

Health Policy & Performance Board Priority Based Report

Reporting Period: Quarter 1 – Period 1st April – 30th June

1.0 Introduction

This report provides an overview of issues and progress against key service area objectives and milestones and performance targets, during the first quarter of 2020/21 for service areas within the remit of the Health Policy and Performance Board. These areas include:

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

2.0 Key Developments

There have been a number of developments within the first 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 involved Care Management Teams (IAT, CCR, CCW & SCIP) being reconfigured into a single team covering 7 days a week (8am – 6pm), with input from/working alongside staff in the Capacity & Demand Team/RARS/Community Therapy. Safeguarding, Mental Health and Transition Teams sitting behind the SPA and will take enquires/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. The teams have been able to move back to normal working hours and we are looking at a re-setting back to the original teams, whilst ensuring flexible arrangements around covid-19 pandemic requirements.

Strengths based approaches

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

In Strengths Based working the Assessor adopts an approach that looks at a person's life holistically and considers their needs in the context of their strengths, skills, ambitions, and priorities. It is vital to support Social Work staff to have knowledge and familiarity with the local communities and places to enable them to draw on community assets such as libraries, leisure center's/activities, clubs, faith sector and, voluntary organisations etc. to enhance people's lives and wellbeing.

The Care Act 2014 introduced a requirement for Local Authorities to ‘consider a person’s own strengths and capabilities, and what support might be available from their wider support network or within the community to help’ in considering ‘what else other than the provision of care and support might assist the person in meeting the outcomes they want to achieve’.

Halton is at the start of its journey in terms of implementing a strengths based approach to social work practice and has committed to working with Professor Samantha Baron who is currently the leading figure in the UK in the field of Strengths Based Approaches. Working alongside Professor Samantha Baron, a support programme has been tailored to Halton Borough Council to ensure that it meets the needs of the organisation and builds on current arrangements and proposals for embedding a strengths based approach. The programme of support has been tailored to take into account existing systems and paperwork and how they can be aligned with/adapted to new ways of working. The programme will commence Autumn 2020.

Mental Health Services

The Halton Women’s Centre: this service is part of the service offer of the Mental Health Outreach Team. It is based in Runcorn, but is available to all Halton residents. It provides a service to vulnerable women of all ages, offering support, encouragement and care to women with low self-confidence, mental health problems, emotional difficulties, social isolation issues and complex needs. Specific sessions provided at the centre include counselling, personal development courses, education, health and wellbeing sessions, a range of therapeutic services and support to engage with wider community activities. There are strong links with a wide number of organisations, including probation, Halton College, the Health Improvement Team, the Widnes Vikings Education Programmes and Domestic Abuse services.

The service recently received a substantial financial award, which is helping the service to extend its provision to support women who have offended, working with them to help them engage with their local communities and to avoid future offending. This funding is for one year only but will be reviewed, and it is hoped that it will be extended if the outcomes are successful.

In common with all other day services, the Women’s Centre was unable to offer face-to-face contact during the lockdown period of the coronavirus pandemic. Users of the service were contacted on a regular basis, however, to check on their welfare, and as the pandemic restrictions eased, so it has become possible to start running the services again. A limited service is now in operation, with significant safety measures having been put in place.

Care and Support in the Borough

Internal and external care and support services continue to operate in the borough through the q. ASC have continued to have daily contact with all services and providers to offer support with issues, concerns and maintain a joint approach to supporting vulnerable people. Detailed work has commenced with the care home sector to understand the issues and particular concerns where homes have a larger vacancy rate. Regional work through ADASS and national work with central government is developing in relation to care home sustainability. The ‘home first’ approach continues to support more people coming out of hospital sooner and returning to their own homes whilst intermediate care beds continue to operate a ‘discharge to continue rehab’ so reducing the length of stay and providing more rehab, reablement and support in people’s own homes. This approach will continue

to be strengthened between ASC and partners in health services. The well documented issue with PPE for the sector for a sustained period during the beginning of the pandemic had started to settle somewhat by the end of Q1 and further plans in place to improve this further into Q2 and beyond.

Public Health

No up to date data at present due to COVID-19.

3.0 Emerging Issues

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

Adult Social Care

Mental Health Services:

The North West Boroughs (NWB) Mental Health Trust: NWB is the current provider of specialist mental health services (including inpatient and community services) for Halton and a number of other boroughs. Earlier in the year, the Council was notified that the Trust was in negotiation with Merseycare NHS Trust, which provides mental health services to Liverpool, Sefton and part of Knowsley, with a view to Merseycare taking over the running of NWM's mental health services. Subject to extensive consultation and local agreement, this change will take place on 1st April 2021. A group consisting of the NHS commissioners for the NWB area is being set up, and will include very senior representatives from each local authority. If the proposed change takes place, existing working relationships between the council and the new Trust will need to be renegotiated.

Review of the Mental Health Act: understandably, most of the work that was taking place nationally around the review and reform of the Mental Health Act was put on hold during the period of the coronavirus lockdown and subsequent restrictions on activity. This is now being picked up nationally again, and mental health social services around the country are directly involved in supporting these developments and providing direct feedback.

