

## Health Policy & Performance Board Priority Based Report

**Reporting Period:** Quarter 2 – Period 1<sup>st</sup> July 2021 – 30<sup>th</sup> September 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 second 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 second quarter which include:

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

**Intermediate Care Review** - Work has continued to take place over the past few months on the implementation of the new Halton Intermediate Care and Frailty Services (HICaFS). A comprehensive Operational Mobilisation Plan, along with an associated risk register, has been developed with the aim to phase 'go live' of the new model from 1<sup>st</sup> December 2021.

**Adult Social Care Infection Control & Testing Fund** – On 30.9.21, the Government announced an additional £388 million to prevent infections and provide testing in the care sector. Work is currently underway to determine provider allocations based on the grant conditions etc.

#### **Mental Health Services:**

**Halton Women's Centre:** the Centre is continuing to deliver a range of services and supports to vulnerable women in Halton, including some who have had contact with the criminal justice system. The service aims to support women to maintain their own homes and safe environments, help them to develop self-confidence and (where necessary) wider skills of self-care, develop opportunities for education, volunteering and employment, support them to engage more fully with their wider communities and reduce reliance on GP and other health care services. the support offered usually falls into three main categories:

- Short-term therapeutic work through counselling (6 – 12 weeks)
- Medium-term support through activities or counselling / listening ear/ individual support sessions (6 – 12 months)
- Longer-term support through practical activities (more than 12 months)

The main issues facing most of the women who access the Centre were depression, anxiety, low confidence and self-esteem and social isolation. Some of these cited COVID and associated restrictions as the main reason of the impact on their coping ability and mental health. There has also been a slight increase in referrals for women experiencing domestic violence (who are referred on as required to specialist domestic abuse services) and an increasing demand for counselling and 1:1 listening ear sessions. We also have had some referrals direct from probation services for Counselling, support and educational

sessions. Cases are more complex in nature, which was to be expected and is line with planning and development for the service.

North-West Boroughs Mental Health Trust: North-West Boroughs mental health services have now successfully migrated to the MerseyCare Mental Health Trust, becoming a sub-Directorate of that Trust. At this stage, there has been very little change in the delivery of mental health services to local people, with the only main changes taking place at more senior management levels. MerseyCare is undertaking a full review of provision, which is expected to take around twelve months.

Mental Health Crisis Breathing Space (MHCBS): this national programme, established by HM Treasury, is designed to ensure that people who are in mental health crisis and 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, which lasts for the time that a person is in crisis, plus an additional 30 days, 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.

Since the programme was put in place, Halton has processed four referrals under the MHCBS. This is still a low number and more work needs to be done with MerseyCare to ensure that their staff are fully aware and are referring people as necessary. However, the picture nationally is equally poor, with only 80 referrals being made across the whole country in the same period. Work is taking place

Nationally to encourage Mental Health Trusts to raise awareness of the scheme within their staff groups

### **Public Health**

Covid-19 rates are continuing to plateau but at a high rate and consist almost entirely of cases of the Delta variant. The Delta variant is more rapidly transmissible. It is expected that the current rate is likely to remain at this level for a period of time with some additional uncertainty as winter approaches. Vaccination rates are over 75% for 1st and 2nd doses and a booster dose; flu vaccination is also being offered to at risk population groups. In spite of higher Covid case rates, hospital admissions remain lower than last winter/ early spring (when rates were also high).

The Targeted Lung Health Check programme has been signed off and is due to be implemented in Halton, supported by a stop smoking offer by the Health Improvement Team.

Whilst the rise in Covid activity that has happened since the national easing of restrictions is having an impact on the ability of the public health team to respond to non-Covid requests and activities, the team has made some progress on non-Covid activity with a return to

many face to face Health Improvement activity and a number of public health intelligence reports being produced.

### 3.0 Emerging Issues

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

#### **Adult Social Care**

**Making vaccination a condition of deployment in the health and wider social care sector** – The Government launched a consultation on 9.9.21 seeking views on whether or not to extend vaccination requirements to other health and care settings for COVID-19 and also for flu. The consultation is due to close on 22.10.21. If the recommendations outlined in the consultation are accepted, in line with the Mandatory vaccination requirements for staff working in Care Homes, this will have significant implication for the social care workforce.

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. Halton Borough Council submitted a detailed response to this consultation. The national responses have now been analysed and the government's response has been published. 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 taken place with the four Cheshire local authorities and their partner CCGs to resolve this issue, which is leading to the delivery of a county-wide protocol for ensuring an adequate local bed base.

#### **Public Health**

Covid booster vaccination programmes have started being offered to individuals who are at greater risk such, as the immune suppressed and also a school age 12-16. Whilst these are not delivered by the public Health team as Public Health Measures, the team works to support the seamless delivery.

Work on the integration agenda of the NHS is underway under the One Halton approach and the public health team is working with partners to support this work.

#### **Homelessness**

The homelessness strategy remains current and 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, with many actions successfully achieved.

The pandemic and Government announcement for everyone in approach, placed immense pressure upon the team and housing partners, whereby, all vulnerable homeless clients were accommodated, irrespective of priority need. The `everyone in` approach ceased August 2021, and concerted efforts have been made to assist clients into secure and sustainable accommodation. Covid-19 changed working practice, with additional measures implemented to meet the initial crisis, but have remained in place and continue to influence future activity and communication between partner agencies and commissioned service delivery in the future

Homelessness services have been successful in a number of funding bids to support vulnerable residents. The rough sleeper initiative funding has provided crisis beds for rough sleepers, prevention funding to assist them into accommodation and a property conversion to provide 4 x 1 bed properties to support the client group.

Halton was successful in securing funding to deliver services across both Halton and Knowsley to ex-offenders. The provision will improve early intervention measures to assist clients leaving prison and ensure there is a clear move on pathway plan, both short and long term.

#### **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**

<b>Ref</b>	<b>Milestones</b>	<b>Q2 Progress</b>
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. We are restarting our rollout of training on Strengths based approaches across adult social care, currently working with SMT on leadership and with managers.

1D. Arrangements for the initiating the review of the local dementia strategy/new dementia strategy will be made when the new Commissioning and Development manager is in place, as they will be acting as strategy lead. However, in the interim, work has been ongoing within ASC to progress the Dementia Friendly HBC approach (as recommended as good practice for local dementia strategy) – with a draft action plan presented to COMT





in September 2021, and further work with the respective Management teams to progress in October. In addition, Alzheimer's Society are in talks with HBC about their proposal to enhance local provision through cognitive therapy sessions – as added value to the existing contract (in place until March 2021).

