

Health Policy & Performance Board Priority Based Report

Reporting Period: Quarter 3: 1st October to 31st December 2017

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 2017/18 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:

We are proud to announce the commencement of two Local Area Coordinators in the New Year.

What is Local Area Coordination?

Local Area Coordination is a long-term, evidence-based approach to supporting children and adults who may be isolated, excluded or who face challenges due to age, disability or mental health condition, and their families and carers to:

- Stay strong, safe and connected as contributing citizens
- Build more welcoming, inclusive and supportive communities
- Build partnerships with local people, communities, organisations and services - nurturing and sharing the resources within our communities and ensuring that disabled people, people with mental health problems, older people families and carers are active, valued members.

How is Local Area Coordination different?

Local Area Coordination creates a single accessible point of contact in a local community, and is designed to support people to avoid a crisis.

They take a preventative approach; they take time to get to know individuals and families, their local communities and service partners. LAC displays several clear differences from other services, especially those delivered by statutory agencies.

What does Local Area Coordination focus on?

- the talents, skills and resources within our local communities
- strengthening community capacity, (and less on funding)
- the importance of planning for and having confidence in the future, personal networks and community connections
- supporting people to develop practical ways of reaching life aspirations - choice & control
- creating more welcoming, inclusive and accessible communities.

Useful reading

<http://lacnetwork.org/wp-content/uploads/2016/02/LAC-catalyst-report.pdf>

Learning Disability Nurses

- There continues to be an increase in referrals to the team, in particular referrals for eligibility screening. The complexity and support required for the individuals is also increasing.
- 2 Nurses are currently completing a mortality review for a neighbouring borough as part of the National Learning Disability Mortality Review programme (LeDeR). The capacity to conduct reviews is significantly reduced due to referrals to the team.
- The team have completed 4 out of the 5 days Family Planning Association training on delivering sexual health programmes to people with a Learning Disability.
- The team continue to work with NWBH to update the Dynamic Risk Database.
- The team have representatives attending the ALD partnership Board, transition group and health groups.
- The Nurses are working closely with the psychiatrist to support her with the STOMPLD agenda enabling safe reductions in antipsychotic/anxiolytics, where clinically indicated, over a longer period. Any medication reductions will be part of an MDT discussion to reduce the medication related behavioural and placement issues.
- Joint work is ongoing with children's services supporting parents with learning disabilities.
- A member of the team has supported a number of individuals undergoing cancer treatment. Sadly one of the individuals has passed away.
- The team are changing the way they work with individuals with Health Action Plans to align these more closely to the annual health checks and outcomes from the CIPOLD inquiry in addition to National and International Mortality Review findings

Commissioning

An open tender is underway to commission a service that combines Healthwatch and the advocacy services into one single contract. The benefits of this approach will include;

- improving access for local people through a single gateway to advocacy services
- providing a seamless service to people who may have need of different aspects of advocacy at different times
- enabling a more efficient and flexible use of resources for the successful provider
- improving the financial sustainability of these services through the combining of contract values and an economy of scale
- providing a more efficient contract

The outcome of the tender will be published in mid-January 2018, with the new service commencing in April 2018

Care Management

We have completed the first two phases of our work with Meridian to conduct a study of our Social Work provision across Assessment teams IAT, Complex Care, Widnes and Runcorn, as part of our ongoing improvement process. Meridian is an international organisation specialising in process and efficiency improvement. They have extensive experience in the health and care sector and have worked throughout Ireland and the UK in the last 20 years assisting Boards, Trusts, Hospitals, Health and Care providers in service redesign, capacity planning and improving our client service.

We have held an open workshop with staff to discuss the outcomes and progress of all the work involved to date. We outlined the aims to ensure that we establish fairness and consistency in the allocation of workload to all staff. Team managers have worked closely with Meridian to review the thresholds and procedures within the three Care Management teams; Complex Care Runcorn, Complex Care Widnes and the Initial Assessment Team. We have been particularly interested in reviewing the allocation process, and our internal Panel processes. We seek to share good practice across the teams to implement a more consistent approach to these key activities. We believe that this will provide the best outcomes for our service users through increased consistency.

We are now launching phase three of the project to work with Children's and Adults on the service redesign of "cradle to grave" Learning Disability (LD) services.

Building on the programme of training on strengths based social work practice to promote excellent social work practice, this has promoted staff, to help support and empower people to live the lives they want.' Now emphasising the use of professional engagement and judgement, as opposed to procedural approaches, with a focus on the individual, taking a holistic and co-productive approach to keeping the person at the centre of all decisions, identifying what matters to them and how best outcomes can be achieved. The training has emphasised, enabling people to find the best solutions for themselves, to support them in making independent decisions about how they live. We continue to look at developing models of good practice and an ongoing part of this work. In addition we have joined Ripfa which offers a research engine to promote evidence based practice and several training opportunities, a presentation was made to staff explaining the benefits. The Principal Social Worker continues to meet with all social workers in a "Social Work Matters" Forum on a quarterly basis, to promote good practice.

A revised Blue Badge Policy, Procedure & Practice (PPP) following comprehensive review was presented to SMT in June 2017. highlighted two key issues that have arisen during the review process with regards to:

- Enforcing correct use and tackling potential abuse of the scheme; and
- The eligibility requirements for organisational badges.

The draft Policy has been submitted to the September HPPB and agreed, it has been to Pre-Agenda and endorsement was finalised at Exec Board on October 19th 2017. Work is underway with organisations who may have previously received badges to inform them of the changes.

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

Named Social Worker Pilot

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

The first stage of the pilot has given a clear sense of the difference that a named social worker can make in transforming learning disability services .

The Ambition of the Halton Borough Council, Named Social Worker pilot, is to identify all young people in Halton, who have an Educational and Health Care Plan and will require a Transitional assessment. The overall aim is to ensure that all 17/18 year olds with Complex Physical and / Learning disabilities will have an identified named social worker, who will remain open to them, throughout their Transition journey.

We will be working with young people and their families, as well as health, Education, housing and providers to ensure that all future planning is seamless to support young people leaving children's services.

After the 6 months of the pilot, Halton Borough Council, will aim to continue with this model, with people with these Severe Learning Disabilities, will be given one primary point of contact to provide advice, work with family and carers and encourage patients to live more independently in the community. The aim is to cut down unnecessary long spells in hospitals and other NHS inpatient facilities, reducing the unnecessary hands-off between different professionals, with a positive attitude towards a person-centred culture and asset based approach, which is underpinning our practice across the system, rather than being a paperwork process.