Breathing Space (mental health support for people in debt): this introduces a legal structure to suspend collection and enforcement of debt (evictions, fees, debts, bailiffs etc) for people who are in crisis, including a mental health crisis. This was agreed in parliament this summer and there will be a specific mental health component in the new regulations. It is due to be in place by May 2021, and will ensure that people will be able to be supported through their period of crisis and until they recover.

Public Health

No up to date data at present due to COVID-19.

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	Q1 Progress
1A	Monitor the effectiveness of the Better Care Fund pooled budget ensuring that budget comes out on target	
1B	Integrate social services with community health services	
1C	Continue to monitor effectiveness of changes arising from review of services and support to children and adults with Autistic Spectrum Disorder.	
1D	Continue to implement the Local Dementia Strategy, to ensure effective services are in place.	
1E	Continue to work with the 5Boroughs NHS Foundation Trust proposals to redesign pathways for people with Acute Mental Health problems and services for older people with Mental Health problems.	
1F	The Homelessness strategy be kept under annual review to determine if any changes or updates are required.	

3A	Undertake on-going review and development of all commissioning strategies, aligning with Public Health and Clinical Commissioning Group, to enhance service delivery and continue cost effectiveness, and ensure appropriate governance controls are in place.	<input checked="" type="checkbox"/>
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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. Due to the pandemic further developments are currently on hold.

1D. Due to the epidemic, progress on developing a new dementia delivery plan for Halton, under One Halton, has not been progressed. This will be progressed as part of the reset strategy.

Halton Dementia Advisor Service has been available throughout the pandemic, via telephone and email, but referrals are still very low from LLAMS. Appreciating that the LLAMS service has also had to adapt during the lockdown, now things are returning to a more normal situation, the service managers for both LLAMS and Alzheimer's Society are in regular contact to try and improve referrals into the community provision. Alzheimer's Society have advised that from Autumn 2020 they will be moving towards Dementia Direct approach in Halton, which is essentially a more streamlined referral and admin processing approach, and is not anticipated to have any detrimental impact on Halton service users. LLAMS are being kept informed at each stage of the role out.

Community dementia groups (ie cafes and activity groups) will be starting to reconvene during the next quarter. Activity had been halted during quarter 1 due to the COVID risks associated with the cohort.

1E. Completed.

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

The homelessness forum will be arranged for November 2020, to review the key priorities within the Homelessness strategy and update the homelessness action plan

Covid-19 has changed working practices and will influence future activity and communication between partner agencies, which will further influence how services are commissioned and delivered in the future

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

Key Performance Indicators

Older People:						
Ref	Measure	19/20 Actual	20/21 Target	Q1	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>	TBC	635	N/A	u	N/A
ASC 02	Delayed transfers of care (delayed days) from hospital per 100,000 population. <i>Better Care Fund performance metric</i>	N/A	TBC	N/A	u	N/A
ASC 03	Total non-elective admissions in to hospital (general & acute), all age, per 100,000 population. <i>Better Care Fund performance metric</i>	4893	5182	3641 (April to June 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)	78%	85%	N/A	N/A	N/A

	Better Care Fund performance metric					
Adults with Learning and/or Physical Disabilities:						
ASC 05	Percentage of items of equipment and adaptations delivered within 7 working days (VI/DRC/HMS)	39%	97%	81%		
ASC 06	Proportion of people in receipt of SDS (ASCOF 1C – people in receipt of long term support) (Part 1) SDS	72%	80%	69%		
ASC 07	Proportion of people in receipt of SDS (ASCOF 1C – people in receipt of long term support) (Part 2) DP	35%	45%	35%		
ASC 08	Proportion of adults with learning disabilities who live in their own home or with their family (ASCOF 1G)	88.73 %	87%	88.31 %		
ASC 9	Proportion of adults with learning disabilities who are in Employment (ASCOF 1E)	5.04 %	5.5%	5.25%		
Homelessness:						
ASC 10	Homeless presentations made to the Local	TBC	2000 1000 500	412		

	Authority for assistance In accordance with Homelessness Act 2017. Relief Prevention Homeless					
ASC 11	LA Accepted a statutory duty to homeless households in accordance with homelessness Act 2002	TBC	150	44	<input checked="" type="checkbox"/>	
ASC 12	Homelessness prevention, where an applicant has been found to be eligible and unintentionally homeless.	TBC	TBC	N/A	N/A	N/A
ASC 13	Number of households living in Temporary Accommodation Hostel Bed & Breakfast	105 15	150 80	153 57	<input checked="" type="checkbox"/>	
ASC 14	Households who considered themselves as homeless, who approached the LA housing advice service, and for whom housing advice casework intervention resolved their situation (the number divided by the number of thousand households in the Borough)	6.62%	7.0%	0.4%	<input checked="" type="checkbox"/>	

Safeguarding:

