

Health Policy & Performance Board Priority Based Report

Reporting Period: Quarter 1 – Period 1 April 2022 – 30 June 2022

1.0 Introduction

This report provides an overview of issues and progress against key service area objectives and milestones and performance targets, during the first quarter of 2022/23 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

2.1 There have been a number of developments within the Directorate during the first quarter which include:

Integrated Care Board – Halton Place Based Team

The senior leadership team came into place on the 1st July 2022. Work has commenced to review and progress the integrated approach to the commissioning and delivery of integrated health and social care services through One Halton.

Social Work

A newly developed “Social Work Accountability and Assurance Framework” to support Social Work across Adult Social Care has now been completed and agreed by senior management team. This framework has been developed as part of our work in assessing our performance against “[The Standards for Employers of Social Workers](#)” (published by the Local Government Association). There are eight standards to be met in total. This Framework was a requisite of Standard 1, which sets out a ‘strong and clear social work framework’ is a requirement for employers. In addition, it specifies that, “employers should implement a whole systems approach to supporting the social work profession and the Standards set out the key components of whole systems approaches and help to develop a working environment where social work practice and social workers can flourish”. We have launched a working group to take this forward.

Covid rates for quarter 1 remained relatively stable with low rates of positive tests reported and very small and manageable outbreaks reported from care homes. No community outbreaks were reported in this time despite the relaxation of most of the community restrictions and regulations around Covid. Rates towards the end of June and in to quarter 2 have begun to steadily increase potentially as a result of several national mass gathering events.

The community health bus and Public Health response team continue to offer support to community sessions and engage in vaccination encouragement approaches.

Targeted Lung Health Check programme has continued to expand in to surrounding areas and have reported data to suggest that a positive uptake rate is being received in Halton. The programme as a whole has identified a number of early stage lung cancers that would have likely remained unnoticed for some time and received positive outcomes from early access to treatments.

The Team is working with cross sector partners to deliver CORE20PLUS5 at a community level. This intervention aims to reduce health inequalities in particular those that cause early deaths as outlined by the Marmot report. All Together Fairer.

3.0 Emerging Issues

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

CQC – Adult Social Care

From April 2023 the Care Quality Commission (CQC) commences new regulatory duties in relation to Local Authorities discharging their duties under the Care Act 2014. There is a range of work being undertaken locally, regionally and nationally to develop what this framework will look like. Halton has been undertaking work on self- assessment, peer review and benchmarking in preparation

Social Care Reforms – People at the heart of Care White paper

There are 2 areas of work underway following the white paper:

The ‘fair cost of care’ and ‘market sustainability plan’ are aimed at care home provision for the over 65’s and domiciliary care sector for the over 18’s. Local Authorities are required to submit the fair cost of care in October 2022 and a draft market position paper at the same time with a final version in February 2023 once local government finance settlement has been completed.

The ‘care cap’ and associated ‘care account’ requirements bring forward the financial cap on the amount an individual will contribute to their eligible care needs during their lifetime. National guidance continues to be revised and local and regional work is ongoing. The preparation for the cap and the creation of individual ‘care accounts’ needs to be in place in April 2023 with the ‘cap’ being commenced in October 2023.

Liberty Protection Safeguards

The Liberty Protection Safeguards (LPS) were introduced in the Mental Capacity (Amendment) Act 2019 and will replace the current Deprivation of Liberty Safeguards (DoLS) system. The aim of the LPS framework is to deliver improved outcomes for people who are or who need to be deprived of their liberty. The new Safeguards have been designed to put the rights and wishes of those people at the centre of all decision-making on deprivation of liberty. They will apply to people aged 16 and above who are or who need to be deprived of their liberty in order to enable their care or treatment and lack the mental capacity to consent to their arrangements.

The LPS were originally due to be implemented in October 2020. This was put back to April 2022 due to the pandemic. The government have since announced a further delay and we are awaiting confirmation of the final commencement date. It is our understanding that the LPS will likely be implemented in October 2023, or 2024.

4.0 Risk Control Measures

Risk control forms an integral part of the Council’s Business Planning and performance monitoring arrangements. As such Directorate Risk Registers were updated in tandem with the development of the suite of 2018/19 Directorate Business Plans.

