

## Health Policy & Performance Board Priority Based Report

**Reporting Period:** Quarter 4 – Period 1<sup>st</sup> January – 31<sup>st</sup> March

### 1.0 Introduction

This report provides an overview of issues and progress against key service area objectives and milestones and performance targets, during the fourth quarter of 2019/20 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 fourth quarter which include:

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

##### **Care Management**

From March 2020 in response to the Covid-19 Pandemic, the care management service temporarily drew together its teams to form a new Single Point of Access (SPA) service, which was introduced to deal with **all** Adult Social Care enquiries/referrals. This involves Care Management Teams (IAT, CCR, CCW & SCIP) being reconfigured into a single team covering 7 days a week (8am – 6pm), with input from/working alongside staff in the Capacity & Demand Team/RARS/Community Therapy. Safeguarding, Mental Health and Transition Teams sitting behind the SPA and will take enquiries/referrals directly from the SPA, but not form part of the rota as outlined below. The new team included a management function, a screening team (of most experienced staff) and back office staff supporting the SPA. The team supported people to stay at home and worked closely with hospitals and the NHS during the crisis period.

**Mental Health Services:** the redevelopment and refurbishment of the Mental Health Resource Centre in Vine Street, Widnes, has been completed for some time now, and it has been used by a combination of borough council and NHS support and medical services for people with a range of mental health needs. As a result of Covid-19, the building has been closed until it is deemed to be safe enough to reopen. All borough council staff, including social workers based at the Brooker Unit, are now working from home, although direct contact is being maintained with all people known to the services, and all key statutory functions are being delivered. The Mental Health Outreach Team, which works with people with less complex mental health needs, is contacting all people referred to them on a regular basis, to check on their welfare.

The Halton Women's Centre: this service is based in Runcorn and is part of the service offer from the Mental Health Outreach Team. The service has recently obtained a considerable financial award, which will enable it to work closely with criminal justice and domestic violence services, to work with women who have offended or are at risk of offending. The service will support these women to access community supports, to manage their own physical and mental health, and to develop educational and career pathways

where appropriate. The funding is for one year and its effects will be evaluated throughout, to establish whether a further award should be sought.

24/7 Mental Health Crisis Line: as an immediate response to the coronavirus crisis, central government required all areas to set up and put in place a 24/7 mental health crisis line service, to be accessed by anyone with a mental health problem. Led by the North West Boroughs Mental Health Trust, this was established and operational within 10 days. Staffed by existing employees from within the Trust, this provides a service to children and young people, as well as adults; people can self-refer, and they do not need to be current patients of the Trust. At the point of contact, a detailed mental health initial triage assessment is completed, and people are then signposted to a full range of community support services, or are referred on for more intense mental health interventions. This development has been actively supported by the borough council, which was fully involved in its development and implementation. The service has strong links to the council's social care services and to the Emergency Duty Team. Contact information about the service has been circulated widely.

## **Public Health**

The Covid 19 pandemic has necessitated new ways of working and reaching people to take out priorities forward. We have been successful in this as evidenced by an increase in stop smoking referrals and quit rates and working with people through social media on healthy weight. We have also increased our level of breast feeding as new mothers are worried about infection and understand that breast feeding provides enhanced protection against infection.

### **3.0 Emerging Issues**

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

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

An action plan was developed, with a system wide oversight group, and various work streams commenced, including work on reviewing the IC criteria and associated pathways and a 'case for change' in respect to a future model for the delivery of IC services in Halton.

However, this work was 'paused' in March 2020, due to the priority focus being the management of the Coronavirus pandemic. As a result of the Pandemic and the need to ensure health and social care services could continue to effectively respond, there was a need to rapidly review service provision and introduce new ways of working. One of the unexpected outcomes of the Pandemic in Halton and the approach needing to be taken has been the ability to 'reset' the system in respect to being able to create capacity within Intermediate and Domiciliary Care Services and change pathways and associated processes. As a result of this, work recommenced in July 2020 on development of a new model for the provision of Intermediate Care in Halton. It's implementation will be progressed via the Intermediate Care Review Operational Group, which will shortly be re-established.

### **Care Homes:**

Two of the five in house care homes experienced an outbreak of coronavirus. Work is underway to ensure adequate preventative measures are in place to reduce the risk of further outbreaks.

Work is underway across the homes to ensure the welfare of residents, their families and staff are prioritised.

A review of staffing establishment across the division is being undertaken to ensure the services have the skills and expertise needed within the financial envelope available.

Visitors are welcome on site, all be it outside and social distanced, this is in addition to other communication methods, i.e. newsletters, face time telephone.

Halton Borough Council care homes are adapting to the new normal, and continuing to adjust to the changing landscape. The priority and focus will continue to be residents, their families and care staff, to ensure all have the support and expertise to maintain quality care provision at all times.

### **Mental Health Services**

The Review of the Mental Health Act: for some time, work has been taking place nationally to review and revise the current provisions of the Mental Health Act 1983. This has arisen because of concerns that too many compulsory admissions to hospital had been taking place, with a disproportionate impact on certain disadvantaged groups. Despite delays caused by the coronavirus, this work has been continuing, with considerable input from social care services. It is understood that further revisions are being considered, and any implementation of a new Act will be unlikely to take place within the next two years. This will require considerable revision of local policies and procedures.

The North West Boroughs Mental Health Trust: this Trust is the current provider of specialist mental health services to the local area, including all inpatient, outpatient and specialist community services for people with complex mental health needs. The Council has been notified that the Trust is in negotiation with MerseyCare, a neighbouring specialist mental health Trust, to take over the running of the Trust's mental health services. This will be the subject of extensive consultations and is not likely to take place for at least another twelve months. If agreed, then existing working relationships with the specialist mental health services will need to be renegotiated.

### **Public Health**

Cancer screening programmes were reduced during the Covid 19 outbreak and we are now promoting these to encourage early detection and 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 2018/19 Directorate Business Plans.

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

## 5.0 Progress against high priority equality actions

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

## 6.0 Performance Overview

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

### Commissioning and Complex Care Services

#### Adult Social Care

#### Key Objectives / milestones

Ref	Milestones	Q4 Progress
1A	Monitor the effectiveness of the Better Care Fund pooled budget ensuring that budget comes out on target	
1B	Integrate social services with community health services	
1C	Continue to monitor effectiveness of changes arising from review of services and support to children and adults with Autistic Spectrum Disorder.	
1D	Continue to implement the Local Dementia Strategy, to ensure effective services are in place.	
1E	Continue to work with the 5Boroughs NHS Foundation Trust proposals to redesign pathways for people with Acute Mental Health problems and services for older people with Mental Health problems.	
1F	The Homelessness strategy be kept under annual review to determine if any changes or updates are required.	
3A	Undertake on-going review and development of all commissioning strategies, aligning with Public Health and Clinical Commissioning Group, to enhance service delivery and continue cost effectiveness, and ensure appropriate governance controls are in place.	

### Supporting Commentary

1A. Work is progressing to review our approach to the pooled budget to ensure the budget comes out on target.

1B. This work continues with the Primary Care Networks and Bridgewater community NHS trust

1C. No information provided.