ASC 15	Percentage of individuals involved in Section 42 Safeguarding Enquiries	TBC	TBC	N/A	N/A	N/A
ASC 16	Percentage of existing HBC Adult Social Care staff that have received Adult Safeguarding Training, including e-learning, in the last 3-years (denominator front line staff only).	61%	85%	75%	<input checked="" type="checkbox"/>	
ASC 17	The Proportion of People who use services who say that those services have made them feel safe and secure – Adult Social Care Survey (ASCOF 4B)	89%	90%	N/A	N/A	N/A

Carers:

ASC 18	Proportion of Carers in receipt of Self Directed Support.	TBC	99%	69%	<input checked="" type="checkbox"/>	
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% 2018/19	8%	N/A	N/A	N/A

ASC 20	<i>Overall satisfaction of carers with social services (ASCOF 3B)</i>	52.1 % 2018/19	52%	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) Better Care Fund performance metric	89.1 % 2018/19	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 As a result of the Pandemic, current performance standards and reporting relating to Delayed Transfers of Care (DTOC) was suspended from Thursday 19th March 2020. There are no plans to return to this reporting arrangement at present and as such systems are currently not counting or recording DTOCs.
- ASC 03 Q1 target achieved.
- ASC 04 Annual collection only to be reported in Q4.
Data published October 2017, the latest data for 17/18 will be available in October 2018
- ASC 05

Adults with Learning and/or Physical Disabilities:

- ASC 06 Work being done looking at the measure
- ASC 07 We are currently working towards a target of 45 per cent, albeit figures do appear to be low at present, we are travelling in the right direction and are in a better position than we were in Q1 2019/20. We have maintained 35 per cent from Q4 2019/20 despite the ongoing restrictions we have been faced with during the pandemic; we also benchmark well against our comparator / neighbouring authorities in this measure.
- ASC 08 We are aware of issues with data quality with Primary support reasons, this may change the numerator meaning the percentage of clients will be lower.
- ASC 09 There are 22 people with a learning disability in paid employment. The percentage is based on the number of people with a learning disability "known to" the Council. The known to figure can fluctuate each month as people have been added to Care First or their assessments have been completed; this will have an overall effect on the percentage.

Homelessness:

- ASC 10 The figure shown is the annual figure for homelessness presentations made to the Local Authority. During the quarter there has been a vast increase in presentations, which is due to the Covid-19 pandemic and government guidance to remove all rough sleepers from the streets. The Homelessness Reduction Act has influenced the homelessness administration and service delivery, which led to an increase in homelessness presentations. The emphasis is placed upon prevention and relief measures to reduce homelessness.
- ASC 11 The figure shown is for statutory homelessness acceptances, which is generally low. The statutory homelessness acceptance is now considered the last option of the homelessness assessment, with further emphasis placed upon prevention and relief.
- ASC 12 No data provided
- ASC 13 The Covid 19 pandemic and government guidance to place all homelessness clients into accommodation, placed extreme pressure upon Local Authorities and housing providers to source suitable temporary and permanent accommodation. The 'all in' approach forced many Local Authorities to use hotel and B&B accommodation to meet the increased demand. The Local Authority also commissioned additional temporary accommodation provision to meet demand
- ASC 14 The team focus is upon advice and assistance to reduce homelessness issues. The early intervention team take an accelerated approach to working with many clients, offering advice to avert the crisis.

Safeguarding:

ASC 15	Due to the COVID-19 outbreak there has been a delay in collating data from the reporting system.
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	We need to look at the calculation of this measure. Carers Self Directed Support and Direct Payments is anticipated to be around 96 – 99 per cent.
ASC 19	This is a biannual survey which would have been due to have been administered later in 2020, however due to COVID-19, this has been postponed and will not take place until 2021 and biannually thereafter
ASC 20	This is a biannual survey which would have been due to have been administered later in 2020, however due to COVID-19, this has been postponed and will not take place until 2021 and biannually thereafter
ASC 21	This is a biannual survey which would have been due to have been administered later in 2020, however due to COVID-19, this has been postponed and will not take place until 2021 and biannually thereafter
ASC 22	This is a biannual survey which would have been due to have been administered later in 2020, however due to COVID-19, this has been postponed and will not take place until 2021 and biannually thereafter

Public Health

Key Objectives / milestones

Ref	Milestones	Q1 Progress
PH 01a	Increase the uptake of smoking cessation services and successful quits among routine and manual workers and pregnant women.	u
PH 01b	Work with partners to increase uptake of the NHS cancer screening programmes (cervical, breast and bowel).	u
PH 01c	Work with partners to continue to expand early diagnosis and treatment of respiratory disease including Lung Age Checks, and improving respiratory pathways.	u
PH 01d	Increase the number of people achieving a healthy lifestyle in terms of physical activity, healthy eating and drinking within recommended levels.	u
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	u

	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.	u
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.	u
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.	u
PH 03b	Review and evaluate the performance of the integrated falls pathway.	u
PH 03c	Work with partners to promote the uptake and increase accessibility of flu and Pneumonia vaccinations for appropriate age groups in older age.	u
PH 04a	Work in partnership to reduce the number of young people (under 18) being admitted to hospital due to alcohol.	u
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).	u
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.	u
PH 05a	Work with schools, parents, carers and children's centres to improve the social and emotional health of children.	u
PH 05b	Implementation of the Suicide Action Plan.	u
PH 05c	Provide training to front line settings and work to implement workplace mental health programmes.	u

Supporting Commentary

PH 01a	Supporting commentary No up to date data at present due to COVID-19.
PH 01b	Supporting commentary No up to date data at present due to COVID-19.
PH 01c	Supporting commentary No up to date data at present due to COVID-19.
PH 01d	Supporting commentary No up to date data at present due to COVID-19.

