premises expenditure is £5,000 over budget profile. This is a result of expenditure on maintenance and repairs for Independent Living equipment. There are approximately 324 stair lifts, 19 thru floor/wheelchair lifts and 77 ceiling track hoists requiring an annual service and potentially repairs. For quarter two, the cost included 155 visits to 132 properties, an increase of 42 visits and 36 sites on the first quarter. This increase has placed additional pressure on the budget.

Expenditure on Aids and Adaptations is £23,000 over budget half way through the financial year and this trend is expected to continue for the remainder of the year. As more service users are supported within their own homes, as opposed to moving into residential homes, this places pressure on this budget as more modifications to homes are required.

## **COMPLEX CARE POOL**

### **Revenue Budget as at 30<sup>th</sup> September 2015**

	Annual Budget	Budget To Date	Actual To Date	Variance To Date (overspend)
	£'000	£'000	£'000	£'000
<b>Expenditure</b>				
Intermediate Care Services	3,561	1,215	1,209	6
End of Life	192	122	142	(20)
Sub Acute	1,743	753	738	15
Urgent Care Centres	615	615	615	0
Joint Equipment Store	810	205	205	0
Contracts & SLA's	1,197	200	178	22
Intermediate Care Beds	596	298	314	(16)
BCF Schemes	2,546	923	923	0
Community Care:				
Residential & Nursing Care	20,960	8,331	8,235	96
Domiciliary & Supported Living	9,569	5,259	5,257	2
Direct Payments	3,706	2,728	2,740	(12)
Day Care	463	152	160	(8)
Contingency	518	0	0	0
<b>Total Expenditure</b>	<b>46,476</b>	<b>20,801</b>	<b>20,716</b>	<b>85</b>
<b>Income</b>				
Residential & Nursing Income	-5,018	-2,401	-2,394	(7)
Community Care Income	-1,583	-617	-595	(22)
Direct Payments Income	-193	-113	-125	12
Income from other CCGs	-114	-57	-50	(7)
BCF Income	-9,451	-4,284	-4,284	0
Contribution to Pool	-12,166	-6,158	-6,158	0
ILF Income	-571	-285	-285	0
Other Income	-50	-50	-47	(3)
<b>Total Income</b>	<b>-29,146</b>	<b>-13,965</b>	<b>-13,938</b>	<b>(27)</b>
<b>Net Divisional Expenditure</b>	<b>17,330</b>	<b>6,836</b>	<b>6,778</b>	<b>58</b>

The overall net expenditure budget is £58,000 under budget profile at the end of quarter 2 of the financial year.

Intermediate Care Services includes spend for the Therapy & Nursing Teams, Rapid Access Rehabilitation and Reablement.

There is a projected underspend on CCG Contracts due to Ship Street property vacancy. This underspend may actually increase as remaining tenants might move out.

Net Community Care is currently £54,000 under budget profile but is being monitored and analysed regularly via count and spend information which is shown below.

The total number of clients receiving a residential care package decreased by 0.5% during the first half of the financial year, from 604 clients in April to 601 clients in August. However the average cost of a residential package of care increased from £547 to £552 for the same period.

The total number of clients receiving a domiciliary package of care increased by 2.54% during the first half of the year, from 867 clients in April to 889 clients in August. The average cost of a domiciliary care package increased from £198 to £213 in the same period.

The total number of clients receiving a Direct Payment increased by 21% during the first half of the year, from 379 clients in April to 459 clients in August. The reason for the increase is previously Independent Living Funded service users now coming under the management of local authorities. The average cost of a DP package increased from £252 to £258 for the same period.

The Adult Health and Social Care budget will continue to be monitored closely due to its volatile nature.

#### **Capital Projects as at 30<sup>th</sup> September 2015**

	2015-16 Capital Allocation £'000	Allocation To Date £'000	Actual Spend To Date £'000	Total Allocation Remaining £'000
Disabled Facilities Grant	500	250	119	381
Stair lifts (Adaptations Initiative)	250	125	92	158
RSL Adaptations (Joint Funding)	200	100	55	145
Community Meals Oven	10	0	0	10
<b>Total</b>	<b>960</b>	<b>425</b>	<b>266</b>	<b>694</b>

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

Spend on Disabled Facilities Grants funded projects, Stairlift Adaptations and Joint Funded RSL Adaptations are currently running below budget profile. Total spend to date on the three initiatives amounts to £266k, compared with £357k for the equivalent period in the previous financial year. The bulk of the capital allocations for 2014/15 were substantially spent by year-end and it is currently assumed that this trend will continue in 2015/16, although the capital allocations will be monitored closely in-year in light of the current reduced spend levels.