We are developing, an understanding of the resources that are required for our community, encouraging a long term commitment from all agencies, with a potential to 'invest to save'.

Health Minister Jackie Doyle-Price said: "This is a fantastic scheme in Halton that will give people personalised community care and more support to live independently. It is an important step forward as we aim to transform learning disability services for people both in Bradford and across the country."

The pilot is part of the Department's response to the 2015 'No voice unheard, no right ignored' consultation, which sought views on strengthening the rights of people with learning disabilities, autism and mental health conditions to enable them to live more independently.

The Department has also funded the Innovation Unit – a social enterprise – and the Social Care Institute of Excellence to support the local areas, co-ordinate the pilot and to evaluate the scheme. The second phase of the pilot will now be rolled out across Bradford, Halton and Shropshire.

Review of the North West Boroughs Acute Care Pathway and Later Life and Memory Services

This review took place twelve months ago, and implementation of the review recommendations is now nearly complete. Locally:

- A new management structure within the North West Boroughs has been developed which relates more directly to the strategic and operational mental health processes in the area. North West Boroughs managers are involved directly in planning and development groups, and social services managers are linked closely to the new arrangements
- The delivery of community services by North West Boroughs is being redesigned to focus more specifically on Halton, and within that to meet the needs of both Widnes and Runcorn (and the related smaller communities). As examples, the Assessment Service was previously shared with Warrington but now solely focuses on Halton, and the Recovery Team, which used to cover the whole Borough, is being split across Widnes and Runcorn
- New care pathways have been developed across primary and secondary care, which intervene with people at a much earlier stage in their mental health condition (which is known through research to have more positive outcomes), thereby reducing the likelihood of referral on to more specialist services provided by the North West Boroughs. For those already known to the secondary care services, the pathways make it easier for people to be discharged back into the care of local community support services

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

This resource was originally developed to provide an integrated hub for a range of mental health services in Halton, but for some years it was underused and not fulfilling this aim. Following the provision of capital allocations from the Borough Council, NHS Halton Clinical Commissioning Group and the North West Boroughs, work has been taking place to achieve the original objectives when the building was first

developed. Downstairs, the building has been redesigned to allow the North West Boroughs Assessment and Home Treatment team to be based there, with a small but important crisis resource which will help to divert people from needing admission to hospital when in mental health crisis. Upstairs remains occupied by the council's successful Mental Health Outreach Team and the Community Bridge Building Team, but again the area has been redesigned to develop a flexible working area. As a result, social workers from the Recovery Team are now based within this resource. This interplay of NHS mental health services, council community mental health support services and council social work services will allow for much greater communication between the services, and for quick and simple referral pathways and support services to be put in place for individuals with mental health problems.

Redesign of Mental Health Social Work Service and Mental Health Outreach Team

As previously reported, an internal review of the mental health social work service led to a decision to change the way social workers in the mental health system deliver their service. As from 1st October 2017, they are no longer acting as formal care coordinators of people with mental health needs, and are only using the council's electronic system to record their activities, rather than entering some activity on the council's system and others on the NHS records. Social workers still work fully alongside their NHS colleagues, and clear and detailed pathways for assessment, referral, risk management and care management (including assessment of the needs of carers) have been developed. A clear statement of social work roles and tasks has been developed. The transition into this approach took place with the full involvement of NHS colleagues and has been delivered effectively, with no disruption to the people who use services. This is allowing social workers to concentrate on their core social work tasks within the context of a complex mental health structure.

A similar internal review of the work of the Mental Health Outreach Team has taken place. This has resulted in a change in focus of the team's work, with a new emphasis on time-limited, outcome-focused work with people with the full range of mental health needs, from high risk and complex needs to people who only have the support of primary care services. The expectation is that the interventions will be developed with the person themselves, to meet their needs and aspirations, to reduce reliance on higher level services and promote much greater engagement with their communities. The transition has again been smooth, with no negative impact on people who use services, and referral rates remain high.

Millbrow

Last year Four Seasons Healthcare approached the Council to advise of the imminent closure and de registration of Millbrow Care Home. Various plans were explored as to how the home could be supported not only to improve the care quality within the home but to stop the closure. Millbrow Care Home transferred to the ownership of the Council in December. The home is being supported by professionals drawn from both the CCG and the Council to ensure that residents are safe and cared for and standards raised.

Domiciliary Care

The contract for the provision of domiciliary care was awarded to Premier Care Ltd with full implementation completed in November. 3 other existing domiciliary care providers indicated their desire to continue working in the borough and have commenced negotiations facilitated by the council to explore sub-contracting arrangements. The existing contracts of these providers were extended to allow these negotiations to progress and are due to be completed in Quarter 4.

Public Health:

We have developed a whole system comprehensive plan for flu vaccinations in 2017/18. This includes the vaccination of all elderly patients being discharged from Halton Hospital. Results are encouraging so far

but the flu season has not yet ended and we have a very virulent strain this year. We are therefore continuing to promote flu vaccinations for all eligible patients.

The new 0-19 Healthy Child Programme will commence in March 2018. This programme has been awarded to Bridgewater Community Trust and will play a key role as part of the children's Early Help Strategy.

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:

Autism Strategy

This work stream involves focused work to develop an all age autism strategy. There has been a working group meeting to develop and coordinate this work and this has resulted in a range of consultation events. An initial survey was sent to adults with autism, schools, parents and a range of groups with contact with children and parents. Following this children's services have undertaken a range of consultation events including coffee mornings and face to face meetings with providers. Similarly Adult services have undertaken an experience based co-design consultation events with adults with a diagnosis of autism as well as consultation event with providers facilitated by Helen Sanderson associates. The Strategy and development plan are currently being written and are on track to be ready for a submission to SMT by the end of January, a further submission to HPPB mid-February and final sign off at exec board by the end of March.

Halton Women's Centre

This has been a highly-regarded local service for some years, and has been seen as the only one of its kind in the North West of England, providing low-level mental health support to vulnerable women, and opportunities for personal development, education and training. Following the closure of the charity that had been commissioned to run the service, its management was drawn into the borough council, with direct support provided by the Mental Health Outreach Team. A detailed review of its role and function is currently being undertaken.