PH 02a	Supporting commentary No up to date data at present due to COVID-19.
PH 02b	Supporting commentary No up to date data at present due to COVID-19.
PH 02c	Supporting commentary No up to date data at present due to COVID-19.
PH 03a	Supporting commentary No up to date data at present due to COVID-19.
PPH 03b	Supporting commentary No up to date data at present due to COVID-19.
PH 03c	Supporting commentary No up to date data at present due to COVID-19.
PH 04a	
PH 04b	Supporting commentary No up to date data at present due to COVID-19.
PH 04c	Supporting commentary No up to date data at present due to COVID-19.
PH 05a	Supporting commentary No up to date data at present due to COVID-19.
PH 05b	Supporting commentary No up to date data at present due to COVID-19.
PH 05c	Supporting commentary No up to date data at present due to COVID-19.

Key Performance Indicators

Ref	Measure	19/20 Actual	20/21 Target	Q1	Current Progress	Direction of travel
PH LI 01	A good level of child development (% of eligible children achieving a good level of development at the end of reception)	N/A	N/A	N/A	u	N/A
PH LI 02a	Adults achieving recommended levels of	N/A	N/A	N/A	u	N/A

	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)	N/A	N/A	N/A	u	N/A
PH LI 02c	Under-18 alcohol-specific admission episodes (crude rate per 100,000 population)	N/A	N/A	N/A	u	N/A
PH LI 03a	Smoking prevalence (% of adults who currently smoke)	N/A	N/A	N/A	u	N/A
PH LI 03b	Prevalence of adult obesity (% of adults estimated to be obese)	N/A	N/A	N/A	u	N/A
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>	N/A	N/A	N/A	u	N/A

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>	N/A	N/A	N/A	u	N/A
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>	N/A	N/A	N/A	u	N/A
PH LI 04a	Self-harm hospital admissions (Emergency admissions, all ages, directly standardised rate per 100,000 population)	N/A	N/A	N/A	u	N/A
PH LI 04b	Self-reported wellbeing: % of people with a low happiness score	N/A	N/A	N/A	u	N/A
PH LI 05ai	Male Life expectancy at age 65 (Average number of years a person would expect to live based on	N/A	N/A	N/A	u	N/A

	contemporary mortality rates) <i>Published data based on 3 calendar years, please note year for targets</i>					
PH LI 05aii	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>	N/A	N/A	N/A	u	N/A
PH LI 05b	Emergency admissions due to injuries resulting from falls in the over 65s (Directly Standardised Rate, per 100,000 population; PHOF definition)	N/A	N/A	N/A	u	N/A
PH LI 05c	Flu vaccination at age 65+ (% of eligible adults aged 65+ who received the flu vaccine, GP registered population)	N/A	N/A	N/A	u	N/A

Supporting Commentary

PH LI 01 - No up to date data at present due to COVID-19.

PH LI 02a - No up to date data at present due to COVID-19.

PH LI 02b - No up to date data at present due to COVID-19.

PH LI 02c - No up to date data at present due to COVID-19.

PH LI 03a - No up to date data at present due to COVID-19.

PH LI 03b – No up to date data at present due to COVID-19.

PH LI 03c - No up to date data at present due to COVID-19.

PH LI 03d – No up to date data at present due to COVID-19.

PH LI 03e - No up to date data at present due to COVID-19.

PH LI 04a - No up to date data at present due to COVID-19.

PH LI 04b - No up to date data at present due to COVID-19.

PH LI 05ai - No up to date data at present due to COVID-19.

PH LI 05aii – No up to date data at present due to COVID-19.

PH LI 05b – No up to date data at present due to COVID-19.

PH LI 05c - No up to date data at present due to COVID-19.