1E. Completed

1F. No Commentary received for Q2.









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



### Key Performance Indicators

Older People:						
Ref	Measure	20/21 Actual	21/22 Target	Q2	Current Progress	Direction of travel
ASC 01	Permanent Admissions to residential and nursing care homes per 100,000 population 65+ <b>Better Care Fund performance metric</b>	TBC	635	N/A		N/A
ASC 02	Delayed transfers of care (delayed days) from hospital per 100,000 population. <b>Better Care Fund performance metric</b>	N/A	TBC	N/A		N/A
ASC 03	Total non-elective admissions in to hospital (general & acute), all age,	3341	5107	4139		







	per 100,000 population. <b>Better Care Fund performance metric</b>					
ASC 04	Proportion of Older People (65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services (ASCOF 2B) <b>Better Care Fund performance metric</b>	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 working days (VI/DRC/HMS)	72%	97%	78%		
ASC 06	Proportion of people in receipt of SDS (ASCOF 1C – people in receipt of long term support) (Part 1) SDS	74%	80%	95.4%		
ASC 07	Proportion of people in receipt of SDS (ASCOF 1C – people in receipt of long term support) (Part 2) DP	21%	45%	35%		
ASC 08	Proportion of adults with learning disabilities who live in their own	92.4 %	88%	92.79 %		

	home or with their family (ASCOF 1G)					
ASC 09	Proportion of adults with learning disabilities who are in Employment (ASCOF 1E)	5%	5.5%	5.29%	<input checked="" type="checkbox"/>	
<b>Homelessness:</b>						
ASC 10	Homeless presentations made to the Local Authority for assistance in accordance with Homelessness Act 2017. Relief Prevention Homeless	2000	2500	433  189 68 76	<input checked="" type="checkbox"/>	
ASC 11	LA Accepted a statutory duty to homeless households in accordance with homelessness Act 2002	114	300	76	<input checked="" type="checkbox"/>	
ASC 12	Homelessness prevention, where an applicant has been found to be eligible and unintentionally homeless.	N/A	TBC	N/A	N/A	Duplicate – relates to statutory homeless acceptance, detailed in ASC 11  Eligibility and intentionality form part of the homelessness assessment to determine statutory homelessness



						s acceptance.
ASC 13	Number of households living in Temporary Accommodation Hostel Bed & Breakfast		300	47		
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%	0.40%		
<b>Safeguarding:</b>						
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).	62%	85%	67%		

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
<b>Carers:</b>						
ASC 18	Proportion of Carers in receipt of Self Directed Support.	99.4 %	99%	96.2%		
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 discussions about the person they care for (ASCOF 3C)	N/A	N/A	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)	N/A	93%	N/A	N/A	N/A

	<b>Better Care Fund performance metric</b>					
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Supporting Commentary:

**Older People:**

ASC 01 Work is in progress to look at the number of admissions to residential and nursing care, we will have an update for you at Q3.

ASC 02 The collection of this dataset continues to be paused. No date has been provided for its recommencement.

ASC 03 Halton CCG continues to see low number of zero day length of stay admissions at Warrington Hospital, this is due to the use of assessment space as temporary bedded down units, this makes the space unavailable for same day admit to assess patients.

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 Q3.

ASC 06 There have been ongoing issues with reporting on this metric, which we now think has been resolved, however we need to continue to look at this in more detail and compare monthly to ensure that the figure continues in this direction.

ASC 07 As above we are continuing to look at our reporting in this area to ensure that our systems are reporting correctly.

ASC 08 Figures in this area remain stable

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. 'Known to' clients are those in receipt of long term support.

**Homelessness:**

ASC 10 No commentary received for Q2.

ASC 11 No commentary received for Q2.

ASC 12 No commentary received for Q2.

ASC 13 No commentary received for Q2.

ASC 14 No commentary received for Q2.

### **Safeguarding:**

ASC 15 Work being done looking at the Actual/ target/Q2 figure.

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 This figure is slightly down from this time last year however, we are still on track to meet the target.

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**

<b>Ref</b>	<b>Objective</b>
<b>PH 01</b>	<b>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.</b>

<b>Ref</b>	<b>Milestones</b>	<b>Q2 Progress</b>
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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.	
<b>Ref</b>	<b>Objective</b>	
<b>PH 02</b>	<b>Improved levels of healthy eating and physical activity through whole systems working.</b>	
<b>Ref</b>	<b>Milestone</b>	<b>Q2 Progress</b>
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.	
<b>Ref</b>	<b>Objective</b>	
<b>PH 03</b>	<b>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.</b>	
<b>Ref</b>	<b>Milestone</b>	<b>Q2 Progress</b>
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.	
<b>Ref</b>	<b>Objective</b>	

<b>PH 04</b>	<b>Cardiovascular Disease</b>	
<b>Ref</b>	<b>Milestone</b>	<b>Q2 Progress</b>
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.	
<b>Ref 05</b>	<b>Objective</b>	
<b>PH 05</b>	<b>Mental Health</b>	
<b>Ref</b>	<b>Milestone</b>	<b>Q2 Progress</b>
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.	
<b>Ref</b>	<b>Objective</b>	
<b>PH 06</b>	<b>Cancer</b>	
<b>Ref</b>	<b>Milestone</b>	<b>Q2 Progress</b>
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	<b>Objective</b>	
PH 07	Older People	
Ref	Milestone	<b>Q2 Progress</b>
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	<b>Objective</b>	
PH 08	<b>COVID-19</b>	
Ref	Milestone	<b>Q2 Progress</b>
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 advice, and support and referral into partner agencies as appropriate.

Focus has returned to the provision of face to face visits / assessments where possible and a recovery plan is in operation to catch up any development reviews for families. The service is supporting the Covid vaccination programme for 12-15 year olds and is undertaking the annual flu programme as well.

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. Currently we are working through the waiting list to try to ensure the parents are allocated to a course over the next 2 quarters. There has been an increase in referrals. There is also an issue with capacity at venues for face to face delivery is reduced.

**PH  
01b**      **Supporting commentary**

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.

The Family Nurse Partnership programme continues to work with first time teenage parents in Halton, and provides intensive support for some of our most complex families. The service has received some additional financial support from the CCG to embed mental health work as part of their delivery, as well as extending training to wider children’s workforce.

The Pause programme started in Halton in April 21, and works with women who have had children removed and are at risk of having future 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, with programmes in place to reduce their safeguarding risk and support their parenting capacity, should they choose to have a family in the future.

**PH  
01c**      **Supporting commentary**

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 part of the “Your Baby and You” program that was due to start in October.

