

Health Policy & Performance Board Priority Based Report

Reporting Period: Quarter 1 – Period 1st April 2021 – 30th June 2021

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 2021/22 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

The Care Management teams are still required to have flexible arrangements around hospital discharges and covid-19 pandemic requirements. The teams continue to have capacity issues and increased demand for services throughout the lockdown.

We had started with a launch of a programme of work and training in March 2020 just before the pandemic, on Strengths Based Approaches. This approach focuses on an individuals' 'strengths' and connecting people to community based 'assets' or services, which fits well into place-based working. This work has been necessarily on hold during the pandemic, an attempt to re-initiate was found unworkable, we are monitoring this. But it is hoped to restart this as soon as capacity issues are settled, in anticipation of early autumn.

Intermediate Care Review - Work has continued over the past few months on the development of a new Intermediate Care and Frailty Model. The Model and associated finances has been agreed by the Better Care Development Group and Executive Partnership Board and has been/is going through respective Partner organisation's own governance structures. We have now moved to the implementation phase and an associated implementation plan and risk register have been developed. The main focus of activity over the next 3 months will be the recruitment of staff into the new model.

Communities Division

An overhaul and refresh of the Learning Disabilities Strategy for Halton was launched at the ALD Partnership Board on 22nd June. The strategy will pull together the levels and variety of current provision, identify gaps and set a new more coherent and ambitious plan for the future.

The LFT/PCR testing centre based at Moorfield Rd. has now been decommissioned and all staff are now testing at home before coming into work. There have been no positive cases since January 2021. Test results are recorded and across the Division numbers of

tests consistently reach in excess of 200 tests per week. Staff are completing 2 LFT and 1 PCR tests per week. Across the Division of around 180 staff only 5 have yet to receive a first vaccination. PH have intimated that the government are likely to make vaccinations compulsory for this sector later in the year.

The Supported Living Services provided by the Independent also report good testing numbers and no positive cases.

Mental Health services

Halton Women's Centre: since the easing of the coronavirus lockdown measures, the Women's Centre has continued to develop its service, using the funding provided to support women who have had contact with the criminal justice system. The funding is intended to promote probation support in a more relaxed setting, whilst providing the women who attend with services to help them engage more effectively with their local communities. An additional part-time support worker has been appointed, which will allow an extension of the service into the Widnes area. IT upgrades have taken place within the Centre itself, including the development of an IT suite, which will help all women who use the centre to develop their confidence and skills in using IT.

The Centre continues to offer support to all women in Halton who are experiencing mental health issues, ranging from poor self-confidence, isolation and depression, to more complex mental health problems. Groups and individual sessions are available, according to each person's needs, and strong links have been made with a range of community organisations, including MIND (which provides courses designed to improve wellbeing and self-confidence) and Halton College.

North-West Boroughs Mental Health Trust: North-West Boroughs mental health services have now successfully moved to the MerseyCare Mental Health Trust, becoming a sub-directorate of that Trust. All services will be continuing as before, whilst a full review of provision takes place, which is expected to take about twelve months. The Council has maintained its links with the Trust, both at senior management levels and through the delivery of operational, front-line services, to ensure that the interests and needs of local people are fully represented.

Mental Health Crisis Breathing Space (MHCBS): this national programme, established by HM Treasury, is designed to ensure that people who are in debt can receive advice and support during a "breathing space" period, during which creditors are not permitted to pursue debts or enforcement action, or add interest to any outstanding debts. During the breathing space period, debt advisers will work with the person concerned to ensure that their debts are properly managed. The programme was implemented in early May 2021.

The lead role for delivering this programme has been identified by Central Government as being the Approved Mental Health Professional (AMHP), a role which is almost exclusively occupied by highly qualified social workers. They are seen as the only professional group which can decide whether a person is in mental health crisis and needs the support of the MHCBS. If so, they have a duty to refer the person for this support, and also to identify someone from the multidisciplinary team working with the person to act as a contact point for the debt adviser. Clearly this has the potential to add a considerable amount to the AMHPs's already complex caseloads.

As a result, much work has been going on, in conjunction with the North West Boroughs Sub-directorate of MerseyCare, to develop a policy and procedure which addresses the requirements of the programme. Thus far, there has been no uptake of the programme

locally, which reflects the position both regionally and nationally, but it is expected that demand for the service will increase as it becomes more well known.

Public Health

Covid rates are currently seeing a rapid increase and consist almost entirely of cases of the Delta variant. The Delta variant is more rapidly transmissible. It is expected that the rise will be slower but longer than previous peaks.

This increased activity is putting considerable pressure up on our teams, at a time when return to business as usual was starting to take place on some work streams and some areas.

Targeted lung Health Check programme has been signed off and is being implemented in Halton before the end of the month. In addition, we have been identified as a participation area for a new national 'Grail' research which involved a blood test (called the Galleri test) offered to a selection of Halton Residents aged between 50-77 years of age. The blood test can identify early markers for over 50 different types of cancer. This can result in a rapid diagnosis and the earliest possible treatment for cancers.

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:

White Paper: Reforming the Mental Health Act: following the publication of the White Paper with draft proposals for changes to the existing mental health legislation, Central Government went through an extended consultation process, which ended in May 2021. The national responses are now being analysed, and a detailed written response will be published at the end of the year, setting out what additional changes will be put forward. Halton Borough Council submitted a detailed response to this consultation, and has since been notified that one quote from this will be included in the government's formal response. It is likely that, parliament time permitting, a draft bill will be presented to parliament in 2022, with a new Act being published later that year. A lead-in period will then be required, to ensure that all staff are suitably trained and appropriate systems and procedures are put in place.

Section 140 Mental Health Act: this section of the Act lays duties on CCGs to ensure that there are adequate numbers of mental health beds available in their locality to admit people detained under the Mental Health Act in situations of special urgency. Locally and nationally, there have been continuing concerns about suitable bed availability for people being detained under the Act, with many accounts of people having to be placed in hospitals far from their home areas. With this in mind, the Chief Social Worker wrote to all Directors of Adults Social Services to urge that local agreements are set up with CCGs, to ensure

that beds are available when needed. Detailed work has now been taking place with the four Cheshire local authorities and their partner CCGs to resolve this issue.

Adult Social Care Strengths Based Approach

Working alongside Professor Samantha Baron from Open University, work will recommence in the second Quarter to design and implement a Strengths Based Approach across the whole of Adult Social Care. There are interdependencies between this work and the implementation of the Eclipse system. The Strengths Based Approach work will include re-design of the current Assessment approach across Adult Social Care and will enable new assessment forms and processes to be designed and then implemented within Eclipse.

Mandatory Vaccinations.

On the 16th June 2021, the Department of Health & Social Care (DHSC) announced that all people working in Care Quality Commission (CQC) registered care homes would need to be fully COVID-19 vaccinated, unless they have a medical exemption.

Legislation was passed by parliament in July and the Government has regulated that all staff working within care homes plus all professionals entering inside a care home must be fully vaccinated by 11 November 2021.

There are some exemptions from the vaccination regulations for relatives and friends visiting residents within homes and for those that are medically exempt from vaccination.

This means that from November 11th all staff working within a care home and all visiting professionals, will need to be able to evidence they have been fully vaccinated (unless they can evidence they have a medical exemption).

Work is ongoing with Public Health colleagues to support the few staff within HBC owned care homes that have declined the vaccinations to date, to make an informed choice going forward.

HBC human resources are working to devise a policy, and communication strategy to ensure staff will be notified and informed that by November 11th if un vaccinated they can no longer work in Care homes.

Implications to the wider staff teams who visit the care homes to undertake their roles are being carefully considered.

Public Health

The rapid rise in Covid activity is having an impact on the ability of the public health team to respond to non Covid requests and activities.

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.

Supporting Commentary

1A. Pooled budget on target in relation to projected spend

1B. Halton Intermediate Care and Frailty model agreed and commenced implementation – plan to complete by September 2021. Further work being led through PCN's on hub development with primary care

1C. This work has been on hold during the pandemic but will be reviewed in the coming weeks.