APPENDIX 1 – Financial Statements

ADULT SOCIAL CARE DEPARTMENT

Finance

Revenue Operational Budget As At 30th June 2020

	Annual Budget £'000	Budget to Date £'000	Actual £'000	Variance (Overspend) £'000	Forecast Outturn £'000
Expenditure					
Employees	14,120	3,400	3,379	21	60
Premises	268	94	97	(3)	(10)
Supplies & Services	542	137	137	0	(10)
Aids & Adaptations	113	4	1	3	0
Transport	187	9	7	2	0
Food Provision	181	21	15	6	0
Agency	669	153	153	0	0
Supported Accommodation and Services	1,443	360	360	0	0
Emergency Duty Team	101	0	0	0	0
Contracts & SLAs	543	311	315	(4)	(10)
Lillicross Contract Costs	320	156	156	0	0
Capital Financing	44	0	0	0	0
<u>Housing Solutions Grant Funded Schemes</u>					
LCR Immigration Programme	342	6	6	0	0
Flexible Homeless Support	169	9	9	0	0
LCR Trailblazer	69	17	17	0	0
Rough Sleepers Initiative	155	4	4	0	0
Total Housing Strategy Grant Funded	735	36	36	0	0
Total Expenditure	19,266	4,681	4,656	25	30
Income					
Fees & Charges	-690	-157	-147	(10)	(40)
Sales & Rents Income	-315	-164	-170	6	20
Reimbursements & Grant Income	-803	-118	-112	(6)	(20)
Housing Strategy Grant Funded Schemes	-735	-636	-636	0	0
Transfer from Reserves	-43	0	0	0	0
Capital Salaries	-111	-27	-30	3	10
CCG Reimbursement Re Lillicross	-312	-156	-156	0	0
Government Grant Income	-175	-87	-87	0	0
Total Income	-3,184	-1,345	-1,338	(7)	(30)
Net Operational Expenditure Excluding Homes and Community Care	16,082	3,336	3,318	18	0
Care Homes Net Expenditure	6,190	1,275	1,611	(336)	(1,334)
Community Care Expenditure	17,479	3,681	4,024	(343)	(652)
Net Operational Expenditure Including Homes and Community Care	39,751	8,292	8,953	-661	-1,986

Covid Costs					
Staffing	162	162	518	-356	-973
PPE	6	6	51	-45	-94
Telehealthcare Equipment	8	8	54	-46	-101
Bed & Breakfast Accommodation	20	20	20	0	-20
Medical, hygiene & cleaning	5	5	33	-28	-42
Lilycross	0	0	468	-468	-936
Contract Costs	95	95	95	0	-56
Covid Loss of Income					
Community Care Income	359	359	359	0	-359
Community Services Transport	33	33	33	0	0
Community Services Trading	15	15	15	0	0
Community Services Placements	22	22	22	0	0
Rentals	12	12	12	0	0
Contribution From Reserves	-737	-737	-737	0	0
Net Covid Expenditure	0	0	943	-943	-2,581
Recharges					
Premises Support	13	0	0	0	0
Transport Support	564	100	100	0	0
Central Support	3,589	894	894	0	0
Asset Rental Support	563	141	141	0	0
Recharge Income	-122	-27	-27	0	0
Net Total Recharges	4,607	1,108	1,108	0	0
Net Departmental Expenditure	44,358	9,400	11,004	-1,604	-4,567

Comments on the above figures

Net Department Expenditure, excluding the Community Care and Care Homes divisions, is £0.018m below budget profile at the end of the second quarter of the 2020/21 financial year. A balanced budget is projected for the 2020/21 financial year overall.

The Community Care and Care Homes Divisions are reported separately below. At present, a net overspend of £1.334m is projected for the financial year for the Care Homes Division, and a net overspend of £0.652m is projected for the Community Care Division. A more detailed analysis of the respective divisions spend is included in separate reports below.

Adult Social Care (Excluding Care Homes and Community Care)

Employee costs are currently £0.021m under budget profile, due to savings being made on vacancies. It is anticipated that a full-year underspend in the region of £0.060m will result by the end of the financial year.

The revenue costs for Lillycross largely consist of a contract payment of £800 per week for 60 beds, for 26 weeks from 1 April 2020. The costs of 15 of these beds are recharged to the CCG (costs and income are shown in the main table above). The cost of the remaining beds are currently classed as Covid-19 related expenditure

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

Income received from the Clinical Commissioning Group (recorded under the “Re-imbursements and Grants” heading) is projected to be below target. The shortfall is currently estimated to be in the region of £0.020m for the full year.

The costs attributed to the Covid-19 Pandemic reflect increased operating costs and the projected loss of income. Whilst the projections currently assume that the current situation will have returned to normal by the third quarter of the financial year, an allowance has been made for income (for example Community Services Trading Income) not returning to pre Covid levels due to a loss of consumer confidence.

The most significant costs are as follows:

Staffing . Costs relate to overtime payments to front-line staff, and increased agency costs in managing the pandemic in the short term. The bulk of the costs relate to the Care Homes, together with Care Management, and Community Services.

Lillycross. The costs relate to providing beds for Covis-19 patients, to ease the pressure on the hospitals.

Community Care Loss Of income. This is calculated on the assumption that the pandemic will result in a 20% loss of income from Direct Payments, and Residential, Nursing and Domiciliary Care

The loss of Community Services income relates to transport recharges to service users, together with the loss of income around trading activities such as catering, hairdressing, shopmobility, and the cafes at The Route and Norton Priory.