Public Health:

There continues to be breaches concerning treatment of patients by Consultants within 62 days. The CCG is working with the hospitals to understand why this is happening. Patients are offered appointments but some do not attend.

4.0 Risk Control Measures

Risk control forms an integral part of the Council's Business Planning and performance monitoring arrangements. As such Directorate Risk Registers were updated in tandem with the development of the suite of 2017/18 Directorate Business Plans.

5.0 Progress against high priority equality actions

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

6.0 Performance Overview

The following information provides a synopsis of progress for both milestones and performance indicators across the key business areas that have been identified by the Directorate. It should be noted that given the significant and unrelenting downward financial pressures faced by the Council there is a requirement for Departments to make continuous in-year adjustments to the allocation of resources in order to ensure that the Council maintains a balanced budget. Whilst every effort continues to be made to minimise any negative impact of such arrangements upon service delivery they may inevitably result in a delay in the delivery of some of the objectives and targets contained within this report. The way in which the Red, Amber and Green, (RAG), symbols have been used to reflect progress to date is explained at the end of this report.

“Rate per population” vs “Percentage” to express data

Four BCF KPIs are expressed as rates per population. “Rates per population” and “percentages” are both used to compare data but each expresses the same amount in a different way. A common guide used is that if a percent is less than 0.1 then a rate (e.g. per 100,000) is used. For example, permanent admissions to residential care expressed as a rate (50 admissions per or for every 100,000 people) makes more sense when comparing performance with other authorities rather than as a percentage (0.05%) which is quite a small number and could be somewhat confusing. More examples below:

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

Adult Social Care

Key Objectives / milestones

Ref	Milestones	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.	

Supporting Commentary

1a - A financial recovery plan is in place to ensure the budget comes out on target

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

1c - A new All-Age Autism strategy is being developed with key stakeholders and people with autism and their carers. An Experienced-Based Co-Design event took place on 5th December, along with a number of different events with Children, young people and their parents/carers which will all be used to develop the delivery plan.

1d - The local dementia delivery plan has been agreed and places focus for the next 12 months GP care plan reviews, support for carers, raising standards in care homes through education and advanced care plans for people with dementia in the community. Work is underway during quarter 3 to extend The Dementia Post Diagnosis Community Pathway Prime Provider contract from April 2018, for the +1 year option.

1e - Following the review of the North West Boroughs services in 2016/ 17, the Trust has put in place a new local management structure which is engaging more fully with Halton's strategic and

operational processes. Council managers are linked closely with these new arrangements and meet regularly to consider operational and strategic issues. The Trust's community services are now focusing more specifically on the needs of the local communities, and council services have been redesigned to fit with this new structure. New care pathways are in place to support people at an earlier stage of their mental health condition, and to help those who are involved with North West Boroughs services to re-engage with their local communities more easily.

1f - The annual homelessness strategy review is underway and a further consultation event is scheduled for February 2018. The action plan is presently being reviewed and will be updated to reflect key priorities.

The homelessness strategy is due to be fully reviewed 2017/2018 and consultation events with partners are ongoing. A five year strategy document report will be completed and passed to senior management for approval early 2018. The strategy will include a five year action plan, which will determine the LA priorities and key objectives, to ensure it reflects economical and legislative changes.

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

Key Performance Indicators

Older People:						
Ref	Measure	16/17 Actual	17/18 Target	Q3	Current Progress	Direction of travel
ASC 01	Permanent Admissions to residential and nursing care homes per 100,000 population 65+ <i>Better Care Fund performance metric</i>	515.3	635	461.9		
ASC 02	Delayed transfers of care (delayed days) from hospital per 100,000 population. <i>Better Care Fund performance metric</i>	519	TBC	629		
ASC 03	Total non-elective admissions in to hospital (general & acute), all age, per 100,000 population. <i>Better Care Fund performance metric</i>	3381	13,289	3404		
ASC 04	Hospital re-admissions (within 28 days) where original admission was due to a fall (aged 65+) (directly standardised rate per 100,000 population aged 65+) <i>Better Care Fund performance metric</i>	N/A	N/A	23.1% (Oct 17)		
ASC 05	Proportion of Older People (65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services (ASCOF 2B)	62.12%	65%			

Better Care Fund performance metric						
Adults with Learning and/or Physical Disabilities:						
ASC 06	Percentage of items of equipment and adaptations delivered within 7 working days	93%	96%	93%		
ASC 07	Proportion of people in receipt of SDS (ASCOF 1C – people in receipt of long term support – include brief definition) (Part 1)	74%	78%	75%		N/A
Ref	Measure	16/17 Actual	17/18 Target	Q3	Current Progress	Direction of travel
ASC 08	Proportion of people in receipt of SDS (ASCOF 1C – people in receipt of long term support – include brief definition) (Part 2) DP	44%	44%	29%		N/A
ASC 09	Proportion of adults with learning disabilities who live in their own home or with their family (ASCOF 1G)	86.90%	87%	88.15%		
ASC 10	Proportion of adults with learning disabilities who are in Employment (ASCOF 1E)	6.9%	7%	4.98%		
ASC 11	Out of Borough Placements – number of out of borough residential placements	32	30	NYA	NYA	NYA
People with a Mental Health Condition:						
ASC 12	Percentage of adults accessing Mental Health Services, who are in employment.	N/A	N/A	0.49%	N/A	N/A
ASC 13 (A)	Percentage of adults with a reported health condition of Dementia who are receipt of services.	52.86%	TBC	11.23%	N/A	N/A
ASC 13 (B)	Percentage of Carers who receive services, whose cared for person has a reported health condition of Dementia.	11.57%	TBC	14.50%	N/A	N/A
Homelessness:						
ASC 14	Homeless presentations made to the Local Authority for assistance In accordance with Homelessness Act 2002.	NA	500	88		
ASC 15	Homeless Households dealt with under homelessness provisions of	NA	100	4		