1D. During Q4 Plans were made to develop a multi agency Halton Dementia delivery plan group, to refresh the local Dementia delivery plan in light of developments and achievements since the previous Halton Dementia Strategy. Whilst the group did not have opportunity to meet before the COVID-19 lockdown, key stakeholders had been identified and contacted for representation. It is anticipated that this group will convene in some form post lockdown. Before lockdown, HBC ASC reps met with Alzheimer's Society policy leads, who had offered free support in the development of our local plan. Our previous strategy, progress against strategy objectives and proposed areas for future focus developed by HBC were sent to Alzheimer's Society for review and comment. During Q4 and the lockdown period, the community dementia care advisor service temporarily ceased group and face to face interventions, but continued with increased contact calls and responded to requests for support and information via phone/email. All community led dementia groups ie Hope café and Hospice café ceased during lockdown, but hope to reconvene as soon as is safe to do so.

(Amber RAG due to inevitable delay in progress against anticipated time scales, and temporary reduction in services due to COVID-19 lockdown)

1E. This work has been completed.

1F. Information currently unavailable.

3A. Integrated approaches commissioning are developing through the one Halton Commissioning Group

### **Key Performance Indicators**

<b>Older People:</b>						
<b>Ref</b>	<b>Measure</b>	<b>18/19 Actual</b>	<b>19/20 Target</b>	<b>Q4</b>	<b>Current Progress</b>	<b>Direction of travel</b>
ASC 01	Permanent Admissions to residential and nursing care homes per 100,000	623.31	635	460.09		

	population 65+ <b>Better Care Fund performance metric</b>					
ASC 02	Delayed transfers of care (delayed days) from hospital per 100,000 population. <b>Better Care Fund performance metric</b>	891 (three months to Feb 19)	1269 (three months to Feb 2020)	1504 (three months to Feb 2020)		
ASC 03	Total non-elective admissions in to hospital (general & acute), all age, per 100,000 population. <b>Better Care Fund performance metric</b>	4893	4920	4710 (Q4 Dec 2019 to March 2020)		
ASC 04	Proportion of Older People (65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services (ASCOF 2B) <b>Better Care Fund performance metric</b>	78%	63%	45%		N/A
<b>Adults with Learning and/or Physical Disabilities:</b>						
ASC 05a	Percentage of items of equipment and adaptations delivered within 5 working days (HICES)	N/A Merged data in 18/19	97%	96%		

ASC 05b	Percentage of items of equipment and adaptations delivered within 7 working days (VI/DRC/HMS)	N/A Merged data in 18/19	97%	98% (three months to Feb 2020)		N/A
ASC 06	Proportion of people in receipt of SDS (ASCOF 1C – people in receipt of long term support) (Part 1) SDS	78%	78%	72.8%		N/A
ASC 07	Proportion of people in receipt of SDS (ASCOF 1C – people in receipt of long term support) (Part 2) DP	36%	45%	29.8%		N/A
ASC 08	Proportion of adults with learning disabilities who live in their own home or with their family (ASCOF 1G)	86%	89%	91%		
ASC 9	Proportion of adults with learning disabilities who are in Employment (ASCOF 1E)	5%	5%	7.2%		
<b>Homelessness:</b>						
ASC 10	Homeless presentations made to the Local Authority for assistance In accordance with Homelessness Act 2017. Relief	117	500	N/A	N/A	N/A

	Prevention Homeless					
ASC 11	LA Accepted a statutory duty to homeless households in accordance with homelessness Act 2002	10	100	N/A	N/A	N/A
ASC 12	Homelessness prevention, where an applicant has been found to be eligible and unintentionally homeless.	6	17	N/A	N/A	N/A
ASC 13	Number of households living in Temporary Accommodation Hostel Bed & Breakfast	N/A	N/A	N/A	N/A	N/A
ASC 14	Households who considered themselves as homeless, who approached the LA housing advice service, and for whom housing advice casework intervention resolved their situation (the number divided by the number of thousand households in the Borough)	1.64 %	6.00 %	N/A	N/A	N/A
<b>Safeguarding:</b>						
ASC 15	Percentage of individuals involved in Section 42	N/A	TBC	N/A	<span style="background-color: yellow;">u</span>	N/A

	Safeguarding Enquiries					
ASC 16	Percentage of existing HBC Adult Social Care staff that have received Adult Safeguarding Training, including e-learning, in the last 3-years (denominator front line staff only).	61%	56%	61%		
ASC 17	The Proportion of People who use services who say that those services have made them feel safe and secure – Adult Social Care Survey (ASCOF 4B)	89%	82%	N/A	N/A	N/A
<b>Carers:</b>						
ASC 18	Proportion of Carers in receipt of Self Directed Support.	100%	99%	95.6%		
ASC 19	<i>Carer reported Quality of Life (ASCOF 1D, (this figure is based on combined responses of several questions to give an average value. A higher value shows good performance)</i>	7.6%	9%	N/A	N/A	N/A
ASC 20	<i>Overall satisfaction of carers with social services (ASCOF 3B)</i>	52.1 % 2018/ 19	50%	N/A	N/A	N/A

ASC 21	The proportion of carers who report that they have been included or consulted in discussions about the person they care for (ASCOF 3C)	77.6 % 2018/ 19	80%	N/A	N/A	N/A
ASC 22	Do care and support services help to have a better quality of life? (ASC survey Q 2b) <b>Better Care Fund performance metric</b>	89.1 %	93%	N/A	N/A	N/A

Supporting Commentary:

**Older People:**

ASC 01 Due to the COVID-19 outbreak there has been a delay in collating data from the reporting system. This data has not yet been thoroughly cleansed and is still subject to change following validations.

ASC 02 There was an increase in delayed transfers of care towards the end of 2019/20. Feb 2020 is the last month for which data is available as, due to covid-19 the data reporting for this metric has been suspended centrally.

ASC 03 The CCG achieved the Q4 target, Although this was due to the impact of Covid19 in late March, this reduced the number of people attending A&E and consequently the number of non-elective admissions. For the first two months of Q4 the CCG was slightly over plan (3295 v 3208) however March was almost 300 under plan (1415 v 1712) this resulted in the CCG being 210 under plan for Q4

ASC 04 Due to the COVID-19 outbreak there has been a delay in collating data from the reporting system. This data has not yet been thoroughly cleansed and is still subject to change following validations.

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

ASC 05a Due to the COVID-19 outbreak there has been a delay in collating data from the reporting system. This data has not yet been thoroughly cleansed and is still subject to change following validations.

ASC 05b Due to the COVID-19 outbreak there has been a delay in collating data from the reporting system. This data has not yet been thoroughly cleansed and is still subject to change following validations.

ASC 06 Due to the COVID-19 outbreak there has been a delay in collating data from the reporting system. This data has not yet been thoroughly cleansed and is still subject to change following validations.

ASC 07 Due to the COVID-19 outbreak there has been a delay in collating data from the reporting system. This data has not yet been thoroughly cleansed and is still subject to change following validations.

ASC 08 Due to the COVID-19 outbreak there has been a delay in collating data from the reporting system. This data has not yet been thoroughly cleansed and is still subject to change following validations.

ASC 09 Due to the COVID-19 outbreak there has been a delay in collating data from the reporting system. This data has not yet been thoroughly cleansed and is still subject to change following validations.