1D. The review of the dementia strategy is currently on hold due to COVID response. This review was due to be initiated in early 2020. The Community Dementia Care Advisor contract with Alzheimer's Society is due to conclude at the end of September 2021. There is no option for extension of the current contract as that clause has been utilised for the current period. *(I am not sure what the commissioning intention is with this service beyond Sept 2021)*. During Q1 HBC have been in talks with Riverside College (Cronton Campus) regarding the development of their new Health and Wellbeing Hub, with a particular focus on the dementia and residential care skills/curriculum and placements for student in HBC In House care homes with a longer term view of supporting the potential supply of local staff into local ASC posts and promoting local ASC careers as viable and desirable. This work will be ongoing throughout 2021/22. National Dementia Action Week took place during Q1. HBC offered Dementia Friends Awareness sessions for the public and HBC staff, and promoted activities and events that were available virtually across the LCR.

1E. Completed









1F. No Commentary received for Q1.



3A. This work forms part of the One Halton development (ICP)

Key Performance Indicators

Older People:						
Ref	Measure	20/21 Actual	21/22 Target	Q1	Current Progress	Direction of travel
ASC 01	Permanent Admissions to residential and nursing care	TBC	635	N/A	u	N/A

	homes per 100,000 population 65+ Better Care Fund performance metric					
ASC 02	Delayed transfers of care (delayed days) from hospital per 100,000 population. Better Care Fund performance metric	N/A	TBC	N/A		N/A
ASC 03	Total non-elective admissions in to hospital (general & acute), all age, per 100,000 population. Better Care Fund performance metric	3341	5107	4606		
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) Better Care Fund performance metric	TBC	84%	N/A	N/A	N/A
Adults with Learning and/or Physical Disabilities:						
ASC 05	Percentage of items of equipment and adaptations delivered within 7	72%	97%	52%		

	working days (VI/DRC/HMS)					
ASC 06	Proportion of people in receipt of SDS (ASCOF 1C – people in receipt of long term support) (Part 1) SDS	74%	80%	70%		
ASC 07	Proportion of people in receipt of SDS (ASCOF 1C – people in receipt of long term support) (Part 2) DP	21%	45%	22%		
ASC 08	Proportion of adults with learning disabilities who live in their own home or with their family (ASCOF 1G)	92.4 %	88%	89.6%		
ASC 09	Proportion of adults with learning disabilities who are in Employment (ASCOF 1E)	5%	5.5%	5.2%		
Homelessness:						
ASC 10	Homeless presentations made to the Local Authority for assistance In accordance with Homelessness Act 2017. Relief Prevention Homeless	N/A	TBC	N/A	N/A	N/A
ASC 11	LA Accepted a statutory duty to	N/A	TBC	N/A	N/A	N/A

	homeless households in accordance with homelessness Act 2002					
ASC 12	Homelessness prevention, where an applicant has been found to be eligible and unintentionally homeless.	N/A	TBC	N/A	N/A	N/A
ASC 13	Number of households living in Temporary Accommodation Hostel Bed & Breakfast	N/A	TBC	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)	N/A	TBC	N/A	N/A	N/A
Safeguarding:						
ASC 15	Percentage of individuals involved in Section 42 Safeguarding Enquiries	TBC	TBC	TBC	N/A	N/A
ASC 16	Percentage of existing HBC Adult Social Care	62%	85%	60%		

	staff that have received Adult Safeguarding Training, including e-learning, in the last 3-years (denominator front line staff only).					
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)	N/A	N/A	N/A	N/A	N/A
Carers:						
ASC 18	Proportion of Carers in receipt of Self Directed Support.	99.4 %	99%	TBC	N/A	N/A
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>	N/A	N/A	N/A	N/A	N/A
ASC 20	<i>Overall satisfaction of carers with social services (ASCOF 3B)</i>	N/A	N/A	N/A	N/A	N/A
ASC 21	The proportion of carers who report that they have been included or consulted in	N/A	N/A	N/A	N/A	N/A

	discussions about the person they care for (ASCOF 3C)					
ASC 22	Do care and support services help to have a better quality of life? (ASC survey Q 2b) Better Care Fund performance metric	N/A	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 The collection of this dataset continues to be paused. No date has been provided for its recommencement.

ASC 03 The number of non-elective admissions has increased considerably from Q1 2020/21 due to the very low numbers reported in Q1 2020/21 due to Covid. The numbers reported in Q1 2021/22 are more in line with historical levels although still not back to pre-pandemic rates. Performance is below target (good)

ASC 04 Annual collection only to be reported in Q4.

Adults with Learning and/or Physical Disabilities:

ASC 05 Due to a backlog in loading services figures appear low for this quarter, however there should be a significant improvement in Q2.

ASC 06 We are looking at our current reporting processes and updating these as there is a possibility they are not picking up some clients. Figures will be subject to change to services opening / closing in the quarter.

ASC 07 We are looking at our current reporting processes and updating these as there is a possibility they are not picking up some clients. Figures will be subject to change to services opening / closing in the quarter.

ASC 08 We have exceeded the target for Q1 2021/22 compared to Q1 2020/21

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 No commentary received for Q1.

ASC 11 No commentary received for Q1.

ASC 12 No commentary received for Q1.

ASC 13 No commentary received for Q1.

ASC 14 No commentary received for Q1.

Safeguarding:

ASC 15 Data will be updated before the PPB meeting

ASC 16 Despite the pandemic the number of people undertaking safeguarding training has surpassed the previous year figures, however, they remain less than the target set.

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

Carers:

ASC 18 Data will be updated before the PPB meeting

ASC 19 Annual collection only to be reported in Q4, (figure is an estimate).

ASC 20 Annual collection only to be reported in Q4, (figure is an estimate).








ASC 21 Annual collection only to be reported in Q4, (figure is an estimate).












ASC 22 Annual collection only to be reported in Q4, (figure is an estimate).












Public Health

Key Objectives / milestones

Ref	Objective
PH 01	Improved Child Development: Working with partner organisations to improve the development, health and wellbeing of children in Halton and to tackle the health inequalities affecting that population.

Ref	Milestones	Q1 Progress
PH 01a	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, stop smoking interventions and parenting advice and support.	
PH 01b	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 01c	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.	
Ref	Objective	
PH 02	Improved levels of healthy eating and physical activity through whole systems working.	
Ref	Milestone	Q1 Progress
PH 02a	Implementation of the Healthy Weight Action Plan	
PH 02b	increase the percentage of children and adults achieving recommended levels of physical activity.	
PH 02c	Reduce the levels of children and adults who are obese.	
Ref	Objective	
PH 03	Reduction in the harm from alcohol: Working with key partners, frontline professionals, and local community to address the health and social impact of alcohol misuse.	
Ref	Milestone	Q1 Progress
PH 03a	Work in partnership to reduce the number of young people (under 18) being admitted to hospital due to alcohol.	

PH 03b	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 03c	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.	
Ref	Objective	
PH 04	Cardiovascular Disease	
Ref	Milestone	Q1 Progress
PH 04a	Ensure local delivery of the National Health Checks programme in line with the nationally set achievement targets	
PH 04b	Reduce smoking prevalence overall and amongst routine and manual groups and reduce the gap between these two groups.	
PH 04c	Increase the percentage of adults who undertake recommended levels of physical activity and healthy eating.	
PH 04d	Improve early detection and increase the proportion of people treated in line with best practice and reduce the variation at a GP practice level.	
PH 04e	Reduce the premature (under 75) death rate due to cardiovascular disease and stroke.	
Ref 05	Objective	
PH 05	Mental Health	
Ref	Milestone	Q1 Progress
PH 05a	Reduced level of hospital admissions due to self-harm.	
PH 05b	Improved overall wellbeing scores and carers' wellbeing scores.	
PH 05c	Reduced excess under 75 mortality in adults with serious mental illness (compared to the overall population).	
PH 05d	Reduce suicide rate.	
Ref	Objective	
PH 06	Cancer	
Ref	Milestone	Q1 Progress

PH 06a	Reduce smoking prevalence overall and amongst routine and manual groups and reduce the gap between these two groups.	
PH 06b	Increase uptake of cancer screening (breast, cervical and bowel).	
PH 06c	Improved percentage of cancers detected at an early stage.	
PH 06d	Improved cancer survival rates (1 year and 5 year).	
PH 06e	Reduction in premature mortality due to cancer.	
Ref	Objective	
PH 07	Older People	
Ref	Milestone	Q1 Progress
PH 07a	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 07b	Review and evaluate the performance of the integrated falls pathway.	
PH 07c	Work with partners to promote the uptake and increase accessibility of flu and Pneumonia vaccinations for appropriate age groups in older age.	
Ref	Objective	
PH 08	COVID-19	
Ref	Milestone	Q1 Progress
PH 08a	Ensure local systems are in place to identify, support and minimise the impact of any COVID cases, clusters and outbreaks.	
PH 08b	Work with key partners to achieve the target rate of vaccination coverage rate across all of the JVC Priority groups.	
PH 08c	Work with local partners to minimise COVID infections and utilise early warning systems to monitor local infection rates with a goal of 25 or less per 100,000 population.	