Care Homes Division
Revenue Operational Budget As At 30th June 2020

	Annual Budget £'000	Budget to Date £'000	Actual £'000	Variance (Overspend) £'000	Forecast Outturn £'000
Expenditure					
Madeline McKenna					
Employees	470	108	129	(21)	(85)
Other Premises	54	8	13	(5)	(22)
Supplies & Services	14	1	0	1	1
Food	30	6	7	(1)	(1)
Total Madeline McKenna Expenditure	568	123	149	(26)	(107)
Millbrow					
Employees	1,521	352	465	(113)	(453)
Other Premises	72	14	18	(4)	(16)
Supplies & Services	50	13	15	(2)	(8)
Food	55	10	12	(2)	(5)
Total Millbrow Expenditure	1,698	389	510	(121)	(482)
St Luke's					
Employees	2,069	428	544	(116)	(463)
Other Premises	83	13	35	(22)	(85)
Supplies & Services	39	7	9	(2)	(11)
Food	99	7	16	(9)	(38)
Total St Luke's Expenditure	2,290	455	604	(149)	(597)
St Patrick's					
Employees	1,421	275	305	(30)	(122)
Other Premises	82	16	22	(6)	(11)
Supplies & Services	32	4	5	(1)	(4)
Food	99	13	16	(3)	(11)
Total St Patrick's Expenditure	1,634	308	348	(40)	(148)
Total Expenditure	6,190	1,275	1,611	(336)	(1,334)
Net Operational Expenditure	6,190	1,275	1,611	(336)	(1,334)

Comments on the above figures

Overall, the Net Care Homes Divisional Expenditure is £0.336m over budget profile. The forecast outturn position for 2020-21 is currently £1.334m over the available budget for the year.

The Care Homes Division was created during the third quarter of 2019/20 after the acquisition of two additional homes in October 2019; St Luke's in Runcorn and St Patrick's in Widnes. The new Care Homes Division contains four homes, Madeline McKenna and Millbrow which transferred from the Complex Care Pool Division, along with the two new homes, St Luke's and St Patrick's. They have a combined budget of £6.190M based on 100% occupancy levels; however this includes a one-off Infection Control Grant of £0.158m for the period 13th May to 30th September, following the COVID-19 pandemic.

Madeline McKenna Care Home

Madeline McKenna is a 23-bed residential care home with a budget of £0.568m (including £0.022 Infection Control Grant allocation). At the end of Quarter 1, Madeline McKenna's net expenditure is £0.026m over budget profile.

Employee related expenditure is £0.021m over the profiled budget at this point in the financial year. Agency staff expenditure of £0.017 is offset by underspends due to the vacant posts remaining following the staffing restructure in 2019-20. The harmonisation of terms and conditions following the restructure necessitated an efficiency saving of £0.108m for 2020/21, this, and the anticipated higher than budgeted pay award for the year, continues to create pressure across the staffing budgets.

Premises related expenditure is currently £0.005m over budget profile. Repairs and maintenance to the building is the main area of concern & its anticipated this will remain a cost pressure throughout 2020/21. The utility bills – specifically gas, are also above budget and consequently the suppliers are under review.

Millbrow Care Home

Millbrow is a 44-bed residential and nursing care home with a budget of £1.699m (including £0.043m Infection Control Grant allocation). At the end of Q1, Millbrow's net expenditure is £0.121m over budget profile.

Employee related expenditure is £0.113m over budget profile. Agency staff expenditure of £0.163m is offset by underspends due to vacant posts following the 2019/20 re-structure. The harmonisation of terms and conditions following the restructure necessitated an efficiency saving of £0.190m for 2020/21. This and the anticipated, higher than budgeted pay award for the year, continues to create pressure across the staffing budgets.

Premises related expenditure is £0.004m over budget at this point in the year. Predominantly this is due to repairs and maintenance to the building. A major refurbishment of the home was planned to start at the beginning of the financial year, however, the Coronavirus emergency response required a postponement. It is anticipated therefore that this will continue to be a budget pressure during 2020/21.

Expenditure on food provision is £0.002m over budget profile. With the council's increased portfolio of care homes, this has opened up procurement opportunities, which could produce cost savings. Unfortunately, the coronavirus emergency response has delayed progress in this area.

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 £2.290m including £0.054m Infection Control Grant allocation. At the end of Q1, St Luke's net expenditure is £0.149m over budget profile. The year-end position is expected to be circa £0.600m over budget.

Employee related expenditure is £0.116m over budget profile at the end of June. Agency staff expenditure of £0.239m is partly offset by underspends on contracted staffing budgets, due to vacant posts following the transfer of staff to Halton Borough Council. Work is underway to review the staffing requirements at the care home; however, this will continue to be a budget pressure in 2020/21.

Premises related expenditure is £0.021m over budget at Q1. The main areas of concern are repairs and maintenance to the building and utility bills – namely electricity and water. The costs for repairs and maintenance will continue to be a budget pressure in 2020/21. Halton Borough Council inherited the utility suppliers when the home transferred in 2019/20; gas is now on the corporate contract – however electricity is still outstanding. Water charges are currently under investigation.

Expenditure on food provision is £0.009m over budget profile. With the council's increased portfolio of care homes, this has opened up procurement opportunities, which could produce cost savings. Unfortunately, the coronavirus emergency response has delayed progress in this area.