**Homelessness:**

ASC 10 Information currently unavailable

ASC 11 Information currently unavailable

ASC 12 Information currently unavailable

ASC 13 Information currently unavailable

ASC 14 Information currently unavailable

**Safeguarding:**

ASC 15 Due to the COVID-19 outbreak there has been a delay in collating data from the reporting system. This data has not yet been thoroughly cleansed and is still subject to change following validations.

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

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

**Carers:**

ASC 18 Due to the COVID-19 outbreak there has been a delay in collating data from the reporting system. This data has not yet been thoroughly cleansed and is still subject to change following validations.

ASC 19	This is the Biennial Carers Survey which will commence in December 2020
ASC 20	This is the Biennial Carers Survey which will commence in December 2020
ASC 21	This is the Biennial Carers Survey which will commence in December 2020
ASC 22	This is the Biennial Carers Survey which will commence in December 2020

## **Public Health**

### **Key Objectives / milestones**

<b>Ref</b>	<b>Milestones</b>	<b>Q4 Progress</b>
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	Work with partners to continue to expand early diagnosis and treatment of respiratory disease including Lung Age Checks, and improving respiratory pathways.	
PH 01d	Increase the number of people achieving a healthy lifestyle in terms of physical activity, healthy eating and drinking within recommended levels.	
PH 02a	Facilitate the Healthy child programme which focusses on a universal preventative service, providing families with a programme of screening, immunisation, health and development reviews, and health, well-being and parenting advice for ages 2½ years and 5 years.	
PH 02b	Maintain and develop an enhanced offer through the 0-19 programme for families requiring additional support, For example: teenage parents (through Family Nurse Partnership), Care leavers and support (when needed) following the 2 year integrated assessment.	
PH 02c	Maintain and develop an offer for families to help their child to have a healthy weight, including encouraging breastfeeding, infant feeding support, healthy family diets, physical activity and support to families with children who are overweight.	
PH 03a	Continue to develop opportunities for older people to engage in community and social activities to reduce isolation and loneliness and promote social inclusion and activity.	

PH 03b	Review and evaluate the performance of the integrated falls pathway.	
PH 03c	Work with partners to promote the uptake and increase accessibility of flu and Pneumonia vaccinations for appropriate age groups in older age.	
PH 04a	Work in partnership to reduce the number of young people (under 18) being admitted to hospital due to alcohol.	
PH 04b	Raise awareness within the local community of safe drinking recommendations and local alcohol support services through delivering alcohol awareness campaigns, alcohol health education events across the borough and ensuring key staff are trained in alcohol identification and brief advice (alcohol IBA).	
PH 04c	Ensure those identified as having an alcohol misuse problem can access effective alcohol treatment services and recovery support in the community and within secondary care.	
PH 05a	Work with schools, parents, carers and children's centres to improve the social and emotional health of children.	
PH 05b	Implementation of the Suicide Action Plan.	
PH 05c	Provide training to front line settings and work to implement workplace mental health programmes.	

### **Supporting Commentary**

<b>PH 01a</b>	<p><b>Supporting commentary</b></p> <p>Halton Stop Smoking Service continues to support local people to stop smoking, extra emphasis is placed on routine and manual workers and pregnant women where extra support is required. To date Halton Stop Smoking Service has supported 76 pregnant smokers in their quit attempts of which 35 pregnant smokers successfully quit - achieving a quit rate of 46%. The service works closely with the Midwifery service to maintain established relationships via support and training to increase maternal referrals. All pregnant smokers are offered home visits to reduce stigma and encourage other family members to stop smoking.</p> <p>Among the Routine and Manual group, there have been 226 smokers accessing the service and 132 smokers quitting which is a quit rate of 58%. The service has seen an increase in throughput and quitting for this target group from the same period last year which was 172 accessing the service and 109 quitting. This is as a result of increasing delivery of the service in GP settings and workplaces. The service now delivers in 9 GP settings, 8 Community settings, 1 Respiratory Health Hub and Workplaces when possible.</p>
<b>PH 01b</b>	<p><b>Supporting commentary</b></p> <p>Health Improvement team have continued to work with partners to increase awareness of cancer screening programmes and increase uptake.</p> <p>As a result of Covid, while no national decision was made to suspend cancer screening programmes, many providers halted programmes from mid-end of March and activity to promote uptake has temporarily ceased.</p>

<p><b>PH 01c</b></p>	<p><b>Supporting commentary</b></p> <p>The Stop Smoking Service continue to deliver Lung Age checks to clients aged 35yrs and over as per NICE guidelines for COPD during consultations with clients and refer appropriately those clients that may need further investigation to GP's. To date the service has delivered 242 Lung Age checks and referred 16 clients to GP's for further investigation. The Stop Smoking Service has also delivered 9 sessions of Lung Age checks in 6 workplaces and offers weekly support to the new Respiratory Health Hub based in the Urgent Care Centre. All referrals into the service from the Respiratory Health team are offered home visits.</p> <p>Health Improvement Services are engaged with multiple partners on the Respiratory Steering group co-ordinated by Halton CCG, aimed at improving respiratory pathways. The programme was continuing to roll out with a soft launch underway in Knowsley and Halton due to go live towards March. The programme has been suspended as a result of covid. Early indications show that good success was being achieved in Knowsley in terms of access, uptake and positive outcomes.</p>
<p><b>PH 01d</b></p>	<p><b>Supporting commentary</b></p> <p>Halton Weight Management Service has had over 150 new referrals in Q4. The service continued to provide healthy lifestyle advice and physical activity on a weekly basis to overweight Halton residents. The tier 2 group based approach is supplemented by an integrated tier 3 service for those requiring dietetic input. Following the 23<sup>rd</sup> March all weight management services switched to a remote phone and electronic offer.</p> <p>Physical activity sessions continued to be provided for clients with a history of cardiac, respiratory, neurological or chronic pain diagnoses. Specialist gym based sessions have also continued, aimed at assisting with re-introducing clients to exercise that have had physical or mental barriers to engaging previously.</p> <p>Active Halton meetings continue and action plan is continuously being worked on.</p> <p>All schools are offered health checks and training around healthy lifestyles. Healthy lifestyles for the staff is promoted as part of the healthy schools ethos.</p>
<p><b>PH 02a</b></p>	<p><b>Supporting commentary</b></p> <p>The Bridgewater 0-19 service, including health visitors, school nurses and Family Nurse Partnership (FNP) continued to deliver all the elements of the Healthy Child programme to families in Halton, until it was limited due to lockdown on 23<sup>rd</sup> March, when national advice was for only essential elements of the service to continue. Until lockdown the programme continued to have a health visitor working on the Talk Halton project, providing leadership to improve language and communication in preschool children and role was also developing an improved model for the delivery of the two year integrated review.</p>
<p><b>PH 02b</b></p>	<p><b>Supporting commentary</b></p> <p>The Family Nurse Partnership service continues to be fully operational and works intensively with first time, teenage mothers and their families. The Family Nurse Partnership programme is incorporating personalisation into their programme delivery. They continued to operate, largely through remote access following lockdown.</p>