Feedback from recent participants –

“Lots of support without judgement and made me feel like I was doing the right thing and could cope. I had numerous phone calls to check in and one face to face visit that showed me new techniques and I have been able to continue breastfeeding when I thought I may give up”.



“Support at children’s centre Elena was brilliant with lots of advice and support”.

“Regular phone calls but it was the face to face visit in relaxed surroundings that really helped. Knowledgeable, sensitive and empathetic staff”.

The Fit 4 Life service continues to develop a family app for those families and children who are overweight or want to make healthy changes. The app has now been launched promoting to referral partners. A public campaign to increase numbers will take place in January 21. Parent bitesize sessions continue to run with good uptake.

Holiday Activities Food (HAF) program provides school holiday provision to those on Free School Meals (FSM) and includes nutrition education, cooking and physical activity. It ran over summer with high percentage of those who took part eligible for free school meals. The holiday activity with food programme offers opportunities and experiences to children on free school meals who otherwise would not have been able to participate in such activities. The programme ensures that young people have positive engagement, healthy food, enrichment activities and daily nutritional education.

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. In Q2, work with the Halton Chamber of Commerce has continued and the HIT has restarted breakfast meetings to engage with local business. 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. In Q2 this workplace offer has expanded to 3 businesses engaging 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 Holidays activity fund

has supported children through the pandemic, during the holidays, to access healthy and nutritious meals, and activities.

The community shop also enables 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.

In Q2, HIT staff have been providing support to clients with long term conditions wishing to get more active. In Q2 45 initial consultations have been carried out with Halton residents looking to become more physically active. 57 Clients are currently in service and 3 HBC venues are now being used to deliver gym based sessions. 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 resumed after a mid- summer break. 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 through Q2. 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**      **Supporting commentary**

**02c**

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 means the data will be based on a sample and may not reflect the full picture.

Development work has continued on the side of the app aimed at the whole family, with children as the focus of the programme, this will be a combination of interactive remote sessions, coaching and telephone calls. This has now had a soft launch with a wider roll out in the new year

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 Q2 and 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. The Adult weight Management 'Fresh Start' app has seen excellent uptake over Q2 with over 130 new users. 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 continued alongside 'Weigh in' clinics to make it easier for people to monitor their weight and access the service.

In total 230 referrals for Tier 2 weight management were received in Q2. Dietician led tier 3 weight management service operated a combination of remote telephone and in person appointments, 88 referrals were received over Q2. The service has seen an increase in referrals since Covid restrictions eased and the service is looking at ways to manage this through Q3 and 4. The service supports local people with high BMI's and those considering bariatric surgery.

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 have launched 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.

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 service delivers Brief Advice and Signposting to GP or referral to CGL, when appropriate.

To date the Stop Smoking Service have delivered 395 Audit C screenings to 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 the quarter there has been a consistent number of individuals engaging with the service for support with individuals seeking support with alcohol being the highest number of new treatment journeys commenced.

The procurement of a new specialist substance misuse service for Halton is due to conclude shortly, with a new contract commencing on 1st April 2022.

Warrington Hospital is also developing an Alcohol Care Team function having received additional financial support from the NHS to optimise local provision. This builds upon work already commenced at St Helens & Knowsley Hospital and is a welcome local development.

**PH** **Supporting commentary**

**04a**

The NHS Health Check service has continued to increase the number of Halton residents completing a health check in Q2.

Halton practices have been supported by HIT Health Check Officers in 90% of local surgeries. Q2 data shows 282 Health Checks were completed by HIT staff (100 more than Q1). Practice data for the same period is not yet available

Interest from Halton workplaces in resuming NHS Health Checks on site has increased and Health Checks will be delivered in Q3 in local businesses as a result.

**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. Face to face delivery of the service has now resumed in 5 GP settings and plans are afoot to steadily increase this offer. 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, never worked or unemployed smokers, smokers with respiratory disease, smokers addicted to substance misuse and smokers with mental health, where extra support is required. To date the service has supported 516 clients of which 231 clients have successfully stopped smoking so far and 112 clients where outcomes are unknown as yet as they are midway through the programme. 184 clients accessing the service have never worked or are unemployed or are routine and manual smokers. The service has been working closely with Liverpool Heart and Chest Hospital and Halton CCG on the Targeted Lung Health Check programme.

The service has now set up a Facebook page where advice and tips on stopping smoking are available to smokers – 90 people currently access the Facebook page.

**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.

Healthy eating advice forms part the weight management service, NHS Health Check and all Lifestyle Advisor consultations that the HIT carries out.

**PH** **Supporting commentary**

**04d** No further work has been carried out in Q1 with practices to review condition management due to limited access as a result of Covid

**PH** **Supporting commentary**

**04e** As stated in PH04a the NHS Health Check Programme has resumed in Halton and forms the cornerstone of early detection of heart disease risk factors. Prevention work has continued but it is thought that the start of the pandemic had an impact on heart disease and stroke due to people not accessing healthcare.

**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 reduction 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. The self harm dashboard developed by NWS and PHE is complete and a monthly report is being shared with Champs. Local suicide prevention leads don't have access yet to the dashboard directly and its data set but will soon. The NHS England North West Coast Children and Young People Self Harm Pathway Development Group has commissioned Harmless to deliver self-harm awareness training for staff who work in community settings and front line mental health workers. A pilot will be taking place in November to ensure the training is suitable. Halton's suicide prevention partnership board has identified initial cohorts who would benefit from accessing this training once it has been assessed and is available. 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 kits are being piloted throughout September and will be evaluated by LJMU to assess their effectiveness.

Halton was successful in its application to PHE's Mental health Prevention and Promotion fund and has utilised the funds to provide the following:

- Bereavement support for children, young people and adults
- Development of a community grants fund, in partnership with young people, to deliver 5 ways to wellbeing activities in the community to children and young people
- Pilot programme aimed at engaging young males via Youth out reach
- Parenting programme co ordinator
- Additional support for adults experiencing financial insecurity

All of the above programmes will contribute to improved mental health and wellbeing of the local population and subsequently the indirect reduction in self harm.

**PH  
05b**      **Supporting commentary**

There is no data available in the Public Health Outcomes 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  
05c**      **Supporting commentary**

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.

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.