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 £1.634M, including £0.039m Infection Control Grant allocation. At the end of Q1, St Patrick's net expenditure is £0.040m over budget profile.

Employee related expenditure is £0.030m over planned budget at Q1. This includes £0.115m on agency staff that is partly offset with underspends on staffing budgets due to vacant posts following the transfer of staff to Halton Borough Council. Work is underway to review the staffing requirements at the care home, however this will continue to be a budget pressure in 2020/21.

Premises related expenditure is £0.006m over budget. Repairs and maintenance remains the main area of concern, and will continue to be a budget pressure in 2020/21.

Summary

It is still early days concerning the two new care home budgets, and unfortunately, the emergency response to the coronavirus pandemic created additional challenges across all care home provision – some of which may need to continue in the medium-term.

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

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

The division will continue to be carefully monitored throughout 2020/21 to mitigate, as far as possible, the forecast £1.334M overspend outturn position.

COMMUNITY CARE BUDGET

Revenue Budget as at 30th June 2020

	Annual Budget £'000	Budget to Date £'000	Actual £'000	Variance (Overspend) £'000	Forecast Outturn £'000
Expenditure					
Residential & Nursing Care,	11,547	1,450	1,401	49	345
Domiciliary, Supported Living & Day Care	8,889	1,012	1,019	(7)	(19)
Direct Payments	9,415	2,959	3,148	(189)	(755)
Total Expenditure	29,851	5,421	5,568	(147)	(429)
Income					
Residential & Nursing Income	-7,072	-1,050	-955	(95)	(241)
Domiciliary Income	-1,461	-199	-201	2	15
Direct Payments Income	-714	-111	-112	1	3
CCG funded care home placements	-2,356	-380	-276	(104)	(187)
Reimbursement HCCG	0			0	187
Income from other CCG's	-113			0	
ILF	-656			0	
Total Income	-12,372	-1,740	-1,544	(196)	(223)
Net Operational Expenditure	17,479	3,681	4,024	(343)	(652)

Comments on the above figures:

The overall position for the Community Care spend is £0.343m over budget profile at the end of June and the forecast year end net spend position is expected to be approximately £0.652m over budget. This is based on information held at present.

An exercise has started to ensure packages of care during the pandemic have been charged to the correct funding stream. Work on Direct Payments has already started and work on residential and domiciliary is due to start week commencing 20th June. Therefore the position may fluctuate over the next few months as work progresses.

The year end net spend forecast for residential care has decreased by £0.252m as the number of service users has dropped over the past month.

Direct Payments, as in previous years, continues to be a budget pressure. However, on a positive note, a working group has been set up within the last few weeks. The aim of the group is to look at direct payment costs and review them, especially high cost packages. Already savings have been identified in the region of £0.261m per annum. This is a full year saving. For the current financial year the saving will be £0.238m.

There is a risk to the Council that once the pandemic is over and the Covid funding ends the cost of the Covid funded care packages will have to be funded by the Council. Presently there is uncertainty about when this will be. However, for assumption purposes if the funding ends in September the cost of those packages from October to the end of the financial year would be approximately £905k. It should also be noted that there will be an increase in client contribution income but it is very difficult to estimate this as each service user's circumstances are different.

Capital Projects As At 30 June 2020

	2020-21 Capital Allocation £'000	Allocation To Date £'000	Actual Spend £'000	Total Allocation Remaining £'000
Orchard House	115	60	59	56
Lillycross	1,338	960	955	383
Purchase Of 2 Adapted Properties	369	0	0	369
Total	1,822	1,020	1,014	808

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 original total capital allocation was £0.407m, which reflected the projected remodelling and refurbishment costs of the property following its purchase in March 2019. The current year capital allocation has been carried forward from 2019/20, and will enable the scheme's completion.

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

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

COMPLEX CARE POOL

Revenue Budget as at 30 June 2020

	Annual Budget £'000	Budget To Date £'000	Actual To Date £'000	Variance To Date (overspend) £'000	Forecast Variance (overspend) £'000
Expenditure					
Intermediate Care Services	7,264	1,200	1,199	1	3
End of Life	206	51	24	27	32
Sub-Acute	1,986	53	50	3	52
Joint Equipment Store	617	154	155	(1)	(5)
CCG Contracts & SLA's	3,016	18	18	0	0
Intermediate Care Beds	607	152	152	0	0
Carers Breaks	405	216	163	53	90
Oakmeadow	1,117	260	274	(14)	(82)
Carers Centre	364	91	91	0	0
Inglenook	125	21	10	11	59
Health & Community Care Packages	3,150	788	788	0	0

Total Expenditure	18,857	3,004	2,924	80	149
Income					
BCF	-10,891	-2,723	-2,723	0	0
CCG Contribution to Pool	-3,402	-850	-850	0	0
Oakmeadow Income	-612	-153	-153	0	0
Total Income	-14,905	-3,726	-3,726	0	0
Net Operational Expenditure	3,952	-722	-802	80	149
Covid Costs					
Additional hours, PPE	0	0	58	(58)	(60)
Government Grant Income	0	0	-58	58	60
Net Covid Expenditure	0	0	0	0	0
Net Department Expenditure	3,952	-722	-802	80	149

Comments on the above figures:

The overall position for the Complex Care Pool budget is net spend £0.080m under budget profile at the end of June and the forecast year end net spend position is forecast to be approximately £0.149m under budget.