	Housing Act 1996 and LA accepted statutory duty					
ASC 16	Number of households living in Temporary Accommodation	1	17	2		
ASC 17	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	6.00%	0.94%		
Safeguarding:						
ASC 18	Percentage of VAA Assessments completed within 28 days	83.5%	88%	76.41%		
ASC 19	Percentage of existing HBC Adult Social Care staff that have received Adult Safeguarding Training, including e-learning, in the last 3-years (denominator front line staff only).	48%	56%	43%		
ASC 20 (A)	DoLS – Urgent applications received, completed within 7 days.	73%	80%	N/A	N/A	N/A
ASC 20 (B)	DoLS – Standard applications received completed within 21 days.	77%	80%	N/A	N/A	N/A
ASC 21	The Proportion of People who use services who say that those services have made them feel safe and secure – Adult Social Care Survey (ASCOF 4B)	81.30%	82%	N/A	N/A	N/A
Carers:						
ASC 22	Proportion of Carers in receipt of Self Directed Support.	99.4	TBC	99.33%	N/A	N/A
ASC 23	<i>Carer reported Quality of Life (ASCOF 1D, (this figure is based on combined responses of several questions to give an average value. A higher value shows good performance)</i>	8.10%	9	N/A	N/A	N/A
ASC 24	<i>Overall satisfaction of carers with social services (ASCOF 3B)</i>	48.90%	50	N/A	N/A	N/A
ASC 25	The proportion of carers who report that they have been included or	78.80%	80	N/A	N/A	N/A

	consulted in discussions about the person they care for (ASCOF 3C)					
ASC 26	Do care and support services help to have a better quality of life? (ASC survey Q 2b) Better Care Fund performance metric	93.30%	93%	N/A	N/A	N/A

Supporting Commentary

Older People:

ASC 01 As at the end of quarter 3 we have placed 103 clients into permanent residential / nursing care. For the same period in 2016/17 we had placed 54 clients.

ASC 02 There has been a significant deterioration in performance since August. Although full Q3 data is not yet available the position to November is a 3 month average of 622 delayed days (rate of 629 per 100,000) problems exist around capacity for care at home, patient/family choice in not accepting transitional beds and Trusts enforcing the home of choice policy. Local information shows that the elevated rates of DTOC continued into December although the numbers of patients delayed in early January appears to be much lower.

ASC 03 The target for the full year is 13,289 per 100,000. The CCG has individual monthly targets. Non-Elective activity is 3% over plan and 0.5% above last year's position, the CCG has seen a large reduction at Warrington (-4%) however this has been more than offset by the increase seen at St Helens, where the number of non-elective admissions has increased by 6%. The CCG has also seen an increase in the A&E conversion to admission rate from 40% to 50% in the last 12 months at Whiston and the percentage of those patients with the lowest recorded acuity who are admitted to a bed is recorded as 26% in Whiston compared to 1% at Warrington. These anomalies are being raised with the trust to provide satisfactory explanations.

ASC 04 Although this metric is no longer collected, a similar metric records the percentage of admissions which were a readmission within 30 days. For Halton this figure was 23%, this is exceptionally high, the usual figure is around 14% which is in line with other neighbouring CCG's. It is likely this may be a data quality error, however there was an increase in non-elective activity in October but it is unknown why this would only impact Halton residents.

ASC 05 Annual collection only to be reported in Q4.

Adults with Learning and/or Physical Disabilities:

ASC 06 Performance very slightly less compared to the same period last year (94%). Target should still be achieved.

ASC 07 There is no comparable data for the same period in 2016/17.

ASC 08 There is no comparable data for the same period in 2016/17.

ASC 09 Target achieved.

ASC 10 Performance very slightly less compared to same quarter last year (5%).

ASC 11 Data is not yet available for Q3

People with a Mental Health Condition:

ASC 12 This is a new indicator for 2017/18, therefore no comparable data

ASC 13 This is a new indicator for 2017/18, therefore no comparable data
(A)

ASC 13 This is a new indicator for 2017/18, therefore no comparable data
(B)

Homelessness:

ASC 14 In accordance with the Homelessness legislation, all Local Housing Authorities have a statutory duty to administer and address homelessness within the Borough. It must offer advice and assistance and give due consideration to all applications for housing assistance.

The Local Authority must have a reason to believe that an applicant may be homeless or threatened with homelessness, and make the necessary enquiries in accordance with the Homelessness Act 2002, to determine whether a duty is owed under Part 7 of the Housing Act 1996

The statutory homelessness figures identified for quarter three are low, however, this is consistent with the increased level of prevention activity administered by the Housing Solutions Team. The team fully utilise all prevention initiatives and financial resources available to reduce homelessness.

ASC 15 Part 7 of the Housing Act 1996 sets out the powers and statutory duties that all housing authorities are fully compliant. The LA must ensure that vulnerable clients who present as homelessness are offered advice and assistance.

The Local Authority has a statutory duty to provide both temporary and secure accommodation to clients accepted as statutory homeless. The figures are generally low, which is due to the high level of officer activity and initiatives to prevent homelessness.

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

The introduction of the Homelessness Reduction Act 2016 will have a big impact upon homelessness services, which will result in a vast increase in the use of the temporary accommodation.

ASC 17 The Housing Solutions Team promotes a community focused service, with emphasis placed upon homeless prevention.

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

Safeguarding:

ASC 18 Performance down compared to the same period last year. However, an exception report detailing assessments open longer than 28 days is sent to the teams monthly for them to action.

ASC 19 This figure is down on last year's figures. However, the increase in employee numbers as a result of the transfer of additional staff from Millbrow and Madeline McKenna will affect and decrease the percentage.

ASC 20 Data not available due to reporting issues which are being investigated.
(A)

ASC 20 Data not available due to reporting issues which are being investigated.
(B)

ASC 21 Annual collection only to be reported in Q4.

Carers:

ASC 22 New indicator for 2017/18 therefore no comparable data.

ASC 23 Annual collection only to be reported in Q4.

ASC 24 Annual collection only to be reported in Q4.

ASC 25 Annual collection only to be reported in Q4.

ASC 26 Annual collection only to be reported in Q4.