PH 01a Supporting commentary

Bridgewater Community Healthcare Trust continues to provide the 0-19 service for the families of Halton, which includes key health and development reviews, parenting support and advise, and support and referral into partner agencies as appropriate.

During Covid some of the assessments were done virtually, and there have been staffing capacity issues in school nursing and the CCG have served notice on the midwifery contract, which has caused uncertainty.

The multiagency antenatal programme 'your baby and you' has not been running due to a lack of midwifery capacity, but HBC have continued to provide infant feeding support and advice. Women have been offered an online antenatal package through midwifery and we continue to work to try and re-establish a multiagency programme of support.

Parent healthy lifestyle sessions are available monthly and parents can self refer onto sessions such as fussy eating and sleep and screen time. Triple P is commissioned by the early help commissioners to run 8 sessions of Triple P each year this includes 0-12, teen and stepping stones. This is now ran as a hybrid programme with the offer of both online and face to face courses.

PH 01b Supporting commentary

Family Nurse Partnership continues to work with first time teenage parents in Halton, and provide intensive support for some of our most complex families. This service has continued through Covid, and the mums respond positively to remote contact, although visits have also taken place.

The Pause programme started in Halton in April 21, and this programme works with women who don't currently have a child, but are at risk of having repeated children being taken into care. Pathways have been developed to ensure that women on the programme have rapid access to family planning and sexual health services, and putting place programmes to reduce their safeguarding risk and supporting their parenting capacity, should they choose to have a family in the future. For example through access to drug and alcohol, and smoking cessation services.

Despite the impact of the pandemic, the 0-19 Service has continued to maintain support for children and families in Halton. During 2020/21 the service managed to deliver 79% of the face to face New Birth Visits within 30 days and recorded a reduction on the previous year to 24% of babies recorded as being "breastfed" at 6 weeks. Areas for improvement continue to include the 12 month and 2 ½ year check which were both affected by the pandemic and the service has implemented a catch up plan to improve access to this part of the Healthy Child Programme.

Before Covid there work was underway and new plans had been developed to improve the 2 year integrated review offer, however these were paused due to covid.

PH 01c Supporting commentary

The Halton Early Years partnership has continued to meet remotely to consider how to support families and develop the local offer and is looking to re-establish the antenatal 'Your baby and you offer' remotely.

Infant feeding support including breastfeeding support and sessions for introducing solid food has been maintained throughout the pandemic and the physical activity and nutrition in pregnancy session will be re started in September.

Fit 4 Life service continues to develop family app for those families and children who are overweight or want to make healthy changes. Launch September 21. There is also parent and staff sessions under Fit 4 Life to encourage healthy lifestyle choices.

HAF programme provides school holiday provision to those on Free School Meals (FSM) and includes nutrition education, cooking and physical activity.

The NCMP programme was provided through a targeted sample with a small number of schools and it is anticipated that the full programme will resume in September.

PH Supporting commentary

02a Implementation of the Healthy Weight Action Plan has been impacted by the Covid pandemic, for example work with transport has not been possible, however there has been some significant gains made, particularly in relation to food poverty and working with businesses. The public health team and HIT have worked extensively with businesses throughout the pandemic, and developed relationships that will support our work moving forward.

The HIT workplace offer has continued throughout the pandemic and adapted to the needs of local businesses. The service has been providing advice and information on Covid safety, returning to the workplace and staff health and wellbeing. Working closely with the Halton Chamber of Commerce. The Weight Management Service is a key part of the work with local businesses and recently the Fresh Start app has been made available to workplaces along with support from the HIT to tailor the app for use in each business. Argos/Sainsbury's call centre has now begun piloting this and has offered 300 staff the opportunity to engage with the app and the HIT Workplace Weight Management Team.

There has continued to be a range of parenting programmes available to families to support them to develop healthy habits for their children, and a parenting coordinator post is in development. The healthy schools programme has been hampered by Covid, but continues to be available to schools to access, and we have worked very closely with schools over the pandemic, supporting them to remain open as far as possible. The Holiday's activity fund has supported children through the pandemic, during the holidays, to access healthy and nutritious meals, and activities.

Community shop also enable low income families to access affordable food, and a wider food poverty network has been established, which will support low income families to access nutritious food through a range of interventions. Free school meal vouchers were made available to families.

PH Supporting commentary

02b

The impact of the pandemic has resulted in many people leading more sedentary lives, with fewer opportunities for participating in sports and activities. There has been periods of lockdown, school closures, shielding, home working and self-isolation that will all impact on both levels of activity, mental health and diet. It is uncertain, but unlikely that there would be an increase in the levels of physical activity during this difficult period.

Individual face to face gym sessions began in May 2021, with staff providing support to clients with long term conditions wishing to get more active. To date 25 people have accessed this in person service. The telephone physical activity advice and online video sessions have also continued for clients that are unable to access in person services at this point. This exercise on referral service works predominantly with clients with a history of cardiac, respiratory, neurological or chronic pain diagnoses.

The Active Halton steering group meetings have continued monthly, the group has focused on updating colleagues from across Halton on how services are being managed during the Covid-19 pandemic and changes to the availability of facilities and services as we moved into Q1. The re-opening of HBC Leisure services and in particular the swimming pools has seen a significant uptake from local people and the HIT continues to signpost and advise all clients in Weight Management, Exercise Referral and Age Well services on accessing physical activity throughout Halton.

Professionals training aimed at increasing healthy lifestyles intervention when working with children and families continues. This training runs Alcohol and tobacco staff training to children and young people's practitioners including school.

There has been an increase in parents taking up the parent bite size sessions which target healthy lifestyle topics such as healthy eating, exercise and sleep

**PH
02c**

Supporting commentary

The impact of the pandemic has resulted in many people leading more sedentary lives, with fewer opportunities for participating in sports and activities. There has been periods of lockdown, school closures, shielding, home working and self-isolation that will all impact on both levels of activity, mental health and diet. It has also resulted in limiting the contact time in schools, and reducing the opportunities to work with families to support healthier lifestyles. It is uncertain, but unlikely that there would be a reduction in levels of obesity during this period.

The National child measurement programme was paused during the Covid pandemic, and only a small proportion of Halton's primary schools were measured in the academic year 2020/21. This will affect the accuracy of the figures when they are made available. Development work continues on Adult weight Management app to allow work with the whole family, with children as the focus of the programme, this will be a combination of interactive remote sessions, coaching and telephone calls. Dieticians continue to carry out face to face clinics with children above 98th centile with their parents.

The Health improvement team have continued to provide a healthy weight offer in Q1 Halton's Adult Weight Management Service continued its transition into a digital hybrid model. The 'Fresh Start' service now offers a full digital app

service with online coaching as well as in person workshops for those that get more from a face to face service. In Q1 over 250 people have been using the app, with 10 new starters every week. The new Halton Fresh start app provides a unique opportunity in Halton to engage with a wider group of local people who would not attend traditional face to face services. In person weight management workshops have also now resumed alongside 'Weigh in' clinics to make it easier for people to monitor their weight and access the service. Dietician led tier 3 weight management service operated a combination of remote telephone and in person appointments, 96 referrals were received over Q1.

The service supports local people with high BMI's and those considering bariatric surgery. A Facebook group with over 400 active Fresh Start clients has been maintained throughout Q4.