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

**Local Activity**

The Mental Health Info Point continues to be promoted via social media and training. From April to June it has received **1,147** page views with **442** unique users and **184** 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, NWBP and partners. Mens anti stigma campaign continues to engage men who live in areas of deprivation with lived experience videos. The aim of the campaign is to reduce mental health stigma in men resulting with early help seeking and self help behaviour. The videos have received **61,265** views between July and September. Halton was successful in its expression of interest to access PHE prevention and promotion better mental health funds. Due to recommendations made by Health Watch in a recent report regarding children and young people's mental health. A letter and leaflet has been developed for secondary schools to communicate to parents/cares what support is available to them and their child if they are concerned about their mental health. The letter and leaflet has been provided to secondary schools for dissemination. Schools and early year's settings continue to be supported to implement a whole setting approach to improve mental health and wellbeing. Mental health awareness and suicide awareness training continues to be available to HBC staff and partners.

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 Supporting commentary**

**O6a** *Please see PH04b*

The Stop Smoking Service have had to cease delivering COPD6 Lung Age Checks to clients aged 35 yrs and over as per NICE guidelines during consultations due to COVID and working remotely. However, CO monitoring has now resumed in 5 GP venue settings – albeit clients are offered and may decline if they feel uncomfortable - so it is based on clients choice.

Partnership working across Liverpool and Knowsley Stop Smoking Services, Liverpool Heart and Chest Hospital 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 Halton area will be targeted in January 2022. The service is looking to recruit 1 WTE in order to be able to deliver this programme. 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. Due to the programme being delayed and subsequent recruitment, the planned pilot scheme with GP's to refer all COPD clients that are smokers into the service for support to stop smoking is not able to go ahead.

**PH Supporting commentary**

**O6b**

Cancer Screening activity has resumed to normal levels compared to pre-Covid. It is too soon to say if the dip experienced in uptake of these programmes through initial lockdowns has recovered or if there remains a back log. However work has commenced to resume the activities of positive messaging and encouragement. Halton is participating in a number of activities to promote and encourage uptake of screening programmes as part of the Cheshire and Merseyside Cancer Alliance Prevention Board. Champs are undertaking a number of campaigns including Bowel screening uptake programme which is seeing the recruitment of system champions and navigators to encourage and assist people through the Bowel screening programme, early text message reminder prompts for cervical screening and currently developing a series of community engagement campaigns across a breadth of cancer prevention programmes, including screening.

**PH Supporting commentary**

**O6c**

Staging data is only available up to 2018. The percentages of cancers diagnosed at stage 1 or stage 2 has remained fairly static in the last 5 years.



- PH 06d**      **Supporting commentary**  
Cancer survival data is only available up to 2017; however the 1 year net survival % has increased year on year and the gap between Halton and the England average has narrowed considerably.
- PH 06e**      **Supporting commentary**  
The rate of premature mortality from cancer has seen a steady year on year decline, the latest available data is for the period 2017-19.
- PH 07a**      **Supporting commentary**  
Sure Start to Later Life continues to support older people to engage in community activities to reduce the risk of loneliness and social isolation. We have seen an increase in the number of community groups restarting since the pandemic which is increasing older people's social opportunities.  
Our outreach visits to promote the role of the Information and Advice Officer and the function of Sure Start to Later Life has restarted and a schedule of visits has been produced.
- The first Get Together since the pandemic is due to take place on Monday 11th October. Whilst the number of people allowed to the event has reduced from 80 to 50 we have increased the number of events to ensure that every one has the opportunity to take part. The Partners in Prevention meeting took place this quarter with over 25 Partners from all sectors in attendance. Lots of information was shared across professions and awareness raised about what services are available to support our older adults to access their community.
- The Loneliness action plan has been revamped and the steering group is due to restart in the next quarter.
- PH 07b**      **Supporting commentary**  
No Change. During the pandemic there have been significant changes made to the falls pathway due to restructures of the Intermediate care service. A new service is due to be rolled out in December 2021.
- 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 Supporting commentary**

**08b** 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 Supporting commentary**









**08c** 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.







The Regional surveillance group and epidemiological information from PHE/UKHSA as well as NW DsPH group provide additional information on regional covid activity from which we can learn best practice to incorporate or share our own best practice such as work with Asylum seekers and Seafarers.









Regionally the rate of 25 per 100 000 has not been achieved since lifting of national restrictions.








**Key Performance Indicators**






Ref	Measure	20/21 Actual	21/22 Target	Q2	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	<span style="background-color: yellow;">u</span>	N/A
PH LI 02a	Adults achieving recommended levels of physical activity (% of adults aged 19+ that	57.6% (2019/20)	58.2% (2020/21)	N/A	<span style="background-color: yellow;">u</span>	N/A

	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)	652 (2020/21 provisional)	877.7 (2021/22)	660 (Q2 20/21 – Q1 21/22 provisional)		
PH LI 02c	Under-18 alcohol-specific admission episodes (crude rate per 100,000 population)	55.9 (2018/19-2020/21 provisional)	57.1 (2019/20 – 2021/22)	53.6 (Q2 18/19 – Q1 21/22 provisional)		
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>	85.7 (2018-20 provisional)	87.1 (2019-21)	90.2 (Q3 2018 - Q2 2021 provisional)		

PH LI 03d	Mortality from cancer at ages under 75 (Directly Standardised Rate per 100,000 population) <i>Published data based on calendar year, please note year for targets</i>	159.4  (2018-20 provisional)	160.8  (2019-21)	148.6  (Q3 2018 - Q2 2021 provisional)		
PH LI 03e	Mortality from respiratory disease at ages under 75 (Directly Standardised Rate per 100,000 population) <i>Published data based on calendar year, please note year for targets</i>	50.8  (2018-20 provisional)	51.6  (2019-21)	45.3  (Q3 2018 - Q2 2021 provisional)		
PH LI 03f	Breast cancer screening coverage (aged 53-70) <i>Proportion of eligible women who were screened in the last 3 years</i>	71.1%  (2020)	70%  (national target)	N/A		N/A
PH LI 03g	Cervical cancer screening coverage (aged 25 – 49) <i>Proportion of eligible women who were screened in</i>	73.8%  (2020)	80%  (national target)	N/A		N/A

	<i>the last 3.5 years</i>					
	Cervical cancer screening coverage (aged 50 – 64) <i>Proportion of eligible women who were screened in the last 5.5 years</i>	73.8% (2020)	80% (national target)	N/A		<b>N/A</b>
PH LI 03h	Bowel cancer screening coverage (aged 60 to 74) <i>Proportion of eligible men and women who were screened in the last 30 months</i>	60.4% (2020)	No national target as yet	N/A		<b>N/A</b>
PH LI 03i	Percentage of cancers diagnosed at early stage (1 and 2)	52.6% (2018)	53.1% (2019)	N/A		<b>N/A</b>
PH LI 03j	1 year breast cancer survival (%)	97% (2018)	97.25% (2019)	N/A		<b>N/A</b>
PH LI 03k	1 year bowel cancer survival (%)	79% (2018)	97.25% (2019)	N/A		<b>N/A</b>
PH LI 03l	1 year lung cancer survival (%)	41% (2018)	41.5% (2019)	N/A		<b>N/A</b>
PH LI 04a	Self-harm hospital admissions (Emergency admissions, all ages, directly standardised rate per	312.6 (2020/21 provisional)	380.6 (2021/22)	293.6 (Q2 2020 – Q1 2021 provisional)		