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

#### **COMMISSIONING & COMPLEX CARE DEPARTMENT**

#### **Revenue Budget as at 30<sup>th</sup> September 2015**

	Annual Budget	Budget To Date	Actual To Date	Variance To Date (overspend)
	£'000	£'000	£'000	£'000
<b>Expenditure</b>				
Employees	7,533	3,514	3,414	100
Premises	243	130	136	(6)
Supplies & Services	2,102	1,051	1,053	(2)
Carers Breaks	427	289	288	1
Transport	187	94	86	8
Contracts & SLAs	90	45	41	4
Payments To Providers	3,531	1,440	1,440	0
Emergency Duty Team	93	23	14	9
Other Agency Costs	640	296	289	7
<b>Total Expenditure</b>	<b>14,846</b>	<b>6,882</b>	<b>6,761</b>	<b>121</b>
<b>Income</b>				
Sales & Rents Income	-218	-149	-142	(7)
Fees & Charges	-176	-88	-62	(26)
CCG Contribution To Service	-360	-155	-133	(22)
Reimbursements & Grant Income	-536	-230	-228	(2)
Transfer From Reserves	-620	0	0	0
<b>Total Income</b>	<b>-1,910</b>	<b>-622</b>	<b>-565</b>	<b>(57)</b>
<b>Net Operational Expenditure</b>	<b>12,936</b>	<b>6,260</b>	<b>6,196</b>	<b>64</b>
<b>Recharges</b>				
Premises Support	174	96	96	0
Transport	450	222	222	0
Central Support Services	1,516	747	747	0
Asset Charges	62	0	0	0
Internal Recharge Income	-2,479	-397	-397	0
<b>Net Total Recharges</b>	<b>-277</b>	<b>668</b>	<b>668</b>	<b>0</b>
<b>Net Departmental Total</b>	<b>12,659</b>	<b>6,928</b>	<b>6,864</b>	<b>64</b>

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

Net operational expenditure is £64,000 below budget profile at the end of the second quarter of the financial year.

Employee costs are currently £100,000 below budget profile. This results from savings made on vacant posts, specifically in relation to Day and Mental Health Services.

In the case of Day Services, the majority of these posts have now been recruited to, and the spend below budget is not anticipated to continue at this level for the remainder of the year. A significant saving proposal has been put forward in relation to

The Mental Health Services staffing budget for the 2016/17 financial year onwards relating to the deletion of vacant posts. The the current year underspend is therefore not set continue for the 2016/17 budget year onwards.

Income is below target to date. There is an anticipated shortfall on Fees & Charges income as a result of revised contract arrangements for the homeless hostel. Additionally, income received from the Clinical Commissioning Group is projected to be below target. This income relates to Continuing Health Care funded packages within Day Services and the Supported Housing Network. The income received is dependent on the nature of service user's care packages. The shortfall is currently estimated to be in the region of £40,000 for the full year.

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

A temporary savings target reflecting this increased income is to be considered as part of the 2016/17 budget setting process.

At this stage in the financial year, it is anticipated that a balanced budget overall will be achieved for the year. Whilst income is projected below target, this will be offset by in-year savings in other areas, principally on savings on staff turnover above the set target.

### **Capital Projects as at 30th September 2015**

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

#### **Revenue Budget as at 30<sup>th</sup> September 2015**

	Annual Budget	Budget To Date	Actual To Date	Variance To Date (underspend)
	£'000	£'000	£'000	£'000
Employees	3,121	1,524	1,430	94
Supplies & Services	281	109	105	4
Other Agency	21	21	17	4
	4,193	1,643	1,634	9
<b>Contracts &amp; SLA's</b>				
<b>Total Expenditure</b>	<b>7,606</b>	<b>3,297</b>	<b>3,186</b>	<b>111</b>
Other Fees & Charges	-64	-32	-24	(8)
Sales Income	-26	-51	-43	(8)
Reimbursements & Grant Income	-59	-38	-38	(0)
Government Grant	-8,786	-2,204	-2,204	0
Transfer from Reserves	30	0	0	0
<b>Total Income</b>	<b>-8,965</b>	<b>-2,325</b>	<b>-2,309</b>	<b>(16)</b>
<b>Net Operational Expenditure</b>	<b>-1,359</b>	<b>972</b>	<b>877</b>	<b>95</b>
<b>Recharges</b>				
Premises Support	166	83	83	0
Central Support Services	2,180	252	252	0
Transport Recharges	21	6	5	1
<b>Net Total Recharges</b>	<b>2,367</b>	<b>341</b>	<b>340</b>	<b>1</b>
<b>Net Departmental Total</b>	<b>1,018</b>	<b>1,313</b>	<b>1,217</b>	<b>96</b>

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

In overall terms, the Net Operational Expenditure for the second quarter of the financial year is £96,000 under budget profile.

Employee costs are currently £94,000 under budget profile. This is due to savings being made on vacancies within the department, in particular within the Health Improvement Team. Some of these vacancies have been advertised and are expected to be filled during the third quarter.

From 1<sup>st</sup> October 2015, the commissioning of the Children's Public Health Services moved to local authorities. The responsibilities are for Health Visiting Services and Family Nurse Partnership (FNP) services (targeted service for teenage mothers). This transfer of 0-5 Children's Services increases the public health grant for 2015/16 by £1.41million.

However, in June the Chancellor of the Exchequer announced a package of savings to be made across Government Departments in 2015/16, which included a reduction of £200 million from this year's public health grant. This in year reduction represents a 6.2% cut to the national public health grant. Government have consulted on how the reduction should be applied to individual Council public health allocations but no decision has yet been made. Based on a straight percentage cut across all Councils the indicative reduction for the Halton is £632,000.

Therefore, despite this report indicating a net overall under spend for the first half of 2015/16; the expected in year reduction to the grant will leave the department reliant on reserves to achieve a balanced budget position.

## Explanation of Symbols

Symbols are used in the following manner:

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

### Direction of Travel Indicator

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

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