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	
PH 01b	Work with partners to increase uptake of the NHS cancer screening programmes (cervical, breast and bowel)	
PH 01c	Ensure Referral to treatment targets are achieved and minimise all avoidable breaches. AND/ OR Increase awareness among the local population on the early signs and symptoms of cancer.	
PH 02a	Facilitate the Healthy child programme which focusses on a universal preventative service, providing families with a programme of screening, immunisation, health and development reviews, and health, well-being and parenting advice for ages 2½ years and 5 years.	
PH 02b	Maintain the Family Nurse Partnership programme.	
PH 02c	Facilitate the implementation of the infant feeding strategy action plan	
PH 03a	Expansion of the Postural Stability Exercise Programme.	
PH 03b	Review and evaluate the performance of the integrated falls pathway.	
PH 04a	Work in partnership to reducing the number of young people (under 18) being admitted to hospital due to alcohol	

PH 04b	Raise awareness within the local community of safe drinking recommendations and local alcohol support services through delivering alcohol awareness campaigns, alcohol health education events across the borough and ensuring key staff are trained in alcohol identification and brief advice (alcohol IBA	
PH 04c	Ensure those identified as having an alcohol misuse problem can access effective alcohol treatment services and recovery support	
PH 05a	Monitor and review the Mental Health Action plan under the Mental Health Governance structures (covering actions to promote mental health and wellbeing and the early detection and effective treatment of mental health conditions.	
PH 05b	Implementation of the Suicide Action Plan.	

Supporting Commentary

PH 01a Throughput of clients accessing smoking cessation services in Halton has remained the same during Q3 2017 (July-September) as compared to the same period in 2016. This goes against the national trend where most Stop Smoking Services are experiencing reductions in throughput.

Halton CCG has received £75,000 of funding from NHS England for use in this financial year (2017/18) to reduce maternal smoking rates. An action plan with focussed outcomes has been developed outlining joint proposals for the use of this funding for evidence based effective interventions to reduce maternal smoking. Home visits are offered to allow pregnant women referred into the service.

PH 01b Halton are continuing to identify areas and opportunities to maximise uptake fo screening. We are working in collaboration with the Cheshire and Merseyside Cancer Prevention Group to look at opportunities at scale for improving screening uptake and will be developing local actions to reflect this.

PH 01c Halton is working with the Cheshire and Merseyside Prevention Group to explore opportunities for identifying and developing a early detection awareness campaign to try and maximise impact on local more resistant populations.

The Halton 62 day performance has been poor in the last quarter nad CCG are working across pathways to understand the reason for patient breeches. The 2 week wait performance has improved with targets being achieved through the quarter.

PH 02a The 0-19 (25 with special educational needs) programme has be recommissioned and been awarded to Bridgewater community health care trust. The specification includes health visiting, Family Nurse partnership, School Nursing, NCMP, Vision and hearing screening, and immunisations. The new contract for the integrated service will start in April 2018.

The Health Visiting Service is delivering all the components of the national Healthy Child Programme, including assessing mothers' emotional health at 6-8 weeks and completing an integrated developmental check at 2-21/2. The early years setting and health visitors share the findings from the development checks to identify any areas of concern, so that services can collaboratively put in place a support package as required.

PH 02b Family Nurse Partnership was recommissioned as part of the integrated service. It continues to be fully operational with a full caseloa and works intensively with first time, teenage

mothers and their families. The service works with some very complex cases and is building their multidisciplinary links across a wide range of agencies, to improve outcomes for these families. The service will be an integral part of the new 0-19 Service.

PH 02c The implementation of the infant feeding action plan is underway, with oversight from the Halton Health in the Early Years group.

Breastfeeding support continues to be available across the borough in community and health settings, and all families have access to introduction to solid food sessions.

A breastfeeding campaign is currently underway, largely through social media. The campaign is using local women's stories to help mums to understand the reality of breastfeeding, and show how they can overcome some of the challenges. This was developed following feedback that campaigns give women unrealistic expectations of the ease of breastfeeding.

PH 03a Health Improvement continues to provide the "Age Well programme" across the borough. Work continues to integrate the Age well service in with intermediate care to facilitate safer discharges back to the community for those accessing intermediate services, both residential and in the community. HIT Continue to deliver staff training to frontline professionals to raise awareness of falls prevention and the appropriate falls pathways.

PH 03b Work to progress the new falls strategy 2018-2022 continues. A multi-agency clinical working group has taken a comprehensive review of the current service against NICE guidelines and has made recommendations for service changes/development that are to be put in place as part of the strategy action plan. Work is underway to develop a comprehensive training programme which is to be rolled out to raise confidence in the use of screening tools and to increase capacity in service via staff having the skills to work more effectively with patients to improve strength, balance and gait without referring for specialist services.

PH 04a Good progress has been made in recent years in reducing the number of young people being admitted to hospital due to alcohol. Key activity includes:

- Delivery of alcohol education within local school settings (Healthitude, Amy Winehouse Foundation, Cheshire Police).
- Delivery of community based alcohol activity.
- Delivering early identification and brief advice (alcohol IBA) training and resources for staff who work with children and young people).
- Running the Halton Community Alcohol Partnership which brings together partners to reduce underage drinking and associated antisocial behaviour.

More recent data has seen this downward trend level off. Therefore local partnership work needs to continue.

PH 04b Work continues to raise awareness among the local community of safe drinking recommendations and to train staff across the health, social care, criminal justice, community and voluntary sector in alcohol identification and brief advice (alcohol IBA).

PH 04c During Q2, the service received 87 new referrals for alcohol only (62) or alcohol and non-opiate problems (25). Local data suggests that by the end of Q2 162 individuals were engaged in structured treatment where alcohol was the primary concern, and 43 were involved in post treatment recovery support. A further 67 clients were in receipt of support for non-opiate and alcohol problems.

PH 05a Halton Healthy Improvement and Public health continue to roll out a series of programmes and training activities around Mental health, with good partnership working on the delivery of action plans, raising awareness and provision of community based programmes and activities. The Mental Health oversight group have not met for 6 months and there is a potential for the oversight and scrutiny arrangements across the breadth of the mental health remit to affect

performance and coordination.

PH 05b The Suicide prevention action plan has been updated and continues to be implemented. The plan links closely with the Cheshire and Merseyside No More Suicides strategy. Champs are leading on a area collaborative approach to gain Suicide Safer Community Status. A real time surveillance intelligence flow has been set up which will enable faster identification of potential trends and clusters.