<p><b>PH 02c</b></p>	<p><b>Supporting commentary</b>  Infant feeding support given to all mothers post discharge on Breastfeeding support or artificial feeding advice (pace and responsive feeding) ISF workshops available fortnightly. Healthy family Diets/ PA support is part Healthy schools, Triple P parenting courses and Fit 4 life; camp, dietician support, Outreach and Parent Bitesize. Staff training available on brief lifestyle intervention to all practitioners working with children and families being delivered via skype video.</p> <p><b><u>Data October – March</u></b></p> <p><b><u>Infant Feeding</u></b>  BF support calls - 815  Postnatal Breastfeeding Home Visit Appointments - 254  AF support calls - 208  AN calls - 4  Your baby and you workshops (AN) 95 mums-to-be + 63 partners  6 wk calls - 176</p> <p><b><u>ISF</u></b>  ISF calls = 3  Workshop sessions - 112 mums + 25 partners</p> <p><b><u>HHEYS</u></b>  61 setting accessing HHEYS award and sessions (including mental health awareness, MECC, ISF)  206 staff engaged in sessions</p> <p><b><u>Healthy schools Q4</u></b>  149 sessions delivered through the program (including; fit4Life, Tobacco, alcohol, esafety)  35 healthy schools awards processed through school visit  1716 pupils engaged in programme</p> <p><b><u>Fit4Life</u></b>  Outreach sessions – 14 sessions 206 people attending  CYP – Brief lifestyle training – 8 sessions 79 people attending</p>
<p><b>PH 03a</b></p>	<p><b>Supporting commentary</b>  The Campaign to End Loneliness #HaltOnLoneliness continues to be promoted across the borough with partner agencies. We have ran a number of events encouraging older people to get together and make new friends.. In October for Older People Day we held a free Get Together where 70 people attend at Grangeway and 80 people at Upton Community Centre. Everyone had a great time. In December we organised a Christmas Party for 130 Older people at the Holiday Inn in Runcorn. There was a three course meal, live entertainment and a gift provided. We had great feedback from the event. We ran an Active Ageing event for a group of adults with learning disability and an event with Onward Housing to promote positive wellbeing for their tenants including support to tackle loneliness.</p>

In February we supported Age UK Mid Mersey to roll out their Do You See Me campaign. The campaign is about challenging people's perception of older people. As part of this we undertook an intergenerational project with a group of beauty therapy students who were due to commence a work placement in a sheltered housing scheme and care home setting that we had organised. The session was about challenging their perceptions and making them realise that regardless of age we all shared common interests. Following the session the student went on to spend time within a number of care settings and spent time talking to older people and sharing stories. Unfortunately due to COVID19 and the lockdown measures this had to stop in March however we hope to restart this in the future.

In March, before the lockdown, we promoted the March on Loneliness campaign, where we were encouraging people across the Borough to March on Loneliness, any time any place and share their photos on social media using the Hashtag @HalOnLoneliness. We involved care home residents providing them with Pedometers and setting the challenge for them to count their steps in aid of the campaign and post on social media. . It helped encourage people be more active as well as raise awareness of loneliness.

Between October and March we have ran 4 Age Well Training sessions which are aimed at front line professionals working with people in the community, to make them aware of the issues of loneliness and what support is available. We have trained 48 people within this period.

**PPH 03b**

**Supporting commentary**

The falls Steering group continues to meet on a Bi Monthly basis. The membership of the group consists of wide representation from local stakeholders including, Halton Borough Council – Public Health, Adult Social Care, Bridgewater Community NHS Trust, Halton CCG, Warrington and Halton NHS Hospital Trust, Northwest Ambulance Service (NWAS), Primary Care colleagues and voluntary sector colleagues i.e. Age UK Mid Mersey, British Red Cross.

The Falls steering group has overseen a number of collaborative promotional campaigns/ events to provide advice and guidance to the local community on how to prevent or reduce the risk of a fall. We organized a collaborative community falls prevention event in February 2020 which was well attended by the community.

In collaboration with Active Halton the steering group has ensured that there are sufficient opportunities across the borough to encourage older people to engage in some form of physical activity. In this quarter a number of new community classes have been developed that include Stay Strong Stay Steady, Rock Steady, Active Bingo, and Chair based exercise class. There have also been an increase in the number of health walks taking place across the borough, the latest being ran by British Red Cross in Victoria Park.

A specific work stream has also been undertaken in care homes to improve the overall wellbeing of residents and to reduce their risk of falls. In December we ran a Shimmer my Zimmer competition where by residents were invited to

personalize their walking frames with Christmas theme designs. This is an evidence based initiatives that has been seen to reduce the risk of falls in care homes by 60%. 21 residents over 7 care homes took part in this competition.

A falls triage pilot commenced in September 2019 with a controlled group of people who are deemed at risk of falls. The aim of this pilot is to review the patient’s journey, map the various referral pathways and to see where the greatest demand is on local treatment services. Intelligence gathered from this pilot will enable the Falls steering group to make recommendations and inform the commissioning of an integrated, evidenced based, falls prevention pathway across Halton. Up to the end of February 2020 460 falls incident forms have been triaged which is an average of 17 per week. These have all resulted in onwards referrals to the most appropriate service.

65% of the total number of incident were people who had fallen on more than one occasion. Key Findings:

- o 25% of the repeated faller cases were already open to a Social Worker or Occupational Therapist, who were notified of the falls.
- o 13% were referred onto the Falls Intervention Service.
- o 13% underwent a further triage phone call to determine the correct service to refer onto
- o 10% were referred onto the Rapid Access Rehabilitation Service.
- o 10% declined any intervention
- o 6% were admitted into hospital

35% of the total number of incidents were single cases of falls. Key findings:

- o 35% of these incidents received an information pack with the relevant information to be able to self-refer to falls services
- o 15% were admitted into hospital
- o 16% were already open to a worker and the worker was notified of the fall.
- o 7% referred to RARS
- o 7% Declined any intervention

A report reviewing the progress of the integrated pathway and key findings was due to be presented to the Health and Wellbeing Board on the 25th March however this meeting was subsequently canceled with the outbreak of COVID19 and the lockdown measures put in place.

<b>PH 03c</b>	<b>Supporting commentary</b>
<b>PH 04a</b>	<p>Flu activity continued through the quarter with an extension of the provision through GP practices as a result of previous delays in vaccine supply. There was an improvement on the Q2 position but the final out turn was still below target levels.</p> <p><b>Supporting commentary</b></p> <p>Halton continues to work towards a reduction in the number of young people admitted to hospital due to alcohol. The Youth Service provides interventions and support for young people, and the Healthy Schools programme contains elements of information and awareness regarding substance misuse.</p>