The HIT is working closely with GP Surgeries to capitalise on a new primary care enhanced service incentive for obesity and weight management, with the aim of increasing significantly the number of local people that are referred into a weight management service

PH **Supporting commentary**

03a Work has continued to focus on reducing the rate of young people admitted to hospital due to alcohol, although this has been impacted due to COVID-19, lock down, and reductions in social interaction. A new outreach youth provision has commenced which will support young people and provide access to information and advice around alcohol and other risk taking behaviours and the Councils Early Help Team has commenced providing direct support for young people affected by substance misuse.

PH **Supporting commentary**

03b Awareness is raised within the local community of safe drinking recommendations and local alcohol support services through social media campaign messages and the promotion of national campaigns via digital platforms. Champs Public Health Collaborative are launching a new campaign funded by Cheshire & Merseyside Health & Care Partnership to promote the Lower My Drinking platform, which is now available for use in Halton. Campaign assets include videos for social media, images for Facebook / Instagram / Twitter posts. Printable assets (A4 / A3 posters, A4 leaflet, and business cards)

The Stop Smoking Service has continued to deliver Audit C screening remotely and offers Brief Advice and signposting or referral to CGL, when appropriate, during consultations with clients who are stopping smoking and who also wish to reduce their alcohol intake.

The Stop Smoking Service have delivered Audit C screening remotely to 534 clients.

Health Trainers have had limited opportunities to deliver Audit C screening as part of Health Checks due to COVID.

PH **Supporting commentary**

03c The Substance Misuse Service has continued to find innovative ways in which to support clients affected by substance misuse, including digital consultations and socially distanced appointments. During quarter 4 we have seen a consistent

number of individuals engage within service for support (Total 149 for Q4), with individuals seeking support with alcohol being the highest number of assessments each quarter.

Substance of choice	Total Q1	Total Q2	Total Q3	Total Q4	Target YTD	Actual YTD
Alcohol	52	80	59	68	240	259
Opiates	23	41	35	18	140	117
Non-Opiates	33	32	35	34	120	134
Alcohol/Non-Opiates	12	32	21	29	80	94

PH Supporting commentary

04a The NHS Health Check service resumed in March 2021. The previous 12 months had seen the programme suspended but for a 3 mnth period from August 2020. As such during Q1 the aim for the programme has been to mobilise the HIT Health Check Officer (HCO) team and begin supporting Halton GP's to resume the programme. Thirteen practices in Halton had HCO support by the end of Q1. HCO's are delivering increasing numbers of Health Checks each month with 83 in June 2021.

Q1 data shows 265 Health Checks were completed by Halton practice staff with a further 180 delivered by HCO's giving a total of 445 Health Checks for Q1.

Resumption of NHS Health Checks in community and workplace settings is being reviewed currently in Q2 with aim of restarting this valuable work in Q2/3.

PH Supporting commentary

04b Halton Stop Smoking Service has continued to deliver the service remotely throughout COVID 19 to support local people to stop smoking. Through the use of digital platforms and contact with all referring agencies we have continued to promote the service to encourage referrals, however, there has been a decrease in all referrals during COVID. Plans are now in place to resume face 2 face delivery, as well as CO monitoring and Lung Age checks, in venues during August 2021. Remote working/telephone consultations for those clients who have difficulty attending stop smoking sessions due to ill health/childcare difficulties/work commitments or accessibility will continue. Extra emphasis is placed on pregnant smokers, routine and manual smokers, smokers with respiratory disease, smokers addicted to substance misuse and smokers with mental health, where extra support is required. Although the quit rate is lower than previous years for pregnant smokers (34%). This reflects the need to resume house visits and the pregnancy incentive voucher scheme for pregnant smokers when face 2 face consultations resume in August 2021.

The service has now set up a FB page where advice and tips on stopping smoking are available to smokers – 89 people currently access the FB page.

Total Referrals into service	832
Total Clients Engaged	759
Engagement Rate	91%
Total setting a quit date	759
Total clients quitting	464
Quit Rate	61%
Clients with mental health condition setting a quit date	177
Clients with mental health condition quitting	106
Quit Rate	60%
Clients with Respiratory Health condition setting a quit date	167
Clients with Respiratory Health condition quitting	124
Quit Rate	74%
Clients in Routine & Manual socio economic setting a quit date	264
Clients in Routine & Manual socio economic quitting	142
Quit Rate	54%
Clients with Drug and Alcohol dependency setting a quit date	30
Clients with Drug and Alcohol dependency quitting	19
Quit Rate	63%
Smoking in Pregnancy Clients setting a quit date	86
Smoking in Pregnancy Clients quitting	29
Quit Rate	34%

PH Supporting commentary

04c The Active Halton Steering Group continues to meet monthly to co-ordinate on strategies to increase physical activity uptake. Work is under way to utilise the 'Better Health' campaign locally, and to promote physical activity availability across Halton.

PH Supporting commentary

04d As stated in PH04a the NHA Health Check Programme has resumed in Halton and forms the cornerstone of early detection. No further work has been carried out in Q1 with practices to review condition management.

PH Supporting commentary

04e Rates of death from cardiovascular disease have reduced year on year since 2001-03.

PH Supporting commentary

05a There has been a generalised reduction in the number of people admitted to hospital for self harm. We have continued to engage and promote positive mental health and wellbeing messages although some direct face to face services have been unable to run as a result of the pandemic. It is unclear presently if the data reflects a real term recustion or if this is an artefact of the changes in secondary care provision as a result of the pandemic. Future data will help to indicate this.

Halton continues to deliver self harm awareness training to front line staff who work with children and young people as part of the wider preventative mental health agenda. Champs continue to lead a variety of projects across Cheshire and Merseyside working towards reducing self harm in both children and young people and adults. Work taking place on the development of the self harm dashboard by NWAS is almost complete. Local suicide prevention leads will soon have access to this resource which will provide data regarding the age range, sex and outcome of those calling an ambulance due to self harm. This insight will enable more targeted prevention work to take place to help reduce self harm. The NHS England North West Coast Children and Young People Self Harm Pathway Development Group has identified self-harm awareness training for staff who work in community settings and front line mental health workers. Halton's suicide prevention partnership board has identified initial cohorts who would benefit from accessing this training. The NHS England North West Coast Children and Young People Self Harm Pathway Development Group has also established a task and finish group to pilot self-harm care kits in non-clinical settings. The aim of the kits are to support individuals with distraction activities and good self-care. The pilot of the self-harm care kits will be evaluated by LJMU. If successful Halton will have access to the kits to be used locally

PH **Supporting commentary**

05b There is no data available in the public health outcome framework to support measurements of carer wellbeing score.

Activity is continuing to engage individuals and communities in positive wellbeing messages and activities, though opportunities for face to face engagement and support has reduced during the pandemic.

PH The latest wellbeing survey data for 2019/20 indicates 9.3% of people in Halton have a low happiness score; the data for 2020/21 is not yet available so it is unclear how COVID-19 has affected this.

05c There is no data available in the public health outcome framework to support measurements of carer wellbeing score.

Activity is continuing to engage individuals and communities in positive wellbeing messages and activities, though opportunities for face to face engagement and support has reduced during the pandemic.

PH **Supporting commentary**

05d The latest published suicide rate is 1.7 suicides per 100,000 persons for the years 2017-19. We continue to work closely with partners and Champs on the Zero Suicide Agenda and consistently review the action plan for reduction of suicides in the community, even undertaking assessments for every individual suicide we are notified of.

The suicide prevention partnership board has continued to meet during the pandemic.

Concerns previously raised with Champs regarding potential delays and issues with the RTS system have been explored and it has been confirmed Halton is receiving all RTS notifications from Cheshire coroners. Champs are in discussions regarding moving to a police led RTS system to enable a richer data set to be received more quickly than the current systems allows.

Champs have continued to work to address:

- Self harm
- Middle aged mens mental health
- Quality improvement within mental health trusts
- Primary care staff pilot
- Workforce development training
- Development of a lived experience network

Updates for Q1

Self Harm

Work taking place on the development of the self harm dashboard by NWS is almost complete. Local suicide prevention leads will soon have access to this resource which will provide data regarding the age range, sex and outcome of those calling an ambulance due to self harm. This insight will enable more targeted prevention work to take place to help reduce self harm. The NHS England North West Coast Children and Young People Self Harm Pathway Development Group has identified self-harm awareness training for staff who work in community settings and front line mental health workers. Halton's suicide prevention partnership board has identified initial cohorts who would benefit from accessing this training. The NHS England North West Coast Children and Young People Self Harm Pathway Development Group has also established a task and finish group to pilot self-harm care kits in non-clinical settings. The aim of the kits are to support individuals with distraction activities and good self-care. The pilot of the self-harm care kits will be evaluated by LJMU. If successful Halton will have access to the kits to be used locally.