	100,000 population)					
PH LI 04b	Self-reported wellbeing: % of people with a low happiness score	9.3% (2019/20)	9.1% (2020/21)	N/A check		N/A
PH LI 05ai	<b>Male</b> Life expectancy at age 65 (Average number of years a person would expect to live based on contemporary mortality rates) <i>Published data based on 3 calendar years, please note year for targets</i>	17.4 (2018-20 provisional)	17.2 (2019-21)	17.5 (Q3 2018 - Q2 2021 provisional)		
PH LI 05aii	<b>Female</b> Life expectancy at age 65 (Average number of years a person would expect to live based on contemporary mortality rates) <i>Published data based on 3 calendar years, please note year for targets</i>	19.9 (2018-20 provisional)	19.8 (2019-21)	19.9 (Q3 2018 - Q2 2021 provisional)		
PH LI 05b	Emergency admissions due to injuries resulting from falls in the over 65s	2844 (2020/21 provisional)	2806 (2021/22)	2710 (Q2 2020 – Q1 2021 provisional)		

	(Directly Standardised Rate, per 100,000 population; PHOF definition)					
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 (30/04/21)	PHE THRESHOLDS <div style="background-color: #90EE90; padding: 2px;">&lt;25</div> <div style="background-color: #FFD700; padding: 2px;">25-50</div> <div style="background-color: #FF6347; padding: 2px;">51-150</div> <div style="background-color: #FF0000; padding: 2px;">151-250</div> <div style="background-color: #800000; padding: 2px;">&gt;250</div> (Latest 7 day rate per 100,00)	366 (23/09/21)	N/A	
PH LI 06b	COVID-19 vaccination uptake (% population in all JVIC Groups covered by 2 Doses)	6.4% (31/03/21)	85% (national target)	75.3% (27/09/21)		

### 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 and Q1 2021/22 indicates the rate of alcohol related admissions has reduced since 2019/20 and is on track to meet the target. (Data is provisional; published data will be released later in the year.)

**PH LI 02c** - Provisional data for 2020/21 and Q1 2021/22 indicates the rate of under 18 alcohol admissions has reduced since 2019/20 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 increased 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) has increased slightly in 2020 and the first half of 2021; it is likely that COVID-19 has had an effect.

(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 first half 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 first half 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 03F** - Breast cancer screening coverage dropped in 2020; COVID-19 may have affected this. Data is released annually.

**PH LI 03g** - Cervical cancer screening coverage improved during 2020 in those aged 25-49. Halton performed better than the England average (70.2%) but is still working towards the national standard of 80% coverage. Data is released annually. Cervical cancer screening coverage remained static between 2018 and 2020 in those aged 50-64. Halton did not perform as well as the England average and is still working towards the national standard of 80% coverage. Data is released annually.

**PH LI 03h** - Bowel cancer screening coverage improved during 2020 but Halton did not perform as well as the England average. Data is released annually.

**PH LI 03i** - The % of cancers diagnosed at early stage has fluctuated between 50% and 56% since 2013. Data is released annually.

**PH LI 03j** - 1 year breast cancer survival has improved steadily over the last 10 years. It was 97% in 2018, which was the same as the England average. Data is released annually.

**PH LI 03k** - 1 year bowel cancer survival has improved steadily over the last 10 years. It was 79% in 2018, which was slightly lower than the England average (80%). Data is released annually.

**PH 03l** - 1 year lung cancer survival has improved steadily over the last 10 years. It was 41% in 2018, which was lower than the England average (44.5%). Data is released annually.



**PH LI 04a** - Provisional 2020/21 and Q1 2021/22 data indicates the rate of self harm admissions has reduced since 2019/20 and is on track to meet the target.  
(Data is provisional; published data will be released later in the year.)

**PH LI 04b** - Happiness levels worsened during 2019/20. 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 the first half of 2021.  
(Data is provisional; published data will be released later in the year.)

**PH LI 05aii** – 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 but has stabilised during the first half of 2021.  
(Data is provisional; published data will be released later in the year.)

**PH LI 05b** – Provisional annual data up to Q1 2021/22 indicates the rate of falls injury admissions has reduced slightly and is currently on track to meet the target.  
(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%. The flu vaccinations for 2021/22 have not started yet.

**PH LI 06a** – The number of COVID-19 has been high nationally and locally since the start of June. Infection rates are high amongst young unvaccinated school children age 5-14. 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. This has not yet been reached nationally or locally.

## **APPENDIX 1 – Financial Statements**

### **ADULT SOCIAL CARE DEPARTMENT**

#### **Finance** **COMPLEX CARE POOL**

#### **Revenue Budget as at 30 September 2021**

	Annual Budget £'000	Budget to Date £'000	Actual £'000	Variance (Overspend) £'000	Forecast Outturn £'000
<b>Expenditure</b>					
Intermediate Care Services	6,464	3,002	2,476	526	1,047
Joint Equipment Store	783	51	51	0	0
Oakmeadow	1,139	569	560	9	41
Intermediate Care Beds	607	304	304	0	0
Sub-Acute Unit	1,990	0	0	0	0
Inglenook	125	63	14	49	92
CCG Contracts & SLA's	3,319	119	117	2	2
Carers Centre	365	182	182	0	0
Red Cross Contract	65	33	32	1	0
Carers Breaks	412	279	204	75	142
Intermediate Care Development Fund	1,005	0	0	0	0
Residential and Nursing	1,014	507	507	0	0
Domiciliary Care and Supported Living	2,422	1,211	1,208	3	(23)
<b>Total Expenditure</b>	<b>19,710</b>	<b>6,320</b>	<b>5,655</b>	<b>665</b>	<b>1,301</b>
<b>Income</b>					
Better Care Fund	-11,468	-5,734	-5,734	0	0
CCG Contribution to Pool	-3,196	-1,598	-1,598	0	0
Oakmeadow Income	-612	-306	-305	(1)	(2)
Other Income	-54	0	0	0	(54)
<b>Total Income</b>	<b>-15,330</b>	<b>-7,638</b>	<b>-7,637</b>	<b>(1)</b>	<b>(56)</b>
<b>Net Departmental Expenditure</b>	<b>4,380</b>	<b>-1,318</b>	<b>-1,982</b>	<b>664</b>	<b>1,245</b>
<b>Covid Costs</b>					
Infection Control Fund	0	0	31	(31)	(31)
Rapid Testing	0	0	14	(14)	(14)
<b>Government Grant Income</b>					
Infection Control Fund	0	0	-31	31	31
Rapid Testing	0	0	-14	14	14
<b>Net Covid Expenditure</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Net Departmental Expenditure</b>	<b>4,380</b>	<b>-1,318</b>	<b>-1,982</b>	<b>664</b>	<b>1,245</b>
CCG Contribution Share of Surplus	0	0	0	(279)	(523)
<b>Adjusted Net Department expenditure</b>	<b>4,380</b>	<b>-1,318</b>	<b>-1,982</b>	<b>385</b>	<b>722</b>