Expenditure on Carer's Breaks is under budget profile by £0.053m as at the end of June. The personalised break costs from Halton Carer's Centre continue to be quite low as are the direct payment carers breaks.

There is currently a forecast underspend. However the current pandemic has changed how some of services are delivered. An Intermediate Care review being undertaken may result in resources and budgets being reallocated.

Pooled Budget Capital Projects as at 30th June 2020

	2020-21 Capital Allocation £'000	Allocation To Date £'000	Actual Spend £'000	Total Allocation Remaining £'000
Disabled Facilities Grant	600	150	103	497
Stair lifts (Adaptations Initiative)	270	60	58	212
RSL Adaptations (Joint Funding)	270	0	0	270
Millbrow Refurbishment	1,516	5	5	1,511
St Luke's Care Home	265	0	0	265
St Patrick's Care Home	55	0	0	55
Total	2,976	215	166	2,810

Comments on the above figures:

Allocations for Disabled Facilities Grants/Stair Lifts and RSL adaptations re consistent with 2019/20 spend and budget, and expenditure across the 3 headings is anticipated to be to budget overall.

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

PUBLIC HEALTH & PUBLIC PROTECTION DEPARTMENT

Revenue Budget as at 30th June 2020

	Annual Budget	Budget to Date	Actual	Variance (Overspend)	Forecast Outturn
	£'000	£'000	£'000	£'000	£'000
Expenditure					
Employees	3,824	902	894	8	26
Other Premises	5	0	0	0	0
Supplies & Services	219	39	34	5	14
Other Agency	19	19	20	(1)	(1)
Contracts & SLAs	6,718	301	301	0	0
Transport	10	1	1	0	3
Total Expenditure	10,795	1,262	1,250	12	42
Income					
Other Fees & Charges	-48	-7	-9	2	3
Reimbursements & Grant Income	-78	-17	-11	(6)	(24)
Government Grant	-10,366	-1,144	-1,144	0	0
Transfer from Reserves	0	0	0	0	0
Total Income	-10,492	-1,168	-1,164	(4)	(21)
Net Operational Expenditure	303	94	86	8	21
Covid Costs					
Contracts & SLA's	0	0	15	(15)	(160)
Halton Outbreak Hub	949	0	0	0	0
Covid Loss of Income					
Fees & charges – Sure Start to Later Life	-5	-3	0	(3)	(5)
Fees & charges – Pest Control	-17	-4	0	(4)	(17)
Fees & charges – Health Improvement Team	-8	-3	0	(3)	(8)
Reimbursements & grant income – Health & Wellbeing	-25	0	0	0	(25)
Government Grant Test and Trace	-949	0	0	0	0
Government Grant Covid	0	0	-25	25	215
Net Covid Expenditure	-55	-10	-10	0	0
Recharges					
Premises Support	137	34	34	0	0
Transport Support	23	1	1	0	1
Central Support	760	190	190	0	0
Net Total Recharges	920	225	225	0	1
Net Departmental Expenditure	1,168	309	301	8	22

Comments on the above figures

The net Department spend is £0.008m under budget at the end of Quarter 1 and the estimated outturn position for 2020/21 is for net spend to be £0.022m under the available budget.

Employee costs are currently £0.008m under budget profile, due to savings on a small number of vacancies and reductions in hours within the department. It is anticipated that a full year underspend of £0.026m will result by the end of the financial year. The employee budget is based on 86.7 full

time equivalent staff. The staff turnover saving target of £0.025m is projected to be achieved in full by the end of the financial year.

Income received is currently running below target and is expected to continue to do so for the remainder of the financial year. This is in the main due to savings of £0.050m applied to income targets included in the Department's budget, which are not achievable and a loss of income due to the coronavirus.

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

Halton Borough Council has been allocated £0.949m from the Local Authority COVID-19 Test & Trace Service Support Grant. This grant will be used to manage local outbreaks of COVID-19 through Halton's Outbreak Hub.

There is also a loss of income due to COVID-19. Sure Start to Later Life, Pest Control and the Health Improvement Team have been unable to generate any income during the first quarter of the financial year. This has resulted in a loss of £0.010m in the first quarter of 2020/21 that has been offset by a contribution from reserves. The loss of income in the remainder of the financial year is estimated to be £0.045m, assuming income levels return to normal after the first six months of the year.

APPENDIX 2 – Explanation of Symbols

Symbols are used in the following manner:

Progress		Objective	Performance Indicator
Green		Indicates that the <u>objective</u> is on course to be achieved within the appropriate timeframe.	<i>Indicates that the annual target is on course to be achieved.</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 will not be achieved unless there is an intervention or remedial action 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.