Lived experience network

A representative for the lived experience network has attended a suicide prevention partnership board meeting to introduce the network and how Halton can benefit from it. As a result of this Halton now has representation on the lived experience network and is also in discussions with one of its members to be the lived experience representative on the local suicide prevention partnership board.

Local Activity

The Mental Health Info Point continues to be promoted via social media and training. From April to June it has received **1345** page views with **480** unique users and **140** visiting the need help now section for details of mental health crisis support. The local 24hr mental health crisis telephone number is continuously promoted by the Local Authority, NWSBP and partners. Discussions have been taking place between NWSBP, the Local Authority and police regarding how front line Police staff supporting children and young people in crisis can be better supported by mental health teams reducing the need for CYP to attend A and E. Halton was successful in its expression of interest to access PHE prevention and promotion better mental health funds. Halton has been awarded £267,206 to deliver 5 prevention projects focussing on the following: bereavement support for children and young people, bereavement support for adults, support to address financial insecurity and debt, support to improve children and young people's mental health and wellbeing and support to improve Halton's parenting

programme offer. All of these projects will potentially contribute to the reduction in suicides in Halton.

PH 06a

Supporting commentary

The Stop Smoking Service have had to cease delivering COPD Lung Age Checks to clients aged 35yrs and over as per NICE guidelines during consultations due to COVID and working remotely. Resumption of face 2 face consultations is planned for August 2021.

Partnership working across Liverpool and Knowsley Stop Smoking Services, Liverpool Heart and Chest Hosp. and Halton CCG is ongoing to implement the TLHC (Targeted Lung Health Check Programme) in areas of high Lung Cancer rates. This programme has started in Liverpool and it is envisaged Halton area will be targetted in January 2022. An increase in throughput into the service of potentially 1,600 current and ex smokers in Halton aged between 55 yrs and 75 yrs is anticipated. In the interim period Halton Stop Smoking Service, in conjunction with Halton CCG, are running a pilot scheme with GP's to refer all COPD clients that are smokers into the service for support to stop smoking.

PH 06b

Supporting commentary

NHSE / PHE Cancer screening programme boards have not yet recommenced. Local activity is continuing with engagement with all services to encourage uptake and maximise participation in the screening programmes. The Cheshire and Merseyside Cancer Alliance's Cancer Prevention Board has recently met and will be identifying priorities and action plans, which includes the cancer screening agenda.

Coverage and uptake of cancer screening has been quite varied during the Pandemic and the longer term data has yet to be assessed. Screening for Breast cancer saw a 2% decrease in uptake during 2020 compared to 2019, after a period of small but steady yearly increases.

Uptake for Bowel cancer saw a continued small annual increase. While for Breast cancer, the rate of uptake continued to increase in those aged 25 to 49, but remained the same as 2019 in those aged 50-64. There remains a backlog of eligible persons in some services which are being cleared as quickly as possible.

PH 06c

Supporting commentary

The Cancer Alliance Cancer prevention board has recently been reformed to include the Early detection of cancer. The Cancer Prevention Board and Early Diagnosis has recently met and will be identifying priorities and action plans, which includes the cancer screening agenda.

PH 06d

Supporting commentary

The 1 year survival rate for Breast, Bowel and lung cancers has shown a steady increase over the last few years. This is a positive step and usually identifies a positive shift to earlier diagnosis, and access to rapid assessment and treatment services. The data which may show an impact of Covid-19 on the early presentation and early treatment has yet to be seen.

PH 06e

Supporting commentary

Premature deaths (deaths under 75 years) from cancer have reduced year on year in Halton. Halton has a significantly higher rate of early mortality from cancer than the North West and the rest of England. The rate of reduction is similar to that of England and so the inequality between Halton and the England is not reducing significantly. Latest data, yet to be validated, suggests that the decline is continuing, though the impact of Covid-19 has not yet been assessed.

PH 07a

Supporting commentary

The Sure Start team continue to support Older people to engage in community activities to reduce the risk of loneliness and social isolation. Whilst community opportunities are limited due to the pandemic the team continue to offer emotional support to people, sign posting them to existing services and providing a listening ear.

They continue to plan for the Get Together event which is planned for October. Letters have been sent out to people to make them aware that this event is to take place for the first time in 16 months. The response has been very positive. Residents of Halton are looking forward to attending.

PH 07b

Supporting commentary

No Change . During the pandemic there have been significant changes made to the falls pathway. The Falls Intervention services ceases to exist as does the Rapid Access Rehabilitation Service. This has left a gap in the service provision.

The intermediate care service is still under review. There are no dates set as to when the new service will be up and running

A decision has been made to put the falls steering group on hold until further information is gathered about the future plan of the falls service.

PH 07c

Supporting commentary

Uptake of flu vaccination for the 2020/21 season has increased to 79.9% in the over 65s, which the national target of 75%. The uptake has been facilitated by the joint approach with local partners, including Warrington Council to maximise opportunities for engagement and emphasise the benefits of flu vaccination with the Covid Pandemic.

PH 08a

Supporting commentary

Halton has robust services in place to identify cases of COVID via Halton Outbreak Support Team. We perform our own contact tracing and follow up with emails and door knocking if people do not respond to phone calls. We also have a range of testing options in community centres, buses and pop up options.

PH 08b

Supporting commentary







Halton has a vaccination lead that works with local partners to agree the best ways to encourage vaccine uptake. We have a range of options including pharmacies, buses, hospitals, GPs and mass vaccination sites. Halton has good uptake in the over 40s and moderate uptake in the younger age range as elsewhere. We are constantly looking for new ways of reaching people.

PH 08c








Supporting commentary

Halton works with partners and has developed an Early Warning system for monitoring infections. We scrutinise this at the LOMB, the Health Protection Board and through the JBC.

Key Performance Indicators

Ref	Measure	20/21 Actual	21/22 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)	66.1% (2018/19)	N/A	N/A		N/A
PH LI 02a	Adults achieving recommended levels of physical activity (% of adults aged 19+ that achieve 150+ minutes of moderate intensity equivalent per week)	57.6% (2019/20)	58.2% (2020/21)	N/A		N/A
PH LI 02b	Alcohol-related admission episodes – narrow definition (Directly Standardised Rate per 100,000 population)	896 (2019/20 provisional)	877.7 (2021/22)	652 (2020/21 provisional)		
PH LI 02c	Under-18 alcohol-specific admission episodes (crude rate)	58.3 (2017/18 – 2019/20)	57.1 (2019/20 – 2021/22)	55.9 (2018/19-2020/21 provisional)		

	per 100,000 population)					
PH LI 03a	Smoking prevalence (% of adults who currently smoke)	14.9% (2019)	14.9% (2020)	N/A		N/A
PH LI 03b	Prevalence of adult obesity (% of adults estimated to be obese)	78.3% (2019/20)	77.5% (2020/21)	N/A		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>	87.1 (2018-20)	87.1 (2019-21)	87.1 (Q2 2018 Q1 – 2021)		
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>	162.4 (2018-20)	160.8 (2019-21)	157.2 (Q2 2018 Q1 – 2021)		
PH LI 03e	Mortality from respiratory disease at ages under 75 (Directly Standardised Rate per 100,000 population)	52.1 (2018-20)	51.6 (2019-21)	48.7 (Q2 2018 Q1 – 2021)		