### Comments on the above figures:

The overall position for the Complex Care Pool budget is £0.385 under budget profile at the end of September and the forecast year end position is expected to be approximately £0.722m under budget.

Intermediate Care Services is £0.526m under budget profile at the end of the second 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 currently underway.

Expenditure on Carer's Breaks is under budget profile by £0.075m as at the end of September and expected to be £0.142m underspent by year-end. The personalised break costs from Halton Carer's Centre continue to be quite low as are the direct payment carers breaks. Demand for these services will have been impacted by the Covid pandemic.

Oakmeadow was forecasting an overspend at quarter 1. However, the current position is an underspend of £0.009m with a forecast year end position of spend being £0.041m below the approved budget. This is due to a decrease in the use of agency workers.

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

Spend is currently forecast to be below budget by the end of March 2022 with the value of the overspend being in the region of £0.722m for the Council.. However an Intermediate Care review being undertaken may result in resources and budgets being reallocated.

**Pooled Budget Capital Projects as at 30 September 2021**

	2020-21 Capital Allocation £'000	Allocation To Date £'000	Actual Spend £'000	Total Allocation Remainin g £'000
Disabled Facilities Grant	650	300	204	446
Stair lifts (Adaptations Initiative)	250	125	94	156
RSL Adaptations (Joint Funding)	200	100	56	144
Millbrow Refurbishment	1,450	10	7	1,443
Madeline Mckenna Refurb.	100	20	11	89
St Luke's Care Home	240	10	3	237
St Patrick's Care Home	50	20	11	39
<b>Total</b>	<b>2,940</b>	<b>585</b>	<b>386</b>	<b>2,554</b>

**Comments on the above figures:**

Allocations for Disabled Facilities Grants/Stair Lifts and RSL adaptations are consistent with 2020/21 spend and budget, and final 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 Corovirus pandemic. The refurbishment programme is scheduled to start in the latter part of the current financial year.

**Revenue Operational Budget as at 30 September 2021**

	Annual Budget	Budget to Date	Actual	Variance (Overspend)	Forecast Outturn (Overspend)
	£'000	£'000	£'000	£'000	£'000
<b>Expenditure</b>					
Employees	14,252	6,847	6,755	92	150
Premises	287	165	188	(23)	(40)
Supplies & Services	722	480	480	0	0
Aids & Adaptations	113	56	41	15	0
Transport	647	305	322	(17)	0
Food Provision	183	51	41	10	30
Agency	565	188	191	(3)	(10)
Supported Accommodation and Services	1,398	719	717	2	0
Emergency Duty Team	103	0	0	0	0
Contacts & SLAs	657	514	512	2	(10)
Capital Financing	43	0	0	0	0
Transfer To Reserves	353	0	0	0	0
<u>Housing Solutions Grant Funded Schemes</u>					
LCR Immigration Programme	800	20	16	4	0
Homelessness Prevention	442	75	75	0	0
Rough Sleepers Initiative	121	40	36	4	0
<b>Total Expenditure</b>	<b>20,686</b>	<b>9,460</b>	<b>9,374</b>	<b>86</b>	<b>120</b>
<b>Income</b>					
Fees & Charges	-640	-276	-253	(23)	(20)
Sales & Rents Income	-287	-159	-165	6	0
Reimbursements & Grant Income	-967	-422	-387	(35)	(50)
Housing Strategy Grant Funded Schemes	-1,393	-1,348	-1,357	9	0
Capital Salaries	-111	-55	-61	6	0
Government Grant Income	-689	-601	-602	1	0
<b>Total Income</b>	<b>-4,087</b>	<b>-2,861</b>	<b>-2,825</b>	<b>(36)</b>	<b>(70)</b>
<b>Net Operational Expenditure Excluding Homes and Community Care</b>	<b>16,599</b>	<b>6,599</b>	<b>6,549</b>	<b>50</b>	<b>50</b>
Care Homes Net Expenditure	6,526	3,059	3,158	(99)	(198)
Community Care Expenditure	18,630	8,898	9,386	(488)	(1,033)
<b>Net Operational Expenditure Including Homes and Community Care</b>	<b>41,755</b>	<b>18,556</b>	<b>19,093</b>	<b>(537)</b>	<b>(1,181)</b>

	Annual Budget	Budget to Date	Actual	Variance (Overspend)	Forecast Outturn (Overspend)
	£'000	£'000	£'000	£'000	£'000
<b>Covid Costs</b>					
Employees	0	0	740	(740)	(1,401)
Premises	0	0	47	(47)	(85)
Transport	0	0	12	(12)	(18)
Supplies (Including PPE)	0	0	21	(21)	(42)
Contracts	0	0	224	(224)	(225)
Extra Care Packages	0	0	468	(468)	(873)
Infection Control	0	0	630	(630)	(630)
Rapid Test	0	0	448	(448)	(448)
Hospital Discharge Programme	0	0	560	(560)	(560)
<b>Covid Loss of Income</b>					
Community Care Income	-770	-375	0	(375)	(770)
Community Services Transport	-91	-61	0	(61)	(91)
Community Services Placements	-61	-37	0	(37)	(61)
<b>Government Grant Income</b>					
Infection Control Grant	0	0	-630	630	630
Rapid Test Funding	0	0	-448	448	448
CCG Hospital Discharge Programme	0	0	-560	560	560
Covid Grant Funding	0	0	-1,985	1,985	3,566
<b>Net Covid Expenditure</b>	<b>-922</b>	<b>-473</b>	<b>-473</b>	<b>0</b>	<b>0</b>
<b>Recharges</b>					
Premises Support	402	201	201	0	0
Transport Support	151	75	75	0	0
Central Support	4,161	2,616	2,616	0	0
Asset Rental Support	13	0	0	0	0
Recharge Income	-122	-61	-61	0	0
<b>Net Total Recharges</b>	<b>4,605</b>	<b>2,831</b>	<b>2,831</b>	<b>0</b>	<b>0</b>
<b>Net Departmental Expenditure</b>	<b>45,438</b>	<b>20,914</b>	<b>21,451</b>	<b>(537)</b>	<b>(1,181)</b>

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

Net Department Expenditure, excluding the Community Care and Care Homes divisions, is £0.050m below budget profile at the end of the second quarter of the 2021/22 financial year. Expenditure is currently projected to be below budget by a similar amount at the end of the financial year. Information covering Community Care and Care Homes can be found further within the report.