<p><b>PH 04b</b></p>	<p><b>Supporting commentary</b></p> <p>Halton continues to work through the objectives of the alcohol strategy and engage partners in approaches to reduce the impact of harmful drinking. We have been successful in a bid across C&amp;M for the delivery of Fibroscan machines which are able to identify early effects of alcohol harm on the liver. Two of these machines will initially be available in the Halton area and hope to identify liver problems early and further enable discussions about alcohol harms.</p> <p>Awareness is raised within the local community of safe drinking recommendations and local alcohol support services through social media campaign messages and promotion events across the borough. We are working with partner organisations to influence government policy and initiatives around alcohol such as the 50p minimum unit price for alcohol, restrictions of alcohol marketing and public health as a fifth licensing objective.</p> <p>The Stop Smoking Service continues to deliver Audit C screening and offers Brief Advice, when appropriate, during consultations with clients who are stopping smoking and who also wish to reduce their alcohol intake. To date over 646 clients have received Audit C screening from the Stop Smoking Service.</p> <p>Health Trainers also continue to deliver Audit C screening as part of Health Checks.</p>
<p><b>PH 04c</b></p>	<p><b>Supporting commentary</b></p> <p>We continue to monitor activity of the commissioned drug and alcohol misuse service through CGL and see good numbers of people referred for treatment and support. The quarter saw the start of work with the Homeless Hostels to provide a dedicated nursing service as well as increased access to detoxification services. The completion of treatment rate for Halton continues to be above the PHE and CGL national average.</p>
<p><b>PH 05a</b></p>	<p><b>Supporting commentary</b></p> <p>The Health Improvement Team provide a whole setting approach to schools and early years settings to support them to improve the mental health and wellbeing of their setting.</p> <ul style="list-style-type: none"> <li>- 11 schools are currently engaged</li> <li>- 29 early years setting or child minders are engaged</li> </ul>
<p><b>PH 05b</b></p>	<p>The Suicide prevention action plan is continuously updated and implemented. The plan links closely with the Cheshire and Merseyside No More Suicides strategy. Champs are leading on an area-collaborative approach to gain Suicide Safer Community Status.</p> <p>A real time surveillance intelligence flow is in place which enables faster identification of potential trends and clusters but also provides an opportunity for population level interventions when details of potential suicides are received. The suicide prevention campaign toolkit is being revisited with a view to be updated reflecting emerging risks in the current pandemic. A task and finish group has been established to plan additional work that can be carried out to mitigate against those at increased risk of</p>

suicide due to the pandemic. The local anti stigma Time to Change Halton campaign tackling mental health stigma in young people and adult men had to adapt to having a more online presence due to the pandemic. Work has still been taking place with champions to develop local resources for when lockdown has eased including Local Time to Change Champions (all of who are male) developing a series of videos to share their lived experience and tackle mental health stigma. Champs work to address: self harm, middle aged men, quality improvement within mental health trusts, primary care staff, workforce development training and developing a lived experience network has been placed on hold due to the pandemic. A new local Mental Health website has been launched with the aim of supporting those who work and live in Halton to navigate support available. Since its launch on 14<sup>th</sup> of February it has received **1288** page views with **211** being covid related. A new local mental health crisis telephone number was launched during the pandemic and is available 24 hours a day for both children and young people and adults. **49** Halton residents have accessed the information for needing help now in a mental health crisis via the local mental Health info point web page in Q4.

<b>PH 05c</b>	<b>Supporting commentary</b>	
	A variety of training is provided to early years settings, schools, workplaces and the community.	
	Mental health awareness training for adults	32
	Mental health awareness for managers	22
	Stress Awareness training for adults	85
	Stress Awareness training for managers	0
	Suicide Awareness training	26
	Mental health awareness for early years settings	21
Mental Health awareness training for staff who work with CYP	53	
Self Harm awareness training for staff who work with CYP	35	

### Key Performance Indicators

Ref	Measure	17/18 Actual	18/19 Target	Q4	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)	64.5% (2017/18)	66.5% (2018/19)	66.1% (2018/19)		
PH LI 02a	Adults achieving recommended levels of	62.8% (2017/18)	64.2% (2018/19)	68.6% (2018/19)		

	physical activity (% of adults aged 19+ that achieve 150+ minutes of moderate intensity equivalent per week)					
PH LI 02b	Alcohol-related admission episodes – narrow definition (Directly Standardised Rate per 100,000 population)	862.71 (2018/19)	848.0 (2019/20)	894.6 (2019/20) Provisional		
PH LI 02c	Under-18 alcohol-specific admission episodes (crude rate per 100,000 population)	58.6 (2016/17-18/19)	55.6 (2017/18-2019/20)	59.4 (2017/18-2019/20)		
PH LI 03a	Smoking prevalence (% of adults who currently smoke)	15.0% (2017)	14.8% (2018)	17.9% (2018)		
PH LI 03b	Prevalence of adult obesity (% of adults estimated to be obese)	33.7% (2017/18)	33.2% (2018/19)	Annual Data		
PH LI 03c	Mortality from cardiovascular disease at ages under 75 (Directly Standardised Rate per 100,000 population) <i>Published data based on calendar year, please note year for targets</i>	88.4 (2016-18)	88.9 (2017-19)	85.3 (2017-19) Provisional		

PH LI 03d	Mortality from cancer at ages under 75 (Directly Standardised Rate per 100,000 population) <i>Published data based on calendar year, please note year for targets</i>	170.9 (2016-18)	170.9 (2017-19)	167.0 (2017-19) Provisional		
PH LI 03e	Mortality from respiratory disease at ages under 75 (Directly Standardised Rate per 100,000 population) <i>Published data based on calendar year, please note year for targets</i>	53.5 (2016-18)	50.5 (2017-19)	52.5 (2017-19) Provisional		
PH LI 04a	Self-harm hospital admissions (Emergency admissions, all ages, directly standardised rate per 100,000 population)	349.7 (2018/19)	337.7 (2019/20)	388.3 (2019/20) Provisional		
PH LI 04b	Self-reported wellbeing: % of people with a low happiness score	9.7% (2017/18)	9.4% (2018/19)	7.2% (2018/19)		
PH LI 05ai	<b>Male</b> Life expectancy at age 65 (Average number of years a person would expect to live based on	17.5 (2015-17)	17.6 (2016-18)	17.4 (2016-18)		

	contemporary mortality rates) <i>Published data based on 3 calendar years, please note year for targets</i>					
PH LI 05aii	<b>Female</b> Life expectancy at age 65 (Average number of years a person would expect to live based on contemporary mortality rates) <i>Published data based on 3 calendar years, please note year for targets</i>	19.3 (2015-17)	19.4 (2016-18)	19.7 (2016-18)		
PH LI 05b	Emergency admissions due to injuries resulting from falls in the over 65s (Directly Standardised Rate, per 100,000 population; PHOF definition)	2970.0 (2018/19)	2900.0 (2019/20)	2833.6 (2019/20) Provisional		
PH LI 05c	Flu vaccination at age 65+ (% of eligible adults aged 65+ who received the flu vaccine, GP registered population)	72.0% (2018/19)	75.0% (2019/20)	71.6% (2019/20)		

### Supporting Commentary

**PH LI 01** - The percentage increased in 2018/19, and has failed to meet the set target.

**PH LI 02a** - The percentage increased in 2018/19 and met the set target.

**PH LI 02b** - Provisional data for 2019/20 indicates that, the target was not met for alcohol-related admissions episodes. The rate of admissions exceeded the target and was higher than the rate seen in 2018/19.

Data is provisional; published data will be released later in the year

**PH LI 02c** - Provisional data for 2017/18-2019/20 indicates that the target was not met for alcohol-specific admissions among those aged under 18. The rate of admissions exceeded the target and was slightly higher than the rate seen in 2018/19.

Data is provisional; published data will be released later in the year

**PH LI 03a** - Data was fed back in the Q3 2019/20 QMR document and is published annually. The next smoking prevalence data (for 2019) should be available after July 2020.