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

5.0 Progress against high priority equality actions

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

6.0 Performance Overview







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

Commissioning and Complex Care Services

Adult Social Care

Key Objectives / milestones

Ref	Milestones	Q1 Progress
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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	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 - The Better Care Fund resource use has been agreed for 22/23 and supports key health and social care services in the community to support people and their carers

1B - The One Halton plan continues to be progressed with further work agreed looking at options for a single point of access for health and social care and the development of multi-disciplinary teams in the community.

1C - Some work has progressed with the Strengths based programme of work with Professor Sam Baron, including review of Assessment approaches and aligned paperwork. Due to Sam Baron leaving her role this programme of work has drawn to a close and is now subject to review of how it is moved forward.

1D - Work started on refreshing the local dementia strategy, under the umbrella of One Halton. A strategic group was established with representation from all One Halton organisations. A self-assessment was undertaken against recommendations made by Alzheimer's Society for what local areas should be considering in their dementia strategies. The self-assessment process, cross referenced with NICE best practice and dementia 'I Statements', has formed the basis of identifying priorities and associated actions. The group will next meet in September 2022 to finalise the actions and progress the ratification process. The Dementia Friendly Communities approach has been adopted by Executive Board and is now underway across council service areas, with focus on raising awareness and improving practice to make HBC a more dementia friendly organisation for employees and the people we serve. New dementia friendly activities are emerging from within the community, such as a dementia café at Grangeway Community Centre and one due to open in Autumn at Catalyst museum. Through links with the LCR, Halton was able to secure a free day of the Liverpool Museum's 'House of Memories on the Road' mobile unit, with 46 people living with dementia in the community and local care home residents benefiting from cognitive stimulation/remembrance sessions on the day. Halton Dementia Action Alliance (Coordinated by HBC Adult Social

Care) are working with a local legal firm to arrange free one off legal clinics for people living with dementia at any future community events, dementia cafes, libraries and GP practices.

1E – The homelessness strategy remains current and reflects the key priorities and agreed action plan for a five year period. The strategy action plan continues to be reviewed annually, to ensure it is current and reflects economic and legislative changes, with many actions successfully achieved.





Regular quarterly service reports will be submitted to outline the service delivery and detailed review of the homelessness strategy action plan.

The homelessness forum is planned for October 2022. to review the key priorities and agree actions for the following 12 month period.










The pandemic will continue to influence future activity and communication between partner agencies, which will further influence how services are commissioned and delivered in the future.



3A – No commentary provided.

Key Performance Indicators

Older People:						
Ref	Measure	21/22 Actual	22/23 Target	Q1	Current Progress	Direction of travel
ASC 01	Permanent Admissions to residential and nursing care homes per 100,000 population 65+ Better Care Fund performance metric	369.2	600	112		
ASC 02	Total non-elective admissions in to hospital (general & acute), all age, per 100,000 population. Better Care Fund performance metric	4071	No plan set	4243		

ASC 03	Proportion of Older People (65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services (ASCOF 2B) Better Care Fund performance metric	79	85%	NA	NA	NA
Adults with Learning and/or Physical Disabilities:						
ASC 04	Percentage of items of equipment and adaptations delivered within 7 working days (VI/DRC/HMS)	72	97%	38 94.2% (5 days)		
ASC 05	Proportion of people in receipt of SDS (ASCOF 1C – people in receipt of long term support) (Part 1) SDS	81.5	80%	70		
ASC 06	Proportion of people in receipt of SDS (ASCOF 1C – people in receipt of long term support) (Part 2) DP	31.6	45%	22		
ASC 07	Proportion of adults with learning disabilities who live in their own home or with their family (ASCOF 1G)	89.7	89%	92		
ASC 08	Proportion of adults with learning	7	5.5%	5.4		

	disabilities who are in Employment (ASCOF 1E)					
Homelessness:						
ASC 09	Homeless presentations made to the Local Authority for assistance in accordance with Homelessness Act 2017. Relief Prevention Homeless	1914	2000	767		
ASC 10	LA Accepted a statutory duty to homeless households in accordance with homelessness Act 2002	247	200	48		
ASC 11	Number of households living in Temporary Accommodation Hostel Bed & Breakfast	520	N/A	202		
Safeguarding:						
ASC 12	Percentage of individuals involved in Section 42 Safeguarding Enquiries	30	30	28.8		NA new measure
ASC 13	Percentage of existing HBC Adult Social Care staff that have received Adult Safeguarding Training, including e-learning, in the	62	85%	66		