Key Performance Indicators

Ref	Measure	16/17 Actual	17/18 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)	61.9% (2015/16)	65.0% (2016/17)	60.9% (2016/17)		
PH LI 02a	Adults achieving recommended levels of physical activity (% adults achieving 150+ minutes of physical activity)	48.5% (2015)	49.0% (2016)	58.1%	N/A	N/A
PH LI 02b	Alcohol-related admission episodes – narrow definition (Directly Standardised Rate per 100,000 population)	841.7 (2015/16)	841.7 (2016/17)	866.5 (Q1 2017/18) <i>Provisional</i>		
PH LI 02c	Under-18 alcohol-specific admissions (crude rate per 100,000 population)	55.5 (2013/14-2015/16)	54.1 (2014/15-2016/17)	61.3 (2015/16-2017/18) <i>Provisional</i>		
PH LI 03a	Smoking prevalence (% of adults who currently smoke)	16.6% (2016)	16.2% (2017)	Annual data only		N/A
PH LI 03b	Mortality from cardiovascular disease at ages under 75 (Directly Standardised Rate per 100,000 population) <i>Published data based on calendar</i>	92.0 (2016)	89.8 (2017)	98.8 (Oct '16 – Sep '17) <i>Provisional</i>		

	<i>year, please note year for targets</i>					
PH LI 04a	Self-harm hospital admissions (Emergency admissions, all ages, directly standardised rate per 100,000 population)	341.5 (2015/16)	332.3 (2016/17)	336.7 (2016/17) <i>Provisional</i>		
PH LI 04b	Self-reported wellbeing: % of people with a low happiness score	12.7% (2015/16)	11.1% (2016/17)	Annual data only		N/A
PH LI 05	Mortality from all cancers at ages under 75 (Directly Standardised Rate, per 100,000 population) <i>Published data based on calendar year, please note year for targets</i>	177.2 (2016)	169.2 (2017)	192.1 (Oct '16 – Sep '17) <i>Provisional</i>		
PH LI 06ai	Male Life expectancy at age 65 (Average number of years a person would expect to live based on contemporary mortality rates) <i>Published data based on 3 calendar years, please note year for targets</i>	17.3 (2013-15)	17.6 (2014-16)	17.3 (2014-16)		
PH LI 06aii	Female Life expectancy at age 65 (Average number of years a person would expect to live based on contemporary mortality rates) <i>Published data based on 3 calendar years, please note year for targets</i>	18.8 (2013-15)	19.1 (2014-16)	19.1 (2014-16)		
PH LI 06b	Falls and injuries in the over 65s	3016. (2015/16)	3000.5 (2016/17)	3301.2 (2016/17)		

	(Directly Standardised Rate, per 100,000 population; PHOF definition)			Provisional		
PH LI 06c	Flu vaccination at age 65+ (% of eligible adults aged 65+ who received the flu vaccine, GP registered population)	72.2% (2015/16)	75.0% (2016/17)	72.6% (to end 2017) Provisional	u	

Supporting Commentary

PH LI 01 - Small reduction in the proportion of children achieving a good level of development at the end of reception means we have failed to meet the target for 2016/17.

PH LI 02a - Method previously used is now archived – therefore targets and previous data have been removed. Quarter 3 position included is the newly created ‘current method’, which will be used in published data from now on.

Target has been removed; this will be reevaluated for the Q1 2018/19 PPB.

PH LI 02b - The provisional 2017/18 rate suggests that the threshold hasn’t been met. The Q1 17/18 data is currently higher than the threshold. The threshold for 2016/17 was not met.

PH LI 02c - The provisional 2017/18 rate suggests that the threshold hasn’t been met. The Q2 17/18 data is currently higher than the threshold. The threshold for 2014/15-2016/17 was not met.

PH LI 03a - No new data currently available.

PH LI 03b - 35 deaths from cardiovascular disease in Q2 2017 meant a substantial increase in the rate of premature deaths for the year to June 2017 (rate of 102.2 per 100,000 population). There were fewer deaths in Q3 2017 which resulted in a reduction in the rate from the year to Q2 to Q3.

PH LI 04a - No update available; IT issues mean we are temporarily unable to access the service to extract the data for this indicator.

PH LI 04b - No new data currently available.

PH LI 05 - Currently missing target. The 58 premature cancer deaths between July and September 2017 meant an increase in the rate of under 75 cancer mortality to the year ending September 2017.

PH LI 06ai - Male life expectancy at 65 remained at 17.3 years for 2014-16; failing to meet target.

PH LI 06aii - Female life expectancy increased to 19.1 years for 2014-16; meeting the target set.

PH LI 06b - No update available; IT issues mean we are temporarily unable to access the service to extract the data for this indicator.

PH LI 06c - As of the end of December 2017, the 75% target for flu vaccination uptake among those aged 65+ is not being met. The flu vaccination period finishes at the end of January.

ADULT SOCIAL CARE DEPARTMENT**Revenue Budget as at 31st December 2017**

	Annual Budget £'000	Budget To Date £'000	Actual To Date £'000	Variance To Date (Overspend) £'000
<u>Expenditure</u>				
Employees	13,862	10,300	10,059	241
Other Premises	354	250	253	(3)
Supplies & Services	1,249	896	895	1
Aids & Adaptations	113	67	64	3
Transport	201	132	128	4
Food Provision	195	126	106	20
Contracts & SLAs	495	383	388	(5)
Emergency Duty Team	95	71	74	(3)
Other Agency	624	450	449	1
Payments To Providers	1,443	1,164	1,177	(13)
Contribution to Complex Care Pool	20,646	11,459	12,420	(961)
Total Expenditure	39,277	25,298	26,013	(715)
<u>Income</u>				
Sales & Rents Income	-307	-260	-284	24
Fees & Charges	-741	-555	-483	(72)
Reimbursements & Grant Income	-1,102	-558	-553	(5)
Transfer From Reserves	-631	0	0	0
Capitalised Salaries	-111	-83	-83	0
Government Grant Income	-854	-801	-811	10
Total Income	-3,746	-2,257	-2,214	(43)
Net Operational Expenditure	35,531	23,041	23,799	(758)
<u>Recharges</u>				
Premises Support	517	388	388	0
Asset Charges	83	0	0	0
Central Support Services	3,352	2,424	2,424	0
Internal Recharge Income	-1,795	-1,255	-1,255	0
Transport Recharges	497	282	282	0
Net Total Recharges	2,654	1,839	1,839	0
Net Department Expenditure	38,185	24,880	25,638	(758)

Comments on the above figures:

In overall terms, the Net Department Expenditure for the third quarter of the financial year is £203,000 under budget profile, excluding the Complex Care Pool.