**PH LI 03b** – Data is released annually.

**PH LI 03c** - Provisional data suggests that the target has been met. This is due to the rate decreasing since 2016-18.

**PH LI 03d** – Provisional data suggests that the target has been met. This is due to the rate decreasing since 2016-18.

**PH LI 03e** - Provisional data indicates that it is unlikely the 2017-19 target will be met. However, the rate did decrease slightly from 2016-18.

**PH LI 04a** - Provisional data indicates the target for self-harm admissions (all ages) was not achieved for 2019/20. The rate for 2019/20 also shows an increase from the previous year.

Data is provisional; published data will be released later in the year

**PH LI 04b** - The percentage decreased during 2018/19, which means the target was met.

**PH LI 05ai** - The target for 2016-18 wasn't met and the male life expectancy at age 65 has decreased very slightly from the previous year.

**PH LI 05aii** – The target for 2016-18 was met and the female life expectancy at age 65 has increased from the previous year

**PH LI 05b** – Provisional data indicates the target for falls admissions (ages 65+) was achieved for 2019/20. The rate for the year was lower than the target and the equivalent rate for 2018/19.

Data is provisional; published data will be released later in the year

**PH LI 05c** - The target for 2019/20 was not achieved and the achievement for this year remains below the national 75% target

## **APPENDIX 1 – Financial Statements**

### **ADULT SOCIAL CARE DEPARTMENT**

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

	Annual Budget	Actual Spend	Variance (Overspend)
	£'000	£'000	£'000
<b><u>Expenditure Excluding Care Homes</u></b>			
Employees	13,858	13,712	146
Premises	429	445	(16)
Supplies & Services	950	970	(20)
Aids & Adaptations	113	101	12
Transport	228	257	(29)
Food Provision	174	182	(8)
Contracts & SLAs	536	544	(8)
Emergency Duty Team	100	108	(8)
Agency	703	713	(10)
Payments To Providers	1,492	1,493	(1)
Revenue Contrib.To Capital	44	44	0
<b>Total Expenditure</b>	<b>18,627</b>	<b>18,569</b>	<b>58</b>
<b><u>Income Excluding Care Homes</u></b>			
Sales & Rents Income	-369	-352	(17)
Fees & Charges	-676	-688	12
Reimbursements & Grant Income	-1,100	-1,110	10
Transfer From Reserves	-1,382	-1,382	0
Capitalised Salaries	-111	-121	10
Government Grant Income	-882	-885	3
<b>Total Income</b>	<b>-4,520</b>	<b>-4538</b>	<b>18</b>
<b>Net Operational Spend Excluding Care Homes</b>	<b>14,107</b>	<b>14,031</b>	<b>76</b>
<b><u>Recharges</u></b>			
Premises Support	490	490	0
Asset Charges	246	246	0
Central Support Services	3,027	3,027	0
Internal Recharge Income	-167	-167	0
Transport Recharges	648	648	0
<b>Net Total Recharges</b>	<b>4,244</b>	<b>4,244</b>	<b>0</b>
<b>Net Department Expenditure Excluding Care Homes</b>	<b>18,351</b>	<b>18,275</b>	<b>76</b>
<b>Care Homes Net Expenditure</b>	<b>3,905</b>	<b>5,046</b>	<b>(1,141)</b>
<b>Net Department Expenditure Including Care Homes</b>	<b>22,256</b>	<b>23,321</b>	<b>(1,065)</b>

## Comments on the above figures

In overall terms, the Net Department Expenditure, excluding the Complex Care Pool and Care Homes division, was £76,000 below budget at the end of the of the 2019/20 financial year. The budget savings approved by Council in March 2019 in relation to the 2019/20 base budget were achieved in full.

A net overspend of £1,141,000 against budget was recorded for the Care Homes Division, further narrative is recorded below. Overall this results in a net overspend for the Adult Social Care Department (excluding the Complex Care Pool) of £1,065,000.

The financial report includes expenditure and income related to the Housing Solutions division, which includes the Housing Solutions advisory service, 2 permanent and 1 temporary traveller sites, and the grant-funded Syrian Resettlement Programme. These services have a combined net budget of £604,000, expenditure was to budget for the year.

Employee costs were £146,000 under budget, due to savings made on vacancies within the department. Employee budgets are based on full time equivalent staffing numbers of 427. The staff turnover saving target in relation to vacant posts is £502,000, and this was achieved in full.

A number of new contracts in relation to transport for Adults with Learning Difficulties commenced in the third quarter of the financial year, resulting in an overspend of £29,000 for the year. Whilst this overspend was offset by savings in staff costs consideration will need to be given as to how these increased costs will be funded from the 2020/21 budget year onwards.

## CARE HOMES DIVISION

### Revenue Budget as at 31st March 2020

	Annual Budget £'000	Actual Spend £'000	Variance (Overspend) £'000
<b><u>Expenditure</u></b>			
Madeline McKenna	530	713	(183)
Millbrow	1,580	2,141	(561)
St Luke's	1,054	1,398	(344)
St Patrick's	741	794	(53)
<b>Net Division Expenditure</b>	<b>3,905</b>	<b>5,046</b>	<b>(1,141)</b>

## Comments on the above figures

Overall the Net Care Homes Divisional Expenditure is £1,141,000 over budget at the end of the financial year.

The Care Homes Division was created during the third quarter of 2019/20 after the acquisition of two additional homes, St Luke's in Runcorn and St Patrick's in Widnes in

October 2019. The new Care Homes Division contains 4 homes, Madeline McKenna and Millbrow which transferred from the Complex Care Pool Division, along with the new homes, St Luke's and St Patrick's. They have a combined budget of £3.905M based on 100% occupancy levels.

### **Madeline McKenna Care Home**

Madeline McKenna is a 23 bed residential care home with a budget of £530,000. At the end of the financial year the net expenditure is £183,000 over budget.

Employee related expenditure is £119,000 over budget, with £46,000 spent on overtime and £104,000 on agency staff covering vacant posts. Following an in year staffing restructure, vacancies have been advertised and most have been now been filled. However, the restructure included the harmonisation of terms and conditions that has added pressure to the staffing budget and this will continue to be a budget pressure in 2020/21.

Premises related expenditure is £58,000 over budget. The main areas of concern are repairs and maintenance to the building and utility bills. The costs for repairs and maintenance will continue to be a budget pressure in 2020/21.

### **Millbrow Care Home**

Millbrow is a 44 bed residential and nursing care home with a budget of £1,580,000. At the end of the financial year, Millbrow's net expenditure is £561,000 over budget profile.

Employee related expenditure is £533,000 over budget, with £34,000 spent on overtime and £1,120,000 on agency staff covering vacant posts. Following an in year staffing restructure, vacancies have been advertised and most have now been filled. However, the restructure included the harmonisation of terms and conditions that has added pressure to the staffing budget and this will continue to be a budget pressure in 2020/21.

Premises related expenditure is £17,000 over budget. The main area of concern is repairs and maintenance to the building. However, a major refurbishment of the home is planned to start at the beginning of the 2020/21 financial year, which should in the medium-long term reduce expenditure in this area.