	last 3-years (denominator front line staff only).					
ASC 14	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)	83.9	89%	NA	NA	NA
Carers:						
ASC 15	Proportion of Carers in receipt of Self Directed Support.	98.8	99%	99.5		
ASC 16	<i>Carer reported Quality of Life (ASCOF 1D, (this figure is based on combined responses of several questions to give an average value. A higher value shows good performance)</i>	7.5	N/A	NA	NA	NA
ASC 17	<i>Overall satisfaction of carers with social services (ASCOF 3B)</i>	39.3	N/A	NA	NA	NA
ASC 18	The proportion of carers who report that they have been included or consulted in discussions about the person they care for (ASCOF 3C)	69.5	N/A	NA	NA	NA

ASC 19	Social Care-related Quality of life (ASCOF 1A). (This figure is based on combined responses of several questions to give an average value. A higher value shows good performance)	17.9	20%	NA	NA	NA
ASC 20	The Proportion of people who use services who have control over their daily life (ASCOF 1B)	73.1	80%	NA	NA	NA
ASC 21	Overall satisfaction of people who use services with their care and support (ASCOF 3A)	56.9	71%	NA	NA	NA

Supporting Commentary:

Older People:

ASC 01 Data provided during the year is not cleansed and therefore will not always reflect year end totals.

ASC 02 Non Elective Admissions, CCG's were abolished in July 2022, as such no plans have been set at a local LA/CCG level. We are however able to monitor activity and report against the historical position.

ASC 03 Non elective admissions remain around 15% those seen pre-pandemic, with the reductions seen particularly in 0 day LOS admissions, this is attributed to trusts having extreme bed pressure and having to bed down wards which would otherwise have been used as admit to assess wards (counted as 0 day LOS) this has led to increases in waiting times in A&E.

Adults with Learning and/or Physical Disabilities:

ASC 04 The down turn has been predominately around the difficulties around contacting customers and arranging suitable appointments within the 7 day timescales, however HICES is on target and 94.2% of equipment is delivered within 5 days.

ASC 05 Data may change towards the end of the year due to data cleansing.

ASC 06 Data may change towards the end of the year due to data cleansing.

ASC 07 Data may change towards the end of the year due to data cleansing.

ASC 08 Data may change towards the end of the year due to data cleansing.

Homelessness:

ASC 09 There continues to be a local and national increase in homelessness presentations.

The service continue to make full use of all prevention options to prevent homelessness.

ASC 10 The figures show that statutory homelessness acceptances remain low. This is due to the increased emphasis upon homeless prevention.

ASC 11 The increased demand for temporary accommodation, resulted in the continued use of hotels.

Safeguarding:

ASC 12 We have a robust screening system in place which reduces the number of inappropriate concerns progressing to Section 42 Safeguarding Enquiries.

ASC 13 Although the target was not achieved last year the current figures have exceeded last years performance.

Carers:

ASC 14 Survey measures are reported annually for service users and bi-annually for carers. The results of these are provided in Quarter 4, however are not published until later in the year.

ASC 15 There are no issues with this measure and we are on track to meet this target. Figures may fluctuate during the year.

ASC 16 Survey measures are reported annually for service users and bi-annually for carers. The results of these are provided in Quarter 4, however are not published until later in the year.

ASC 18 The next Adult Social Care Survey is due to be administered in January 2023, for results to be reported in the 2022/23 period.

ASC 19

ASC 20 The Survey of Adult Carers will be administered later in 2023 for results to be captured in the 2023/24 period.












ASC 21 Further details on both surveys can be found [here](#)












Public Health

Key Objectives / milestones

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

Ref	Milestones	Q1 Progress
PH 01a	Facilitate the Healthy Child Programme which focusses on a universal preventative service, providing families with a programme of screening, immunisation, health and development reviews, and health, well-being, stop smoking interventions and parenting advice and support.	<input checked="" type="checkbox"/>
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.	<input checked="" type="checkbox"/>
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.	<input checked="" type="checkbox"/>
Ref	Objective	
PH 02	Improved levels of healthy eating and physical activity through whole systems working.	
Ref	Milestone	Q1 Progress
PH 02a	Implementation of the Healthy Weight Action Plan	<input checked="" type="checkbox"/>
PH 02b	Increase the percentage of children and adults achieving recommended levels of physical activity.	<input checked="" type="checkbox"/>
PH 02c	Reduce the levels of children and adults who are obese.	<input checked="" type="checkbox"/>
Ref	Objective	
PH 03	Reduction in the harm from alcohol: Working with key partners, frontline professionals, and local community to address the health and social impact of alcohol misuse.	
Ref	Milestone	Q1 Progress
PH 03a	Work in partnership to reduce the number of young people (under 18) being admitted to hospital due to alcohol.	<input checked="" type="checkbox"/>