Employee costs are currently £241,000 below budget profile. This is due to savings being made on vacancies within the department. The bulk of the staff savings are currently being made in the Care Management and Initial Assessment teams. These services have undergone a review, and a permanent savings target of £100,000 resulting from the deletion of a number of currently vacant posts has been agreed for the 2018/19 budget.

Fees & Charges income will struggle to achieve agreed budgets for the year. This is due to the Community Meals income target applied in 2016/17, and built into the 2017-18 base budget, which is not projected to be achieved. Estimates based on the third quarter's income indicate a net shortfall in the region of £90,000 for the full year. The impact of the shortfall in budgeted income has been reviewed as part of the process in setting the 2018/19 base budget position.

The above figures exclude the revenue budgets and costs for the recently purchased residential care homes, Madeline McKenna (purchased November 2017) and Millbrow (purchased December 2017). Funding has been identified to cover costs for the remainder of this financial year, and work is ongoing to ensure that the revenue costs are correctly budgeted for from the 2018/19 financial year onwards.

Capital Projects as at 31 December 2017

	2017-18 Capital Allocation £'000	Allocation To Date £'000	Actual Spend To Date £'000	Total Allocation Remaining £'000
Upgrade PNC	6	6	6	0
ALD Bungalows	199	0	0	199
Bredon Reconfiguration	56	56	56	0
Vine Street Development	100	10	9	91
Purchase of 2 Adapted Properties	520	0	0	520
Total	881	72	71	810

Comments on the above figures:

The £6,000 funding relating to the upgrading of the PNC represents the unspent capital allocation carried forward from the previous financial year to enable the scheme's completion. The scheme has now completed, with residual payments to match this allocation.

Building work on the ALD Bungalows is expected to be completed within the 2017/18 budget year with spend to match allocation.

The Bredon Reconfiguration project is funded from previous year's Adult Social Care capital grant. The scheme, which commenced in 2016/17 with a total project budget of £343,000 has now been completed. The final cost was £34,000 below the budget allocation. This saving has been used as a contribution towards the capital costs of the purchase of Millbrow residential home

The Vine Street Development project relates to the adaptation of the Mental Health Resource Centre in Widnes in order to better meet service user's needs. Construction is currently underway, with completion expected within the current financial year.

The £520,000 capital allocation for the purchase of 2 adapted properties relates to funding received from the Department Of Health under the Housing & Technology for People with

Learning Disabilities Capital Fund The funding is to be used for the purchase and adaptation of two properties to meet the particularly complex and unique needs of two service users. The scheme is anticipated to be completed in the final quarter of this financial year.

COMPLEX CARE POOL

Revenue Budget as at 31 December 2017

	Annual Budget	Budget To Date	Actual To Date	Variance To Date (Overspend)
	£'000	£'000	£'000	£'000
<u>Expenditure</u>				
Intermediate Care Services	4,677	2,874	2,543	331
End of Life	194	138	153	(15)
Sub-Acute	1,734	1,239	1230	9
Urgent Care Centres	815	428	401	27
Joint Equipment Store	616	334	482	(148)
CCG Contracts & SLA's	1,215	959	917	42
Intermediate Care Beds	596	447	447	0
BCF Schemes	2,836	1,312	1,284	28
Carers Breaks	434	247	208	39
Adult Health & Social Care Services:				
Residential & Nursing Care	21,631	13,914	14,112	(198)
Domiciliary & Supported Living	13,511	8,713	9,766	(1,053)
Direct Payments	6,937	5,759	6,442	(683)
Day Care	410	236	314	(78)
Total Expenditure	55,606	36,600	38,299	(1,699)
<u>Income</u>				
Residential & Nursing Income	-5,963	-3,828	-4,004	176
Domiciliary Income	-1,867	-1,163	-1,126	(37)
Direct Payments Income	-458	-286	-319	33
BCF	-9,661	-7,246	-7,246	0
Improved Better Care Fund	-2,974	-2,231	-2,231	0
CCG Contribution to Pool	-13,225	-9,982	-9,982	0
ILF	-699	-349	-349	0
All other income	-113	-56	-57	1
Total Income	-34,960	-25,141	-25,314	173
Net Operational Expenditure	20,646	11,459	12,985	(1,526)
Liability as per Joint Working Agreement (HCCG share - 37%)	0	0	-565	565
Adjusted Net Operational Expenditure	20,646	11,459	12,420	(961)

Comments on the above figures:

The overall net budget for the Complex Care Pool budget is £961,000 (including the HCCG liability share) over budget profile at the end of the third financial quarter. This is due, in the main, to the continued expenditure pressures on adult health and social care packages of care as reported in quarter two. The Pool Manager has put in place a financial recovery action plan, with performance against the plan being closely monitored on a fortnightly basis.

The recovery plan focuses attention on specific areas within health and social care budgets that may offer up opportunities to influence and deliver cost and efficiency savings, whether this is by undertaking targeted reviews and re-assessment of existing client care packages and funding arrangements, or by reviewing current policies and practice in relation to eligibility criteria etc. Some savings have already been made from this and as the process continues, it is envisaged more efficiencies can be found.

Intermediate Care Services are under budget profile by £331,000 due largely to a combination of a small number of staffing vacancies and reduced agency costs across the services.

Expenditure on End of Life services continues to exceed budget profile and is currently £15,000 over the expected budget to date. The year-end position is now expected to be approximately £20,000 over budget. This is a further reduction from that reported at quarter two as the service continues to deliver less hours.

The Urgent Care Centres net spend includes payments for the Rapid Clinical Assessment Team (RCAT) scheme which has now ended. This has resulted in a forecast £35,000 underspend for the financial year.

The Joint Equipment forecast out-turn position of £269,000 reported in Quarter two remains in place for Quarter three. However this is currently being investigated further as part of the pooled budget recovery plan and therefore the forecast may be revised down.

The Adult Health and Social Care net spend budget is currently £1,839,000 over budget profile and is expected to be circa £2,600,000 by end of the financial year. The pressure areas are analysed below:

Residential & Nursing Care

Continuing Health Care (CHC) and Joint Funded Care (JFC) packages are exerting pressure on the budget as an increasing number of people are deemed eligible for CHC. These service users are also receiving care for longer periods of time than previously. A number of these care packages are transitionally funded placements which are not being assessed within the 28 day timescale. As part of the recovery plan, the CHC team have been targeting these and there has been a marked improvement in the number of reviews being completed on time. Some of these packages have also been deemed not eligible for CHC and should therefore generate some additional income from client contributions.