Expenditure on food provision is £14,000 over budget profile. This is despite an increase in budget from 2018/19 of £12,000. With the council's increased portfolio of care homes, this has opened up procurement opportunities, which could produce cost savings in this area amongst others in 2020/21.

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

St Luke's is a 56 bed care home providing residential and nursing care specialising in support for older people with dementia. Halton Borough Council acquired the care home in October 2019. The budget is £1,054,000. At the end of the financial year, St Luke's net expenditure is £344,000 over budget.

Employee related expenditure is £251,000 over budget, with £48,000 spent on overtime and £387,000 on agency staff covering vacant posts following the transfer of staff to Halton Borough Council. Work is already underway to review the staffing requirements for rotas at the care home. However, this will continue to be a budget pressure in 2020/21.

Premises related expenditure is £41,000 over budget. The main areas of concern are repairs and maintenance to the building and utility bills. The costs for repairs and maintenance will continue to be a budget pressure in 2020/21. Halton Borough Council inherited the utility suppliers, but arrangements have been made to transfer to corporate contracts.

Expenditure on food provision is £33,000 over budget. With the council's increased portfolio of care homes, this has opened up procurement opportunities, which could produce cost savings in this area amongst others in 2020/21.

### **St Patrick's Care Home**

St Patrick's is a 40 bed dementia care nursing home. Halton Borough Council acquired the care home in October 2019. The budget is £741,000. At the end of the financial year, St Patrick's net expenditure is £53,000 over budget.

Employee related expenditure is £24,000 over budget, with £30,000 spent on overtime and £126,000 on agency staff covering vacant posts following the transfer of staff to Halton Borough Council. Work is already underway to review the staffing requirements for rotas at the care home. However, this will continue to be a budget pressure in 2020/21.

Premises related expenditure is £10,000 over budget. The main areas of concern are repairs and maintenance to the building and utility bills. The costs for repairs and maintenance will continue to be a budget pressure in 2020/21. Halton Borough Council inherited the utility suppliers, but arrangements have been made to transfer to corporate contracts.

This new division needs to be carefully monitored and will continue to be a pressure on the Council's budget in 2020/21.

### **Capital Projects as at 31<sup>st</sup> March 2020**

	2019-20 Capital Allocation £'000	Actual Spend £'000	Total Allocation Remaining £'000
Bredon	30	28	2
Carefirst Upgrade	362	362	0
Orchard House	407	215	192
Purchase of 2 Adapted Properties	512	142	370
<b>Total</b>	<b>1,311</b>	<b>747</b>	<b>564</b>

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

The Orchard House allocation relates to the purchase and re-modelling of a previously vacant property, to provide accommodation for young adults who have a Learning Disability and Autism. The scheme was approved by Council on 15 November 2018. The £407,000 capital allocation reflected the projected remodelling and refurbishment costs of the property following its purchase in March 2019. The remaining capital allocation has been

carried forward to 2020/21, which, together with additional confirmed funding from NHS England, will enable the scheme's completion.

The capital allocation for the purchase of land and construction of 2 properties relates to funding received from the Department Of Health under the Housing & Technology for People with Learning Disabilities Capital Fund. The funding is to be used to meet the particularly complex and unique needs of two service users. The purchase of suitable land was completed in September 2019, and construction work is set to start in 2020/21. It is anticipated that the full cost of the project will be met from the original grant funding.

### **Complex Care Pool as at 31<sup>st</sup> March 2020**

	Annual Budget	Actual	Variance (Overspend )
	£'000	£'000	£'000
<b><u>Expenditure</u></b>			
Intermediate Care Services	6,063	6,106	(43)
B3 beds	1,175	1,175	0
Oakmeadow	1,331	1,403	(72)
End of Life	200	180	20
Sub-Acute	1,940	1,907	33
Joint Equipment Service	613	682	(69)
CCG Contracts & SLA's	2,974	2,970	4
Inglenook	125	80	45
Intermediate Care Beds	599	599	0
BCF schemes	155	139	16
Carer's Centre	359	359	0
<b><u>Adult Health &amp; Social Care</u></b>			
Residential & Nursing Care	20,928	21,513	(585)
Domiciliary & Supported Living	13,091	13,273	(182)
Direct Payments	9,853	10,931	(1,078)
Daycare	445	524	(79)
Carer's Breaks	394	313	81
<b>Total Expenditure</b>	<b>60,245</b>	<b>62,154</b>	<b>1,909</b>
<b><u>Income</u></b>			
Residential & Nursing Income	-6,958	-6,879	(79)
Care Homes Income	-1,533	-1,355	(178)
Community Care Income	-1,445	-1,511	66
Direct Payments Income	-581	-684	103
Winter Pressures	-639	-639	0
BCF	-10,377	-10,377	0
CCG Contribution to Pool	-15,129	-16,309	1,180
ILF	-656	-656	0
Oakmeadow Income	-604	-600	(4)
Income from other CCG's	-113	-113	0

Transfer from reserve	-319	-319	0
Other income	-47	-47	0
<b>Total Income</b>	<b>-38,401</b>	<b>-39,489</b>	<b>1,088</b>
<b>Net Operational Expenditure</b>	<b>21,844</b>	<b>22,665</b>	<b>(821)</b>

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

The overall position for the Complex Care Pool budget is £821,000 over budget at the end of the financial year, of which £762,000 relates to the Adult Health & Social Care budget. The pressures on this budget have been significant, particularly with regard to continuing demand on the Adult Health & Social Care budget.

Intermediate Care Services, which includes the Therapy and Nursing teams, Rapid Access Rehabilitation (RARS) and the Reablement service, is £44k over budget. This service has delivered additional care than originally planned due to increased demand, resulting in an overspend position at the end of the financial year.

Spend on sub-acute services was £32,000 below the available budget due to savings on the main contract and the GP cover contract both with Warrington & Halton NHS.

The Joint Equipment Service overspent by £69,000 at the end of March. In addition to the rental costs of a specialist mattress costing £25,000 for one client based at Ferndale Court, there was a charge of £44,000 due to an increase in stock levels held at the end of the financial year.

The net spend for Adult Health & Social Care is a cumulative £1,944,000 over the available budget, of this £762,000 is the share for HBC and £1,182,000 for HCCG. HCCG have been invoiced for their share of the overspend. An analysis of the financial performance can be found below:

### **Residential & Nursing Care**

#### **HBC**

The average number of HBC funded residential placements has increased by 2.3% from 2018/19 to 2019/20. The average weekly cost of a residential care package is currently £573 compared to £541 in April 2019 an increase of 6% in line with increases to providers.

#### **HCCG**

In contrast, the average number of clients in receipt of a fully health funded permanent residential & nursing package has fallen by 23% from 84 in 2018/19 to 65 in 2019/20. The average weekly cost of a care package has increased by 24% from £821 in April 2019 to £1,019 in March 2020.

#### **Joint Funded**

The average number of joint funded packages has increased over 5% from 2018/19 to 2019/20. However, the average cost of a residential package has increase by 30% from April 2019 to March 2020 from £968 to £1,247.

## Domiciliary Care (including Supported Living)

### **HBC**

The average total number of clients in receipt of a home care package, funded by social care, has reduced by over 4% from 2018/19 to 2019/20. The cost of an average package of care has increased by 7% from April 2019 to March 2020.

