

# Appendix 1 Directorate Overview Report – Adult Social Care & Health

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

## 1.0 Introduction

1.1 This report provides an overview of issues and progress against key service objectives/milestones and performance targets, during the second quarter of 2021 / 22 for service areas within the remit of the Adult Social Care & Health Board.

1.2 The way in which symbols have been used to reflect progress is explained within Appendix 4.

## 2.0 Key Developments

**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.

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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

### 3.0 Emerging Issues

**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

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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.

### 4.0 Risk Control Measures

Risk control forms an integral part of the Council's Business Planning and performance monitoring arrangements. During the development of the 2018/19 Business Plan, the service was required to undertake a risk assessment of all key service objectives with high risks included in the Directorate Risk Register.

### 5.0 Progress Against High Priority Equality Actions

The Council must have evidence that it reviews its services and policies to show that they comply with the Public Sector Equality Duty (PSED) which came into force in April 2011. The PSED also requires us to publish this information as it is available.

As a result of undertaking a departmental Equality Impact Assessment no high priority actions were identified for the service for the period 2018 - 19.

### 6.0 Data Quality Statement

The author provides assurance that the information contained within this report is accurate and valid and that every effort has been made to avoid the omission of data. Where data has been estimated, has been sourced directly from partner or other agencies, or where there are any concerns regarding the limitations of its use this has been clearly annotated.

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### 7.0 Appendices

Appendix 1 Progress Against Objectives/Milestones

Appendix 2 Progress Against Performance Indicators

Appendix 3 Financial Statement

Appendix 4 Explanation of Use of Symbols

## Appendix 1: Progress against objectives/milestones

<b>Service Objective 1</b>	<b>Working in partnership with statutory and non-statutory organisations, evaluate, plan, commission and redesign services to ensure that they meet the needs and improve outcomes for vulnerable people.</b>
<b>Linked Indicators: ASC 01, 02, 03, 04, 05 (Annual Collection Only), 12, 13 (A), (B), 14, 15, 16, 17, 18, 19, 20, 21 (A), (B), 22 (Annual Collection Only)</b>	

Milestones	Progress Q2	Supporting Commentary
Monitor the effectiveness of the Better Care Fund pooled budget ensuring that budget comes out on target		Pooled budget on target in relation to projected spend
Integrate social services with community health services		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
Monitor the Care Act implementation		Fully Implemented
Continue to monitor effectiveness of changes arising from review of services and support to children and adults with Autistic Spectrum Disorder.		. No Commentary received for Q2.
Continue to implement the Local Dementia Strategy, to ensure effective services are in place.		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

## Appendix 1: Progress against objectives/milestones

		through cognitive therapy sessions – as added value to the existing contract (in place until March 2021).
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.		Completed
The Homelessness strategy be kept under annual review to determine if any changes or updates are required.		No Commentary received for Q2.

<b>Service Objective 2</b>	<b>Effectively consult and engage with people who have eligible needs to evaluate service delivery, in the form of an annual survey to highlight any areas for improvement and contribute towards the effective re-design of services where required.</b>
<b>Linked Indicators: ASC 20, 22 (Annual Collection Only)</b>	

<b>Service Objective 3</b>	<b>Ensure that there are effective business processes and services in place to enable the Directorate to manage, procure and deliver high quality, value for money services that meet people's needs.</b>
<b>Linked Indicators: ASC 22, (Annual Collection Only) ASC 23, (Biennial Collection Only)</b>	

<b>Milestones</b>	<b>Progress Q2</b>	<b>Supporting Commentary</b>
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.		This work forms part of the One Halton development (ICP)

## Appendix 1: Progress against objectives/milestones

<p>Continue to establish effective arrangements across the whole of adult social care to deliver personalised quality services.</p>		<p>We are restarting our rollout of training on Strengths based approaches across adult social care, currently working with SMT on leadership and with managers.</p>
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## Appendix 2: Progress against performance indicators

Ref	Description	Actual 2020/21	Target 2021/22	Quarter 2	Current Progress	Direction of Travel	Supporting Commentary
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### Older People:

ASC 01	Permanent Admissions to residential and nursing care homes per 100,000 population 65+ <i>Better Care Fund performance metric</i>	TBC	635	N/A		N/A	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	Delayed transfers of care (delayed days) from hospital per 100,000 population. <i>Better Care Fund performance metric</i>	N/A	TBC	N/A		N/A	The collection of this dataset continues to be paused. No date has been provided for its recommencement.
ASC 03	Total non-elective admissions in to hospital (general & acute), all age, per 100,000 population. <i>Better Care Fund performance metric</i>	3341	5	4139			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	Proportion of Older People (65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation	TBC	84%	N/A	N/A	N/A	Annual collection only to be reported in Q4, (figure is an estimate).