	<i>Published data based on calendar year, please note year for targets</i>					
PH LI 04a	Self-harm hospital admissions (Emergency admissions, all ages, directly standardised rate per 100,000 population)	388.3 (2019/20)	380.6 (2021/22)	312.6 (2020/21 provisional)		
PH LI 04b	Self-reported wellbeing: % of people with a low happiness score	9.3% (2019/20)	9.1% (2020/21)	N/A		N/A
PH LI 05ai	Male Life expectancy at age 65 (Average number of years a person would expect to live based on contemporary mortality rates) <i>Published data based on 3 calendar years, please note year for targets</i>	17.2 (2018-20 provisional)	17.2 (2019-21)	17.2 (Q2 2018 Q1 – 2021)		
PH LI 05ai i	Female Life expectancy at age 65 (Average number of years a person would expect to live based on	19.8 (2018-20 provisional)	19.8 (2019-21)	19.7 (Q2 2018 Q1 – 2021)		

	contemporary mortality rates) <i>Published data based on 3 calendar years, please note year for targets</i>					
PH LI 05b	Emergency admissions due to injuries resulting from falls in the over 65s (Directly Standardised Rate, per 100,000 population; PHOF definition)	2834 (2019/20)	2806 (2021/22)	2844 (2020/21 provisional)		
PH LI 05c	Flu vaccination at age 65+ (% of eligible adults aged 65+ who received the flu vaccine, GP registered population)	71.6% (2019/20)	75% (national target)	79.9% (2020/21)		
PH LI 06a	COVID-19 case rate (positive cases per 100,000 population in previous 7 day period)	8.5 (30/06/21)	PHE THRESHOLDS (Latest 7 day rate per 100,00)	257.3 (30/06/21)		
PH LI 06b	COVID-19 vaccination uptake (% population in all JVICI Groups covered by 2 Doses)	6.4% (31/03/21)	85% (national target)	60.6% (30/06/21)		

Supporting Commentary

PH LI 01 - Department of Education are not publishing 2019/20 or 2020/21 data due to COVID priorities.

PH LI 02a - Levels of adult activity reduced in 2019/20; we do not yet know how COVID-19 will have affected this in 2020/21. Data is published annually; 2020/21 data has not yet been published by Public Health England.

PH LI 02b - Provisional data for 2020/21 indicates the rate of alcohol related admissions has reduced and is on track to meet the target.
(Data is provisional; published data will be released later in the year.)

PH LI 02c - Provisional 2020/21 data indicates the rate of under 18 alcohol admissions has reduced and is on track to meet the target.
(Data is provisional; published data will be released later in the year.)

PH LI 03a - Smoking levels improved during 2019. 2020 data has not yet been published by Public Health England (data is published annually).

PH LI 03b – Adult excess weight increase during 2019/20; we do not yet know how COVID-19 will have affected this in 2020/21. Data is published annually; 2020/21 data has not yet been published by Public Health England.

PH LI 03c - The rate of CVD deaths (in under 75s) increased slightly in 2020, as COVID-19 had an effect. Since then the rate has remained stable.
(Data is provisional; published data will be released later in the year.)

PH LI 03d – The rate of cancer deaths (in under 75s) has reduced slightly over 2020 and the start of 2021. It is yet unclear how COVID-19 has affected death rates from other major causes.
(Data is provisional; published data will be released later in the year.)

PH LI 03e - The rate of respiratory disease deaths (in under 75s) has reduced slightly over 2020 and the start of 2021. It is yet unclear how COVID-19 has affected death rates from other major causes.
(Data is provisional; published data will be released later in the year.)

PH LI 04a - Provisional 2020/21 data indicates the rate of self harm admissions has reduced and is on track to meet the target.
(Data is provisional; published data will be released later in the year.)

PH LI 04b - Data is published annually; 2020/21 data has not yet been published by Public Health England.

PH LI 05ai - Life expectancy has been impacted severely by excess deaths from COVID-19, both nationally and in Halton. Male life expectancy at age 65 reduced during 2020, but has stabilised during Q1 2021.
(Data is provisional; published data will be released later in the year.)

PH LI 05a_{ii} – Life expectancy has been impacted severely by excess deaths from COVID-19, both nationally and in Halton. Female life expectancy at age 65 reduced during 2020 and Q1 2021.

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

PH LI 05b – Provisional 2020/21 data indicates the rate of falls injury admissions is similar to that of 2019/20. No data for 2020/22 is available yet.

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

PH LI 05c – Flu uptake for winter 2020/21 exceeded the national target of 75%.

This was an increase on 2019/20 uptake of 71.6%.

PH LI 06a – The number of COVID-19 has been rising nationally and locally since the start of June. Infection rates are high amongst young unvaccinated people age 17-24. Rates are lower in the over 60s.

PH LI 06b - Vaccinations are progressing at speed, with the aim of giving 85% of eligible people 2 doses by Autumn 2021.

APPENDIX 1 – Financial Statements

ADULT SOCIAL CARE DEPARTMENT

Finance

Adult Social Care

Revenue Operational Budget as at 30 June 2021

	Annual Budget	Budget to Date	Actual	Variance (Overspend)	Forecast Outturn (Overspend)
	£'000	£'000	£'000	£'000	£'000
Expenditure					
Employees	14,018	3,231	3,195	36	90
Premises	269	104	96	8	0
Supplies & Services	456	115	103	12	0
Aids & Adaptations	113	28	28	0	0
Transport	187	35	32	3	0
Food Provision	183	8	4	4	0
Agency	595	131	134	(3)	(10)
Supported Accommodation and Services	1,456	281	281	0	0
Emergency Duty Team	103	0	0	0	0
Contacts & SLAs	546	248	247	1	(20)
Capital Financing	43	21	21	0	0
Transfer To Reserves	353	0	0	0	0
<u>Housing Solutions Grant Funded Schemes</u>					
LCR Immigration Programme	250	9	10	(1)	0
Homelessness Prevention	345	5	5	0	0
Rough Sleepers Initiative	174	0	0	0	0
Total Expenditure	19,091	4,216	4,156	60	60
Income					
Fees & Charges	-630	-138	-136	(2)	(10)
Sales & Rents Income	-317	-118	-111	(7)	(20)
Reimbursements & Grant Income	-959	-139	-126	(13)	(30)
Housing Strategy Grant Funded Schemes	-769	-342	-344	2	0
Capital Salaries	-111	-28	-30	2	0
Government Grant Income	-87	-22	-22	0	0
Total Income	-2,873	-787	-769	(18)	(60)
Net Operational Expenditure Excluding Homes and Community Care	16,218	3,429	3,387	42	0
Care Homes Net Expenditure	6,363	1,526	1,584	(58)	(224)
Community Care Expenditure	18,199	3,576	3,812	(236)	(922)
Net Operational Expenditure Including Homes and Community Care	40,780	8,531	8,783	(252)	(1,146)

	Annual Budget	Budget to Date	Actual	Variance (Overspend)	Forecast Outturn (Overspend)
	£'000	£'000	£'000	£'000	£'000
Covid Costs					
Employees	0	0	356	(356)	(757)
Premises	0	0	9	(9)	(38)
Transport	0	0	8	(8)	(18)
Supplies (Including PPE)	0	0	73	(73)	(125)
Contracts	0	0	176	(176)	(225)
Infection Control	0	0	360	(360)	(360)
Rapid Test	0	0	241	(241)	(241)
Hospital Discharge Programme	0	0	241	(241)	(401)
Covid Loss of Income					
Community Care Income	-339	-339	0	(339)	(1,366)
Community Services Transport	-12	-12	0	(12)	(18)
Community Services Trading	-11	-11	0	(11)	(25)
Community Services Placements	-13	-13	0	(13)	(22)
Government Grant Income					
Infection Control Grant	0	0	-360	360	360
Rapid Test Funding	0	0	-241	241	241
CCG Hospital Discharge Programme	0	0	-241	241	401
Covid Grant Funding	0	0	-997	997	2,594
Net Covid Expenditure	-375	-375	-375	0	0
Recharges					
Premises Support	402	101	101	0	0
Transport Support	599	150	157	(7)	0
Central Support	4,161	1,040	777	263	0
Asset Rental Support	13	0	0	0	0
Recharge Income	-122	-28	-31	3	0
Net Total Recharges	5,053	1,263	1,004	259	0
Net Departmental Expenditure	45,458	9,419	9,412	7	(1,146)

Comments on the above figures

Net department expenditure excluding the Community Care and Care Homes Divisions, is £0.042m below budget profile at the end of the first quarter of the 2021/22 financial year. Net spend is currently projected to be to budget for the financial year overall. Information covering Community Care and Care Homes can be found further within the report.