### **HCCG**

The average number of health funded clients has reduced by 16% from April 2019 to March 2020. The average cost per week has increased by 9% during the financial year.

### **Joint Funded**

The average number of joint funded clients has reduced by 11% from 2018/19 to 2019/20 however; there has been little change in the average weekly cost of packages through the year.

## Direct Payments

### **HBC**

The average number of HBC funded clients receiving a Direct Payment has increased by 7% (472 to 505) from 2018/19 to 2019/20. The average cost of a DP package is currently £369 per week compared to £318 in April 2019, an increase of 16%.

### **HCCG**

In terms of health-funded clients, the average number of fully health-funded clients has slightly increased from 30 in 2018/19 to 32 in 2019/20. The average cost of a fully health funded DP is currently £1,088 per week, compared to £995 in April 2019.

### **Joint Funded**

The average number of joint-funded clients has increased from 47 in 2018/19 to 51 in 2019/20. The average weekly cost of a DP has risen by 23% from £446 in April 2019 to £550 in March 2020.

## **Health and Social Care Outturn by Funding Stream**

### **HBC Summary**

#### HBC

<b>Service Type</b>	<b>Annual Budget</b> <b>£000</b>	<b>Actual Spend Year-end</b> <b>£000</b>	<b>Out-turn Variance Under / (Over)</b> <b>£000</b>
Residential & Nursing Care	11,621	11,925	(304)

Domiciliary Care, Supported Living & Day Care	7,061	6,956	105
Direct Payments	7,735	7,869	(134)
Residential & Nursing Income	-8,491	-8,234	(257)
Domiciliary Care Income	-1,445	-1,511	66
Direct Payments Income	-581	-684	103
ILF	-656	-656	0
Residential Income from other CCG's	-112	-112	0
<b>TOTAL</b>	<b>15,132</b>	<b>15,553</b>	<b>(421)</b>

#### **HBC Joint Funded**

<b>Service Type</b>	<b>Annual Budget £000</b>	<b>Projected Spend / - Inc. to Year-end £000</b>	<b>Projected Out-turn Variance Under / (Over) £000</b>
Residential & Nursing Care	1,707	1,922	(215)
Domiciliary Care, Supported Living & Day Care	1,461	1,336	126
Direct Payments	405	656	(251)
<b>TOTAL</b>	<b>3,573</b>	<b>3,914</b>	<b>(341)</b>

<b>TOTAL HBC</b>	<b>18,705</b>	<b>19,467</b>	<b>(762)</b>
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#### **HCCG Summary**

#### **HCCG CHC & FNC**

<b>Service Type</b>	<b>Annual Budget £000</b>	<b>Projected Spend to Year-end £000</b>	<b>Projected Out-turn Variance Under / (Over) £000</b>
Residential & Nursing Care	3,591	3,533	58
Domiciliary Care, Supported Living & Day Care	1,801	2,172	(371)
Direct Payments	1,309	1,751	(442)
FNC - Residential & Nursing Care	1,043	1,058	(15)
<b>TOTAL</b>	<b>7,744</b>	<b>8,514</b>	<b>(770)</b>

### HCCG Joint Funded

<b>Service Type</b>	<b>Annual Budget £000</b>	<b>Projected Spend to Year-end £000</b>	<b>Projected Out-turn Variance Under / (Over) £000</b>
Residential & Nursing Care	2,004	2,123	(119)
Domiciliary Care, Supported Living & Day Care	1,461	1,504	(43)
Direct Payments	405	655	(250)
<b>TOTAL</b>	<b>3,870</b>	<b>4,282</b>	<b>(412)</b>

<b>TOTAL HCCG</b>	<b>11,614</b>	<b>12,796</b>	<b>(1,182)</b>
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### Pooled Budget Capital Projects as at 31st March 2020

	<b>2019-20 Capital Allocation £'000</b>	<b>Actual Spend £'000</b>	<b>Total Allocation Remaining £'000</b>
Disabled Facilities Grant	590	587	3
Stair lifts (Adaptations Initiative)	240	235	5
RSL Adaptations (Joint Funding)	245	245	0
Oak Meadow Redesign	105	85	20
Millbrow	139	138	1
Madeline McKenna Care Home	30	30	0
St Luke's Care Home	1,300	1,035	265
St Patrick's Care Home	1,100	1,045	55
<b>Total</b>	<b>3,749</b>	<b>3,400</b>	<b>349</b>

### Comments on the above figures:

The scheme to refurbish Oak Meadow followed recommendations made in the Care Quality Commission report of December 2018. This scheme was wholly funded by government grant income, and an agreed contribution from St Helen's and Knowsley Teaching Hospitals NHS Trust. The project commenced in the winter of 2018; the £105,000 capital allocation in 2018/19 represented the funding carried forward from the previous financial year to enable the project's completion. The scheme is now complete, the residual funding of £20k is required to fund outstanding retention payments in early 2020/21.

Both St Luke's and St Patrick's care homes were purchased by Halton Borough Council on 30 September 2019. The two establishments are now under the management of the Council's Adult

Social Care department. The remaining capital allocations at year-end have been carried forward to 2020/21 to allow the continuation of refurbishments.

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

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

	Annual Budget £'000	Actual £'000	Variance (overspend) £'000
<b><u>Expenditure</u></b>			
Employees	3,696	3,656	40
Premises	5	5	0
Supplies & Services	254	226	28
Contracts & SLA's	6,526	6,526	0
Transport	10	7	3
Agency	18	19	(1)
Transfer to Reserve	38	38	0
<b>Total Expenditure</b>	<b>10,547</b>	<b>10,477</b>	<b>70</b>
<b><u>Income</u></b>			
Fees & Charges	-102	-89	(13)
Government Grant	-9,919	-9,919	0
Reimbursements & Grant Income	-484	-452	(32)
<b>Total Income</b>	<b>-10,505</b>	<b>-10,460</b>	<b>(45)</b>
<b>Net Operational Expenditure</b>	<b>42</b>	<b>17</b>	<b>25</b>
<b><u>Recharges</u></b>			
Premises Support	143	143	0
Central Support Services	726	726	0
Transport	23	22	1
<b>Net Total Recharges</b>	<b>892</b>	<b>891</b>	<b>1</b>
<b>Net Department Expenditure</b>	<b>934</b>	<b>908</b>	<b>26</b>

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

In overall terms, the Net Department Expenditure for the year ending 31<sup>st</sup> March 2020 is £26,000 under budget

Employee costs are £40,000 under budget due to savings on a small number of vacancies and reductions in hours, within the Health & Wellbeing Division. The staff turnover saving target of £32,000 is achieved in full.

Expenditure on supplies and services was kept to essential items only throughout the year and actual expenditure is £28,000 below budget at the end of the financial year.

Income received is less than that anticipated at budget setting time. This is in the main due to saving targets of £50,000 included in the Department's budget, which has not been

achieved. Pest control income is also below budget. Due to staff sickness, it has been difficult to provide a full pest control service, however this shortfall in income is offset by the reimbursement from Wirral LA for services provided by the PH Consultant.

## APPENDIX 2 – Explanation of Symbols

Symbols are used in the following manner:

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

### Direction of Travel Indicator

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

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