## Appendix 2: Progress against performance indicators

Ref	Description	Actual 2020/21	Target 2021/22	Quarter 2	Current Progress	Direction of Travel	Supporting Commentary
	services (ASCOF 2B) <i>Better Care Fund performance metric</i>						
<b>Adults with Learning and/or Physical Disabilities:</b>							
ASC 05	Percentage of items of equipment and adaptations delivered within 7 working days (VI/DRC/HMS)	72%	97%	78%			Due to a backlog in loading services figures appear low for this quarter, however there should be a significant improvement in Q3.
ASC 06	Proportion of people in receipt of Self Directed Support (ASCOF 1C – people in receipt of long term support (Part 1) SDS	74%	80%	95.4%			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	Proportion of people in receipt of SDS (ASCOF 1C – people in receipt of long term support) (Part 2) DP	21%	45%	35%			As above we are continuing to look at our reporting in this area to ensure that our systems are reporting correctly.
ASC 08	Proportion of adults with learning disabilities who live in their own home or with their family (ASCOF 1G)	92.4%	88%	92.79 %			Figures in this area remain stable.

## Appendix 2: Progress against performance indicators

Ref	Description	Actual 2020/21	Target 2021/22	Quarter 2	Current Progress	Direction of Travel	Supporting Commentary
ASC 09	Proportion of adults with learning disabilities who are in Employment (ASCOF 1E)	5%	5.5%	5.29%			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.
<b>Homelessness:</b>							
ASC 10	Homeless presentations made to the Local Authority for assistance In accordance with Homelessness Reduction Act 2017. Relief Prevention Homeless	N/A	TBC	N/A	N/A	N/A	No commentary received for Q2.
ASC 11	LA Accepted a statutory duty to homeless households in accordance with homelessness Act 2002	N/A	TBC	N/A	N/A	N/A	No commentary received for Q2.

## Appendix 2: Progress against performance indicators

Ref	Description	Actual 2020/21	Target 2021/22	Quarter 2	Current Progress	Direction of Travel	Supporting Commentary
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	No commentary received for Q2.
ASC 13	Number of households living in Temporary Accommodation Hostel Bed & Breakfast	N/A	TBC	N/A	N/A	N/A	No commentary received for Q2.
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	No commentary received for Q2.
<b>Safeguarding:</b>							
ASC 15	Percentage of individuals involved in Section 42 Safeguarding Enquiries	TBC	TBC	N/A	N/A	N/A	Work being done looking at the Actual/ target/Q2 figure.
ASC 16	Percentage of existing HBC Adult Social Care staff that have	62%	85%	67%			Despite the pandemic the number of people undertaking safeguarding

## Appendix 2: Progress against performance indicators

Ref	Description	Actual 2020/21	Target 2021/22	Quarter 2	Current Progress	Direction of Travel	Supporting Commentary
	received Adult Safeguarding Training, including e-learning, in the last 3-years (denominator front line staff only).						training has surpassed the previous year figures, however, they remain less than the target set.
ASC17	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	Annual collection only to be reported in Q4, (figure is an estimate).
<b>Carers:</b>							
ASC 18	Proportion of Carers in receipt of Self Directed Support.	99.4%	99%	96.2%			This figure is slightly down from this time last year however, we are still on track to meet the target.
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	Annual collection only to be reported in Q4, (figure is an estimate).
ASC 20	<i>Overall satisfaction of carers with social services (ASCOF 3B)</i>	N/A	N/A	N/A	N/A	N/A	Annual collection only to be reported in Q4, (figure is an estimate).
ASC 21	The proportion of carers who	N/A	N/A	N/A	N/A	N/A	Annual collection only to be

## Appendix 2: Progress against performance indicators

Ref	Description	Actual 2020/21	Target 2021/22	Quarter 2	Current Progress	Direction of Travel	Supporting Commentary
	report that they have been included or consulted in discussions about the person they care for (ASCOF 3C)						reported in Q4, (figure is an estimate).
ASC 22	Do care and support services help to have a better quality of life? (ASC survey Q 2b) <i>Better Care Fund performance metric</i>	N/A	93%	N/A	N/A	N/A	Annual collection only to be reported in Q4, (figure is an estimate).

## Appendix 3 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.

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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 Remaining £'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 Coronavirus 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**

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	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>

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	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-

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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.

## Appendix 3 Financial Statements

### Community Care

#### 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>					
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.

## Appendix 3 Financial Statements

### 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>					
<b>Madeline McKenna</b>					
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>
<b>Millbrow</b>					
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>
<b>St Luke's</b>					
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>
<b>St Patrick's</b>					
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>
<b>Care Homes Management</b>					
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.

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### Capital Projects as at 30th September 2021

	2020-21 Capital Allocation £'000	Allocation To Date £'000	Actual Spend £'000	Total Allocation Remaining £'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.

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### 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

## Appendix 3 Financial Statements

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 4 Explanation of Symbols

Symbols are used in the following manner:

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

### Direction of Travel Indicator

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

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