PH 03b	Raise awareness within the local community of safe drinking recommendations and local alcohol support services through delivering alcohol awareness campaigns, alcohol health education events across the borough and ensuring key staff are trained in alcohol identification and brief advice (alcohol IBA).	
PH 03c	Ensure those identified as having an alcohol misuse problem can access effective alcohol treatment services and recovery support in the community and within secondary care.	
Ref	Objective	
PH 04	Cardiovascular Disease	
Ref	Milestone	Q1 Progress
PH 04a	Ensure local delivery of the National Health Checks programme in line with the nationally set achievement targets	
PH 04b	Reduce smoking prevalence overall and amongst routine and manual groups and reduce the gap between these two groups.	
PH 04c	Increase the percentage of adults who undertake recommended levels of physical activity and healthy eating.	
PH 04d	Improve early detection and increase the proportion of people treated in line with best practice and reduce the variation at a GP practice level.	
PH 04e	Reduce the premature (under 75) death rate due to cardiovascular disease and stroke.	
Ref 05	Objective	
PH 05	Mental Health	
Ref	Milestone	Q1 Progress
PH 05a	Reduced level of hospital admissions due to self-harm.	
PH 05b	Improved overall wellbeing scores and carers' wellbeing scores.	
PH 05c	Reduced excess under 75 mortality in adults with serious mental illness (compared to the overall population).	
PH 05d	Reduce suicide rate.	
Ref	Objective	
PH 06	Cancer	
Ref	Milestone	Q1 Progress

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

PH 01a Triple P is commissioned by the Early Help commissioners to run 8 sessions of Triple P each year: this includes 0-12, Stepping Stones and Teen. Delivery has returned to face to face due to Covid restrictions being relaxed/removed at venues during Q1. All parenting referrals now go via the central parenting inbox, where they are triaged by Sam Edwards. Any Triple P referrals are now sent over to The Health Improvement Team for allocation on to the next available course.

This quarter, 3 programme were delivered face to face: 1x 0-12, 1x Stepping Stones and 1x Teen. 12 parents completed fully, 10 partially completed and 1 DNA.

PH 01b

The 0-19 Service has continued to maintain support for children and families in Halton through the provision of the universal Healthy Child Programme series of visits and interventions and through additional activity such as the NCMP weighing and measuring programme, support for school age vaccinations, and drop in advice sessions at high schools and through the Chat Health Text 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 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

Antenatal Infant Feeding workshops continued virtually throughout Q1, with the multi-agency Your Baby & You programme re-launching as a virtual offer in May; this was delivered in partnership between Health Visitors, Children's Centres and Health Improvement Team. Sessions include: Infant Feeding, Diet & Nutrition in Pregnancy, and Bringing Your Baby Home. Plans for a full return to face to face programme were hampered due to restrictions from Bridgewater; however, a planning meeting was held between all partners, including midwifery, to map out the new offer for Autumn.

Infant feeding team have continued to offer infant feeding support to all Halton mums upon hospital discharge, with home visits and telephone support. Throughout Q1, the team had difficulties retrieving discharge info from Warrington due to Badgernet not being able to accommodate the team's data requirements, but additional manual checks were carried out 1-2 times weekly to try to ensure that no new mums were missed. This process has not been easy, and the delay in received discharge info has resulted in delays for some mums receiving their first call from the Infant Feeding Team.

Introducing Solid Foods workshops have continued to be delivered virtually, and Terrific Twos sessions have been delivered face to face. HHEYS support and training was offered to all EY settings and childminders around Healthy Eating, Oral Health, Menu Planning, Brief Advice, Staff Wellbeing, HHEYS Award, 5 Ways to Wellbeing. Early Years settings are slowly engaging again with HHEYS, after a drop during the pandemic.