Employee costs are currently £0.092m under budget profile, due to savings being made on vacancies. The bulk of savings are being made within the Care Management division, which has experienced difficulties in recruiting to vacant posts. Posts are currently being actively recruited to, and the level of savings resulting from vacant posts is projected to be at a reduced level for the remainder of the year.

There are a number of full grant funded Housing Strategy initiatives included in the report above, 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. Income currently significantly exceeds expenditure across the schemes.

The projected £0.050m 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 more than compensated by savings in other areas, resulting in a budget underspend 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. Excluding specific grants total expenditure and loss of income has been recorded as £1.985m for April and September 2021. The total cost for the financial year (excluding spend fund from specific grants) is currently estimated at £3.566. Estimates are largely based on spend patterns continuing for the remainder of the year. They include costs for additional staffing at Council Care Homes, costing £0.645m for the year to date.

Other Covid costs relate to early hospital discharges. The hospital discharge plan was put in place to fund these placements with costs being recovered from Halton CCG. Scheme 1 was for anyone discharged from hospital before 30th September 2020 until they were reviewed or at the end of the financial year, whichever was soonest.

Scheme 2 was for anyone discharged from 1st October 2020. However this funding was only for up to 6 weeks per client.

For this financial year Scheme 2 funded clients for up to 6 weeks in the first quarter. However, this reduced to up to 4 weeks funding from Quarter 2, extended through to the end of the year. The income to cover these packages of care has drastically reduced and service users are coming onto normal funding streams sooner. The vast majority of these packages come to HBC to fund. Costs recovered for scheme 2 to date are £0.560m with additional care package costs being picked up by the Council. The cost of which to date is £0.468m, forecast to increase to £0.873 to the end of the financial year.

Occupancy of beds within Council run care homes is lower than forecast which is having an impact on income levels. The under occupancy of beds is being charged against the Covid grant, it is currently estimated the loss of income due to the Council through to the end of year will be in the region of £0.770m.

## **Community Care**

### **Revenue Operational Budget as at 30 September 2021**

	<b>Annual Budget</b>	<b>Budget to Date</b>	<b>Actual</b>	<b>Variance (Overspend)</b>	<b>Forecast Outturn (Overspend)</b>
	<b>£'000</b>	<b>£'000</b>	<b>£'000</b>	<b>£'000</b>	<b>£'000</b>
<b>Expenditure</b>					
Residential & Nursing	13,017	5,576	5,378	198	310
Domiciliary Care & Supported Living	9,288	4,151	4,329	(178)	(328)
Direct Payments	9,678	4,789	5,660	(871)	(1,745)
Day Care	315	124	155	(31)	(67)
<b>Total Expenditure</b>	<b>32,298</b>	<b>14,640</b>	<b>15,522</b>	<b>(882)</b>	<b>(1,830)</b>
<b>Income</b>					
Residential & Nursing	-9,103	-3,941	-4,093	152	564
Domiciliary Care	-1,875	-703	-717	14	36
Direct Payments	-721	-277	-319	42	188
ILF Income	-656	-164	-164	0	0
Government Grant	-1,200	-600	-600	0	0
Other Income	-113	-57	-243	186	9
<b>Total Income</b>	<b>-13,668</b>	<b>-5,742</b>	<b>-6,136</b>	<b>394</b>	<b>797</b>
<b>Net Departmental Expenditure</b>	<b>18,630</b>	<b>8,898</b>	<b>9,386</b>	<b>(488)</b>	<b>(1,033)</b>

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

Community care net expenditure is over the budget profile at the end of Quarter 2 by £0.488m and is anticipated to exceed the approved budget by £1.033m at the end of the financial year.

### **RESIDENTIAL CARE**

There are currently 438 service users in permanent residential care. This is an increase of 15% on those receiving a service at the end of the last financial year. A number of people are in out of borough care homes, some of which attract a higher rate. This is being looked at, however some are out of borough as a legacy of the pandemic due to lack on in borough provision at the time.

### **DOMICILIARY CARE & SUPPORTED LIVING**

There are currently 626 service users receiving a package of care at home compared to 576 at the end of last year, an increase of 8%.

### **DIRECT PAYMENTS**

The demand for a Direct Payment continues to increase. To date there have been 76 new referrals into the service costing £24k per week. There have also been 78 increase referrals at a cost of £13k per week. Some of the increase referrals have been due to service users being unable to attend Day Services as a result of the pandemic, the gradual re-opening of this service will help reduce and control overall costs.

## Care Homes

### Revenue Operational Budget as at 30 September 2021

	Annual Budget	Budget to Date	Actual	Variance (Overspend)	Forecast Outturn (Overspend)
	£'000	£'000	£'000	£'000	£'000
<b>Expenditure</b>					
<u>Madeline McKenna</u>					
Employees	500	253	286	(33)	(66)
Premises	44	21	21	0	0
Supplies & Services	12	5	7	(2)	(4)
Food	30	15	19	(4)	(8)
<b>Total Madeline McKenna Expenditure</b>	<b>586</b>	<b>294</b>	<b>333</b>	<b>(39)</b>	<b>(78)</b>
<u>Millbrow</u>					
Employees	1,577	847	981	(134)	(268)
Premises	66	17	29	(12)	(24)
Supplies & Services	45	28	29	(1)	(2)
Food	61	30	31	(1)	(2)
<b>Total Millbrow Expenditure</b>	<b>1,749</b>	<b>922</b>	<b>1,070</b>	<b>(148)</b>	<b>(296)</b>
<u>St Luke's</u>					
Employees	2,136	990	958	32	64
Premises	83	18	29	(11)	(22)
Supplies & Services	40	21	27	(6)	(12)
Food	100	35	37	(2)	(4)
<b>Total St Luke's Expenditure</b>	<b>2,359</b>	<b>1,064</b>	<b>1,051</b>	<b>13</b>	<b>26</b>
<u>St Patrick's</u>					
Employees	1,440	692	577	115	230
Premises	82	32	42	(10)	(20)
Supplies & Services	32	18	22	(4)	(8)
Food	100	50	43	7	14
<b>Total St Luke's Expenditure</b>	<b>1,654</b>	<b>792</b>	<b>684</b>	<b>108</b>	<b>216</b>
<u>Care Homes Management</u>					
Employees	256	65	98	(33)	(66)
Transfer from Reserves	-78	-78	-78	0	0
<b>Total St Luke's Expenditure</b>	<b>178</b>	<b>-13</b>	<b>20</b>	<b>(33)</b>	<b>(66)</b>
<b>Net Expenditure</b>	<b>6,526</b>	<b>3,059</b>	<b>3,158</b>	<b>(99)</b>	<b>(198)</b>