Employee costs are currently £0.036m under budget profile, due to savings being made on vacancies. The bulk of savings are being made within the Care Management Division which have experienced difficulties in recruiting to vacant posts. However it is not anticipated that the current level of vacancies will continue for the full financial year.

There are a number of full grant funded Housing Strategy initiatives included in the report, specifically the LCR Immigration Programme, Homelessness Prevention and Rough Sleepers Initiative. The Homelessness Prevention scheme is an amalgamation of the previous Flexible Homelessness Support and Homelessness Reduction schemes. Funding has increased significantly from £0.253m in 2020/21 to £0.345m in 2021/22. Total funding of all Housing scheme of £0.769m represents confirmed grant allocations for 2021/22.

The projected £0.030m under-achievement of Reimbursement and Grant income relates to the CCG funding received in respect of Continuing Health Care packages relating to Day Services and Housing Network provision in respect of Adults with Learning Difficulties. The level of funding is dependent on the care package provided, and annual fluctuations can occur as a result. However, it is anticipated that this under-achievement will be compensated by savings in other areas, resulting in a balanced budget overall.

Costs relating to the Covid-19 pandemic have been recorded separately, and a summary is recorded in the table above. These figures are inclusive of costs relating to Care Homes and Community Care. Total expenditure and loss of income has been recorded as £1.839m for April and June 2021. The total cost for the financial year is currently estimated at £3.596m.

Care Homes

Revenue Operational Budget as at 30 June 2021

	Annual Budget £'000	Budget to Date £'000	Actual £'000	Variance (Overspend) £'000	Forecast Outturn £'000
Expenditure					
<u>Madeline McKenna</u>					
Employees	482	100	126	(26)	(104)
Other Premises	60	11	10	1	4
Supplies & Services	12	1	2	(1)	(2)
Food	30	8	8	0	0
Total Madeline McKenna Expenditure	584	120	146	(26)	(102)
<u>Millbrow</u>					
Employees	1,568	392	425	(33)	(131)
Other Premises	72	4	13	(9)	(36)
Supplies & Services	45	15	15	0	(1)
Food	61	13	13	0	0
Total Millbrow Expenditure	1,746	424	466	(42)	(168)
<u>St Luke's</u>					
Employees	2,133	524	548	(24)	(94)
Other Premises	83	2	9	(7)	(26)
Supplies & Services	40	9	9	0	(1)
Food	100	19	22	(3)	(12)
Total St Luke's Expenditure	2,356	554	588	(34)	(133)
<u>St Patrick's</u>					
Employees	1,463	383	336	47	189
Other Premises	82	17	22	(5)	(20)
Supplies & Services	32	7	8	(1)	(3)
Food	100	21	18	3	13
Total St Patrick's Expenditure	1,677	428	384	44	179
Total Expenditure	6,363	1,526	1,584	(58)	(224)

Comments

The Care Homes Division consists of four internal care homes, Madeline McKenna, Millbrow, St Luke's & St Patrick's. St Luke's and St Patrick's transferred to the Council in 2019 & staff are not yet on Halton contracts as the process has been delayed due to the Covid pandemic. Budgets for the 4 homes have been set based on 100% occupancy levels and 2021/22 bed rates.

At Q1 net spend exceeds the available budget by £0.058m, it is currently forecast net spend will exceed to approved budget £0.224m for the year to 31 March 2022.

Net staffing costs for the four care homes to date are currently £0.036m above the approved budget, the forecast for the remainder of the year estimates staffing costs to be in the region of £0.140m above budget. Forecasts are based on the current staffing structure. It does not include the anticipated additional costs for St Luke's and St Patrick's staffing, once they

transfer to Council terms and conditions.

Significant agency costs are being incurred across the care homes to cover vacancies and to allow for managing Covid protocols. These costs are budgeted to reduce significantly after Q1, however this area will continue to be a budget pressure.

All overtime & above average agency spend across the 4 care homes has been offset by the general Covid grant cost centre and will continue to do so until the end of September and reviewed at this point.

Community Care

Revenue Operational Budget as at 30 June 2021

	Annual Budget £'000	Budget to Date £'000	Actual £'000	Variance (Overspend) £'000	Forecast Outturn £'000
Expenditure					
Residential & Nursing	12,417	1,432	1,382	50	191
Domiciliary Care & Supported Living	8,822	1,056	1,194	(138)	(564)
Direct Payments	9,678	2,755	3,176	(421)	(1,730)
Day Care	381	77	73	4	14
Total Expenditure	31,298	5,320	5,825	(505)	(2,090)
Income					
Residential and Nursing Income	-8,934	-1,057	-1,260	203	894
Domiciliary Income	-1,475	-254	-280	26	95
Direct Payment Income	-721	-105	-145	40	179
ILF Income	-656	0	0	0	0
Adult Social Care Grant	-1,200	-300	-300	0	0
Income from other CCG's	-113	-28	-28	0	0
Total Income	-13,099	-1,744	-2,013	269	1,168
Net Operational Expenditure	18,199	3,576	3,812	(236)	(922)

Comments on the above figures:

Community care net expenditure is over the budget profile at the end of Quarter 1 by £0.236m and is anticipated to exceed the approved budget by £0.922m at the end of the financial year.

A number of factors are contributing to the forecast overspend. Last financial year, service users were being discharged from hospital early due to the Covid impact. The hospital discharge plan was put in place to fund these placements. Scheme 1 funded discharges from hospital before 30th September until they were reviewed or at the end of the financial year, whichever was soonest. Scheme 2 funded discharges discharged from 1st October but funding for this was only for 6 weeks per client.

The cost of these schemes was £2.4m for Residential and Nursing placements, £2.0m for Domiciliary Care & Supported Living and £0.6m for Direct Payments. To date, all service users on scheme 1 have now reverted back to normal funding streams i.e. either HBC or CCG funded.

Scheme 2, this financial year, is funded for 6 weeks in the 1st quarter but reduces to 4 weeks in the 2nd quarter so the temporary income to cover these packages of care has drastically reduced. Costs to date are currently £0.241m.

RESIDENTIAL CARE

There are currently 425 service users in permanent residential care an increase of 11% on those receiving a service at the end of last year. There are currently a number of people in out of borough care homes some of which attract a higher rate. This is to be investigated.

DOMICILIARY CARE & SUPPORTED LIVING

The number of service users receiving a package of care at home is currently 612 compared to 576 at the end of last year, an increase of 6%.

DIRECT PAYMENTS

14 new Direct Payments have commenced in June alone and 14 packages have increased. Taking into account closed packages and reimbursements, this still amounts to an annual increase of £0.231m.

In summary, the increase in numbers of community care packages in the last financial year may have been masked by the Hospital Discharge Programmes funding. Budgets relating to community care remain very volatile and close monitoring of the budget will continue.

Capital Projects as at 30th June 2021

	2020-21 Capital Allocation £'000	Allocation To Date £'000	Actual Spend £'000	Total Allocation Remainin g £'000
Orchard House	30	27	27	3
Total	30	27	27	3

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 £407,000, which reflected the projected remodelling and refurbishment costs of the property following its purchase in March 2019. The current year capital allocation reflects the final retention and snagging payments made now the scheme has been completed.

COMPLEX CARE POOL

Revenue Budget as at 30 June 2021

	Annual Budget £'000	Budget to Date £'000	Actual £'000	Variance (Overspend) £'000	Forecast Outturn £'000
Expenditure					
Intermediate Care Services	6,478	1,322	1,072	250	1,047
Joint Equipment Store	783	0	0	0	0
Oakmeadow	1,125	269	289	(20)	(98)
Intermediate Care Beds	607	152	152	0	0
Sub-Acute Unit	1,990	0	0	0	0
Inglenook	125	21	4	17	92
CCG Contracts & SLA's	3,119	49	49	0	0
Carers Centre	365	91	91	0	0
Red Cross Contract	65	16	16	0	0
Carers Breaks	412	197	165	32	129
Intermediate Care Development Fund	1,205	0	0	0	0
Residential and Nursing	1,014	253	253	0	0
Domicilliary Care and Supported Living	2,401	582	584	(2)	(8)
Total Expenditure	19,689	2,952	2,675	277	1,162
Income					
Better Care Fund	-11,468	-1,650	-1,650	0	0
CCG Contribution to Pool	-3,196	-850	-850	0	0
Oakmeadow Income	-612	-153	-152	(1)	(4)
Other Income	-54	0	0	0	(54)
Contribution to Pool Reserve	0	0	276	(276)	(1,104)
Total Income	-15,330	-2,653	-2,376	(277)	(1,162)
Net Departmental Expenditure	4,359	299	299	0	0

Comments on the above figures:

The overall position for the Complex Care Pool budget is £0.276m under budget profile at the end of June and the forecast year end position is expected to be approximately £1.104m under budget. Balances on the Pool will be transferred to reserves at year-end or reimbursed to partner organisations.