The Fit 4 Life app continues to be promoted via social media, schools and NCMP. Download frequency has dropped since an initial peak in Q4, but remains steady. Retention has been challenging; however, an app update

enabled families to choose the topics they want to access, rather than receive a standard full 12-week sequence. A review of this programme is planned for Q2, as capturing outcomes has also been challenging; this is due to families not completing the final questionnaire once they have accessed the info they chose to engage with. Almost all referrals have been self-referral, with a small number being prompted by the NCMP letter.

Parent/carer bite-size workshops are being delivered virtually, with most bookings coming from self-referrals. Sessions include Fussy Eating & Healthy Snacking, and Sleep & Screens. Bookings dropped during Q1, so the frequency of sessions may be reduced from Q2, with alternative options for sharing the information to be explored.

PH 02a

There has continued to be a range of parenting programmes available to families to support them to develop healthy habits for their children, with a new parenting coordinator now in post. Schools are engaging well with Halton Healthy Schools programme since easing of Covid restrictions. Schools are keen to sign up to access staff training around healthy lifestyles, pupil sessions around diet and exercise, and have also welcomed plans for a Healthy Schools Framework to follow, set goals and review progress in relation to healthy eating, physical activity, and risk-taking behaviours.

The Holiday Activity Fund (HAF) has supported children during the holidays, to access healthy and nutritious meals, physical activity sessions, nutrition education and enrichment activities. The aim is that 85% of children accessing HAF are entitled to free school meals; thus ensuring that children at high risk of experiencing health inequalities are benefitting from the programme.

The whole system obesity core working group has met to review strategy from pre-pandemic. It has been agreed that the strategy will be widened to include health and social care, primary care and secondary care with a more active role. This is currently in consultation phase with partners for review.

PH 02b

Exercise referral program only started back in Q3 2021, so full 6 month data will not be available until next quarter. 56 Referrals received during this quarter.

Active Halton working group have met to discuss developing a strategy for all providers to work towards. This strategy is currently in the data and evidence finding stage to address the strategy. Updates on progress to follow.

PH 02c

Tier 2 adult weight management service Q1 data: Please note that data is reported from following the 6 month journey of a patient so data reported is for patients who started the program Q3 2021-22.

Number of clients started	92
Number of clients from IMD <30%	22%
Percentage of people completing 12 weeks	45%
Percentage of clients losing 0-2.99% body weight at 12 weeks	61%
Percentage of clients losing 3-4.99% body weight at 12 weeks	53%
Percentage of clients losing 5-9.99% body weight at 12 weeks	10%
Percentage of clients losing 10%+ body weight at 12 weeks	2%
Percentage of clients who lost weight by 12 weeks	90%
Percentage of clients completing 6 months	15%
Percentage of clients losing 0-2.99% body weight at 6 months	50%
Percentage of clients losing 3-4.99% body weight at 6 months	29%
Percentage of clients losing 5-9.99% body weight at 6 months	7%
Percentage of clients losing 10%+ body weight at 6 months	7%
Total percentage of clients who lost weight at 6 months	93%

PH 03a

We are continuing to engage with the provider services to ensure that work continues to focus on the need groups and return to pre pandemic levels of provision. Work is continuing to focus on reducing the rate at which young people need hospital care as a result of alcohol.

Year 6 pupils have been accessing the Alcohol Education session via Health Improvement Team's Healthy Schools programme. Schools who complete the Healthy Schools commitment can access this session for pupils, and sessions are booked based on a needs-assessment. Secondary schools who identify alcohol mis-use as a concern are flagged to HBC's Drug and Alcohol team, who have worked with small groups of pupils, when requested.

PH 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. Health Trainers and Health Check Officers continue to deliver Audit C screening when delivering Health Checks to Clients across Halton. The Stop Smoking Service has continued to deliver Audit C screening remotely during consultations with clients who are stopping smoking and who also wish to reduce their alcohol intake.

From 1/4/2022 – 30/6/2022 Health Trainers and Health Check Officers delivered 527 Audit C screenings to clients.

From 1/4/2022 – 30/6/2022 the Stop Smoking Service have delivered 151 Audit C screenings to clients.

Total Audit C screenings delivered = **678**

PH 03c

The team continue to monitor performance of the substance misuse service and oversee new developments and approaches. The CGL service recently launched it new Café which offers and opportunity to support clients in new and different ways, creating a relaxed and informal location for meetings and catch ups, promoting volunteering and ensuring high quality low cost food for the more vulnerable service users.