Count and Spend:

The total number of clients receiving a permanent residential care package has increased from 599 clients in April to 611 clients in December. The average weekly cost of a permanent residential package of care decreased from £586 to £584 for the same period.

In addition to the above there are currently 35 out of Borough CHC placements and 18 joint funded CHC placements which command a higher weekly price. The in borough average placement costs are £647 per week whereas average out of borough placement costs are currently £978 per week.

In 2016/17 the rate for NHS-Funded Nursing Care (FNC) was increased from £112 per week to £156.25. This has subsequently been reviewed by Department of Health and the rate from April 2017 has been set at £155.05. This remains another pressure on the pool budget. There are currently 96 service users receiving FNC (increase of 4 since quarter two) and the financial impact of the extra costs for these clients is approximately £214,000 for 2017/18.

Domiciliary & Supported Living

The year-end forecast for domiciliary care joint funded packages has increased by £47,000 since quarter 2. The transitional domiciliary care package forecast has reduced by £115,000 mainly due to the reviews of existing client care packages and funding arrangements that have taken place.

The forecast CHC domiciliary care package has increased by £340,000 from quarter two. £258,000 of this is due to just 2 service users, one of which is receiving 1 to 1 care in an out of borough residential home and the other has gone from domiciliary care to supported living. This in itself demonstrates volatility in community care spend and how just a few high cost packages can make such a huge difference to outturn projections.

Long term (out of area) mental health service users previously living in hospitals have been brought back into the local community exerting extra cost pressure on the pooled budget. As part of the recovery plan Halton Clinical Commissioning Group Management Team have agreed to contribute £256,000 towards these packages.

Count and Spend:

The total number of clients receiving a domiciliary care package decreased by 1.02% from 788 clients in April to 780 clients in December. However, the average cost of domiciliary care package has increased by 8.2% from £299 in April to £323 in December.

Direct Payments

There is a net decrease of £45,000 since quarter two. This is mainly due to reimbursements from clients as a result of unspent Direct Payments found during the audit review process.

Count and Spend:

The total number of clients receiving a Direct Payment (DP) has increased by 2.8% from 470 clients in April to 483 clients in December. The average cost of a DP package has increased from £323 to £329 (an increase of 1.98%).

Contingency budget from the CCG minimum contribution to the Better Care Fund has been utilised to offset some of the pressures mentioned above. However the anticipated forecast overspend for the Complex Care Pool budget (before allowing for the HCCG's share of any liability) is expected to be circa £2,200,000 at year end. As stated above, a financial recovery action plan has already been implemented by the Pool Manager to look at reducing adult health and social care costs to bring the expenditure back in line with budget in order to ensure a balanced budget is achieved at year end.

Pooled Budget Capital Projects as at 31 December 2017

	2017-18 Capital Allocation £'000	Allocation To Date £'000	Actual Spend To Date £'000	Total Allocation Remaining £'000
Disabled Facilities Grant	749	485	478	271
Stair lifts (Adaptations Initiative)	300	225	219	81
RSL Adaptations (Joint Funding)	250	180	155	95
Millbrow Residential Home	925	725	725	200
Madeline McKenna Residential Home	450	305	305	145

Total	2,674	1,920	1,882	792
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Comments on the above figures:

Total DFG capital funding consists of £1,504,000 Disabled Facilities Grant (DFG) allocation for 2017/18 and £345,000 DFG funding carried forward from 2016/17, to fund ongoing expenditure. The allocation of the funding between DFGs, Stair Lifts and RSL adaptations will be reviewed during the year, and may be reallocated between these projects depending on demand. It is anticipated, however, that total spend on these three projects can be contained within the revised overall capital allocation.

The £450,000 allocated for the purchase of the Madeline McKenna residential home includes an allowance for the refurbishment of the premises. The purchase was completed in November 2017, and the establishment is now managed by Halton Borough Council's Adult Social Care department.

Capital allocations have been revised to incorporate the purchase and refurbishment of Millbrow residential home. The purchase was completed in December 2017, and is also now managed by Halton Borough Council's Adult Social Care department.

PUBLIC HEALTH & PUBLIC PROTECTION DEPARTMENT

Revenue Budget as at 31 December 2017

	Annual Budget £'000	Budget To Date £'000	Actual To Date £'000	Variance to Date (Overspend) £'000
<u>Expenditure</u>				
Employees	3,497	2,435	2,383	52
Other Premises	5	0	0	0
Supplies & Services	273	149	175	(26)
Contracts & SLA's	7,180	4,733	4,733	0
Transport	5	4	4	0
Other Agency	18	18	17	1
Total Expenditure	10,978	7,339	7,312	27
<u>Income</u>				
Other Fees & Charges	-76	-74	-60	(14)
Government Grant	-10,454	-7,237	-7,237	0
Reimbursements & Grant Income	-263	-218	-218	0
Transfer from Reserves	-652	-130	-130	0
Total Income	-11,445	-7,659	-7,645	(14)
Net Operational Expenditure	-467	-320	-333	13
<u>Recharges</u>				
Premises Support	127	95	95	0
Central Support Services	802	617	617	0
Transport Recharges	20	14	15	(1)
Support Income	-94	-23	-23	0

Net Total Recharges	855	703	704	(1)
Net Department Expenditure	388	383	371	12

Comments on the above figures

In overall terms, the Net Department Expenditure for the third quarter of the financial year is £12,000 under budget profile.

Employee costs are currently £52,000 under budget profile. This is due to savings being made on vacancies within both of the Environmental, Public Health & Health Protection and Health & Wellbeing Divisions. Most of these vacancies have been advertised and have been or are expected to be filled in the coming months. However if not appointed to, the current underspend will continue to increase beyond this level in the final quarter of the year.

Expenditure on Supplies & Services is currently £26,000 over budget profile. This is due to legal costs relating to a Trading Standards case. This case went to trial during the third quarter & therefore shouldn't continue to be a budget pressure for the remainder of 2017/18.

Other fees and charges income is currently showing £14,000 below budget profile, of which 50% relates to domestic pest control fees income underachieving. This will remain a budget pressure throughout the remainder of 2017/18 despite an in year budget realignment.

APPENDIX 2 – Explanation of Symbols

Symbols are used in the following manner:

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

Direction of Travel Indicator

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

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