Intermediate Care Services is £0.250m under budget profile at the end of the first quarter of the new financial year. This is as a result of changes in the way services are delivered which came out of the pandemic. An Intermediate Care review is also underway.

Expenditure on Carer's Breaks is under budget profile by £0.032m as at the end of June with spend expected to be £0.129m below the approved budget by year-end. The personalised break costs from Halton Carer's Centre continue to be quite low as are the direct payment carers breaks. These will have been affected by Covid.

The Oakmeadow forecast overspend of £0.098m is due to agency costs with difficulty in recruiting due to Covid.

The underspend on Inglenook is due to vacancies at the property. This may change if the vacancies are filled.

Pooled Budget Capital Projects as at 30 June 2021

	2021-22 Capital Allocation £'000	Allocation To Date £'000	Actual Spend £'000	Total Allocation Remainin g £'000
Disabled Facilities Grant	650	160	114	536
Stair lifts (Adaptations Initiative)	250	60	49	201
RSL Adaptations (Joint Funding)	200	50	47	153
Millbrow Refurbishment	1,450	10	2	1,448
Madeline Mckenna Refurb.	100	10	11	89
St Luke's Care Home	240	10	2	238
St Patrick's Care Home	50	10	0	50
Total	2,940	310	225	2,715

Comments on the above figures:

Allocations for Disabled Facilities Grants/Stair Lifts and RSL adaptations are consistent with 2020/21 spend and budget, and expenditure across the 3 headings is anticipated to be within budget overall.

The £1.450m capital allocation in respect of Millbrow refurbishment reflects the value of funding carried forward from 2020/21, as the bulk of the refurbishment programme was rescheduled from last year to this due to the Coronavirus pandemic.

PUBLIC HEALTH & PUBLIC PROTECTION DEPARTMENT

Revenue Budget as at 30th June 2021

	Annual Budget £'000	Budget to Date £'000	Actual £'000	Variance (Overspend) £'000	Forecast Outturn £'000
Expenditure					
Employees	3,917	625	592	33	138
Premises	5	0	0	0	0
Supplies & Services	229	50	42	8	33
Contracts & SLA's	7,136	1,922	1,922	0	0
Transport	10	2	0	2	5
Agency	19	19	20	(1)	(1)
Transfer to Reserves	50	0	0	0	0
Total Expenditure	11,366	2,618	2,576	42	175
Income					
Fees & Charges	-82	-12	-15	3	7
Reimbursements & Grant Income	-46	-18	-18	0	0
Transfer from Reserves	-576	-32	-32	0	0
Government Grant Income	-10,840	-2,352	-2,352	0	0
Total Income	-11,544	-2,414	-2,417	3	7
Net Operational Expenditure	-178	204	159	45	182
Covid Costs					
Contain Outbreak Management Fund	0	0	650	(650)	(4,188)
LA Practical Support Framework	0	0	6	(6)	(145)
Community Based Testing	0	0	169	(169)	(389)
Covid Loss of Income					
Pest Control income	-10	-4	0	(4)	(10)
Exercise class income	-3	-12	0	(12)	(3)
Day trip income	-17	-2	0	(2)	(17)
Government Grant Income					
General Covid Funding	0	0	-18	18	30
Contain Outbreak Management Fund	0	0	-650	650	4,188
LA Practical Support Framework	0	0	-6	6	145
Community Based Testing	0	0	-169	169	389
Net Covid Expenditure	-30	-18	-18	0	0
Recharges					
Premises Support	119	30	30	0	0
Transport Support	24	6	6	0	1
Central Support	751	181	179	2	8
Net Total Recharges	894	217	215	2	9
Net Departmental Expenditure	686	403	356	47	191

Comments on the above figures

The net Department spend is £0.047m under budget at the end of Quarter 1 and the estimated outturn position for 2021/22 is for net spend to be £0.191m under the available budget.

Employee costs are currently £0.033m under budget. This is a result of savings made during the 1st quarter by staff continuing to work on Covid related activities and the associated costs funded from the Contain Outbreak Management Fund. There are a small number of vacancies, maternity leave and reductions in hours within the department that have also contributed to the underspend. It is anticipated that a full year underspend of £0.138m will result by the end of the financial year. The employee budget is based on 86.8 full time equivalent staff. The staff turnover saving target of £0.026m is expected to be achieved in full by the end of the financial year.

Spend on Supplies and Services is currently £0.008m under budget. The anticipated full year underspend will be £0.033m. This underspend has been generated by reduced spending on

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

There will be a significant underspend from the Public Health ring-fenced grant to be transferred to reserves at the end of the financial year, although this is to be determined after fully understanding the impact of the current third wave of COVID infections, the anticipated fourth wave during autumn and winter and the possibility of new variants of concern.

During 2020/21, due to escalating numbers of coronavirus infections, local Covid alert levels were introduced in England in October. As a result, Halton Borough Council received a series of payments from the Contain Outbreak Management Fund (COMF) providing grant funding of £4.048m in the last financial year, with £0.989m spent and £3.059m carried forward into 2021/22. A one-off additional payment for 2021/22 of £1.129m has been received in Quarter 1. Therefore £4.188m COMF funding is available to spend, with £0.650m or 15.52% spent to date. This funding has allowed the Halton Outbreak Support Team to be expanded, introduce 7 day working, increase contact tracing, deal with complex cases, target testing for hard-to-reach groups, and enhance communication & marketing and target interventions for specific sections of the local community and workplaces.

Following Liverpool's pilot of mass testing, Halton received funding of £14 per test to extend community based no symptoms lateral flow tests to help reduce infection rates locally by identifying people who have no symptoms, but who are infectious. SMART (Systematic, Meaningful, Asymptomatic, Repeated Testing) testing began in December 2020 at Grangeway and Ditton Community Centres. From March 2021, pop-up SMART testing vans that move around to various locations within the borough to target specific areas where infection levels are particularly high have been used alongside a pop-up site at Widnes Market. In addition, lateral flow testing kits for use at home have been available through Community Collect, at the fixed and pop-up sites, as well as local Supermarkets and Runcorn Shopping City.

Funding to help those who are required to self-isolate through the LA Practical Support Framework of £0.036m per month has been received and £0.006m has been spent to date. This funding will continue until at least the end of September. The funding should be spent on practical, social and emotional support where required by individuals in order to successfully self-isolate. This could include support in accessing food, support for wellbeing e.g. providing reassurance, check-ins, welfare calls, social and digital inclusion e.g. helping people to access services online, providing an internet connection, support for mental health and practical support, e.g. dog walking, collecting prescriptions, running errands and helping with caring responsibilities.

Loss of income due to Covid, with Sure Start to Later Life and Pest Control unable to generate income to date during the financial year and the Health Improvement Team has only been able to achieve reduced levels of income. The resulting loss of £0.018m fees and charges income to date has been offset by a contribution from reserves. The loss of income in 2021/22 is estimated to be £0.030m, assuming some income levels will not return to normal until the second half of the financial year at the earliest.

APPENDIX 2 – Explanation of Symbols

Symbols are used in the following manner:

Progress

Green



Objective
Indicates that the objective is on course to be achieved within the appropriate timeframe.

Performance Indicator
Indicates that the annual target is on course to be achieved.

Amber



Indicates that it is uncertain or too early to say at this stage, whether the milestone/objective will be achieved within the appropriate timeframe.

Indicates that it is uncertain or too early to say at this stage whether the annual target is on course to be achieved.

Red



Indicates that it is highly likely or certain that the objective will not be achieved within the appropriate timeframe.

Indicates that the target will not be achieved unless there is an intervention or remedial action taken.

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.