### Comments on the above figures:

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 Q2 net spend exceeds the available budget by £0.099m, it is currently forecast net spend will exceed to approved budget £0.198m for the year to 31 March 2022. Net staffing costs for the four care homes to date are currently £0.053m above the approved budget, the forecast for the remainder of the year estimates staffing costs to be in the region of £0.106m 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.

All overtime & above average agency spend across the 4 care homes has been offset by the general Covid grant cost centre and is currently forecast to do so until the end of the financial year.



### **Capital Projects as at 30th September 2021**

	2020-21 Capital Allocation £'000	Allocation To Date £'000	Actual Spend £'000	Total Allocation Remainin g £'000
Orchard House	30	32	32	(2)
<b>Total</b>	<b>30</b>	<b>32</b>	<b>32</b>	<b>(2)</b>

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

The Orchard House allocation relates to the purchase and re-modelling of a previously vacant property, to provide accommodation for young adults who have a Learning Disability and Autism. The 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 reflects the final retention and snagging payments made now the scheme has been completed.

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

### **Revenue Budget as at 30 September 2021**

	Annual Budget £'000	Budget to Date £'000	Actual £'000	Variance (Overspend) £'000	Forecast Outturn £'000
<b>Expenditure</b>					
Employees	4,183	1,446	1,305	141	261
Premises	5	0	0	0	0
Supplies & Services	234	90	69	21	42
Contracts & SLA's	7,152	3,172	3,172	0	0
Transport	10	4	1	3	5
Agency	20	20	20	0	0
Transfer to Reserves	50	0	0	0	0
<b>Total Expenditure</b>	<b>11,654</b>	<b>4,732</b>	<b>4,567</b>	<b>165</b>	<b>308</b>
<b>Income</b>					
Fees & Charges	-84	-18	-22	4	7
Reimbursements & Grant Income	-148	-99	-99	0	0
Transfer from Reserves	-584	-84	-84	0	0
Government Grant Income	-10,862	-4,197	-4,197	0	0
<b>Total Income</b>	<b>-11,678</b>	<b>-4,398</b>	<b>-4,402</b>	<b>4</b>	<b>7</b>
<b>Net Operational Expenditure</b>	<b>-24</b>	<b>334</b>	<b>165</b>	<b>169</b>	<b>315</b>
<b>Covid Costs</b>					
Contain Outbreak Management Fund	0	0	1,621	(1,621)	(3,783)
Practical Support Self-Isolation	0	0	51	(51)	(278)
Community Based Testing	0	0	170	(170)	(170)
Targeted Community Testing	0	0	126	(126)	(367)
<b>Covid Loss of Income</b>					
Pest Control income	-10	-10	0	(10)	(10)
Exercise class income	-16	-16	0	(16)	(16)
Day trip income	-3	-3	0	(3)	(3)
<b>Government Grant Income</b>					
General Covid Funding	0	0	-29	29	29
Contain Outbreak Management Fund	0	0	-1,621	1,621	3,783
Practical Support Self-Isolation	0	0	-51	51	278
Community Based Testing	0	0	-170	170	170
Targeted Community Testing	0	0	-126	126	367
<b>Net Covid Expenditure</b>	<b>-29</b>	<b>-29</b>	<b>-29</b>	<b>0</b>	<b>0</b>
<b>Recharges</b>					
Premises Support	119	59	59	0	0
Transport Support	24	12	12	0	0
Central Support	751	327	310	17	35
Support Income	-155	-155	-155	0	0
<b>Net Total Recharges</b>	<b>739</b>	<b>243</b>	<b>226</b>	<b>17</b>	<b>35</b>
<b>Net Departmental Expenditure</b>	<b>686</b>	<b>548</b>	<b>362</b>	<b>186</b>	<b>350</b>

### Comments on the above figures

The net Department spend is £0.186m under budget at the end of Quarter 2 and the estimated outturn position for 2021/22 is for net spend to be £0.350m under the available budget.

Employee costs are currently £0.141m under budget. This is a result of savings made during the first half of the year by staff continuing to work on COVID related activities and the associated costs funded from the Contain Outbreak Management Fund. It is anticipated that a full year underspend of £0.261m 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 £0.021m under budget. The anticipated full year underspend will be £0.042m. 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.

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 was received in Quarter 1. Therefore £4.188m COMF funding is available to spend, with £1.621m or 38.71% 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.

From July, Targeted Community Based Testing for disproportionately impacted and underserved groups with no symptoms replaced Community Based Testing. The purpose of the targeted community testing is to enable local authorities to identify, support and reduce prevalence and harm in asymptomatic individuals from groups that are most affected by Covid-19. Spend in the first half of the year for Community Based Testing was £0.170m and grant funding received covers the full cost. Quarter 2 spend on Targeted Based Testing is £0.122m and expenditure for the second half of the year is estimated to be £0.240m, with grant funding received in arrears of monthly claims submitted, expected to cover the full cost of delivering this service.

Funding to help those required to self-isolate is continuing to be provided through the LA Practical Support for Self-Isolation grant. Funding of £0.278m has been received to date and £0.051m or 18.35% has been spent. This funding will continue until the end of the financial year. 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, providing transport to school for parents self-isolating, support for wellbeing e.g. providing reassurance, check-ins, welfare calls, social and digital inclusion e.g. helping people to access services online, providing internet connections, 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-19, with Sure Start to Later Life and Pest Control unable to generate income to date during the financial year, the Health Improvement Team has only been able to achieve reduced levels of income. The resulting loss of £0.029m fees and charges income to date has been offset by a contribution from reserves. The loss of income in 2021/22 is estimated to remain at £0.029m, assuming some income levels will return to normal during the second half of the financial year.

## **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.