The out of prison programme continues to support prion service leavers on their road to recover and has received exceptionally positive case studies, also recently opening their safe house in Halton.

PH 04a

The NHS Health Check program has been working closely with CHAMPS to complete a research pilot to look at national priorities to priorities those most in need within services. A focus in reducing health inequalities has lead us to some specific research in those from low socio-economic deprivation and/or those who are from a ethnic minority population group. We have completed a public survey, individual interviws to consult on experience and root causes of inequalities within health services and have had an F2 doctor on placement complete a literature review on the service. These have aided us to develop an action plan of how locally we are going to tackle barriers to accessing the NHS Health Check. Full review documents will follow.

Number of NHS Health Checks completed across Halton	753
Number of NHS Health Checks completed by Health Trainer in GP practice	359
Number of NHS Health Checks completed by Health Trainer in workplaces	108
Number of NHS Health Checks completed by Health Trainer in Community	25
Number of onward referrals to lifestyle service or other services.	73

PH 04b

Halton Stop Smoking Service continues to deliver the service remotely and also face 2 face (hybrid model) to support local people to stop smoking. Face to face delivery of the service has now resumed in GP settings and Widnes market. 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 as well as smokers with mental health conditions, where extra support is required. In Q1 the service has supported 244 clients of which 97 clients have successfully stopped smoking so far (40% quit rate) however there are 66 clients where quit outcomes are unknown as yet as they are midway through the programme.

In Q1 66 clients accessing the service have never worked or are unemployed or are routine and manual smokers - so far 20 of these clients have stopped smoking (30% quit rate); however, there are 23 clients where quit outcomes are unknown as yet as they have not reached their 4 week review appointment and are midway through the programme.

In Q1 the service has supported 11 pregnant smokers of which 3 pregnant smokers have stopped smoking (27% quit rate) and 4 smokers where outcomes are unknown as they are midway through the programme.

The service has been working closely with Liverpool Heart and Chest Hospital and Halton CCG on the Targeted Lung Health Check programme. To date the service has received an extra 183 referrals from the Targeted Lung Health Check programme. Out of 183 referrals 133 clients engaged with the service. At 4 weeks, 71 clients had stopped smoking (56 %quit rate). At 12 weeks 52 clients had stopped smoking (44% quit rate) with 14 clients where quit outcomes are unknown as yet as they have not reached their 12 week review appointment and are midway through the programme.

PH 04c See above weight management and exercise referral programs.

PH 04d No commentary provided.

PH 04e In addition to the NHS Health Check data above, blood pressure champions have been screening in the community, on the vaccination health bus and in workplaces. Halton has supported the World Hypertension Day campaign by relaunching blood pressure screening campaigns within the community. During Q1 this has seen the following outcomes from community non clinical screening

Number of BP checks completed	164
Number of people detected with an irregular heart rate.	7
Number of people recommended to have GP follow up within 1 week.	48
Number of people recommended to have same day GP recheck within 1 day.	3
Number of people who received brief lifestyle interventions and signposting	164

PH 05a 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. Halton has received 12 months worth of self harm data from the self harm dashboard developed by NWS and PHE. The data will be analysed as part of the updated local Suicide Prevention Plan to explore what actions can be taken locally to reduce self-harm. Self-Harm kits developed by the Cheshire and Merseyside Self Harm pathway development group overseen by the NHS England North West Coast clinical network have been evaluated by JMU. Number of respondents who utilised the self-harm kit was too low to draw any conclusions regarding effectiveness. Cheshire and Merseyside emotional health and wellbeing logic model has been developed with actions around self-harm.

The following PHE's Mental health Prevention and Promotion funded projects are now complete and evaluation is underway:

- 5 ways to wellbeing activities for children and young people
- Pilot programme aimed at engaging young males via Youth out reach

The following projects have received local funding to continue for a further 12 months:

- Bereavement support for children, young people and adults
- 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 No commentary provided.

PH 05c Latest available data for 2018-20 indicates that the excess under 75 mortality for adults with severe mental illness in Halton is 313.1%, this is significantly better than the England Average of 419.6%. Continuing to ensure local primary care undertake annual reviews and engage with health services is key to ensuring that people with SMI experience no poorer health outcomes and services than any other individual.

PH 05d The latest published suicide rate is 10.8 suicides per 100,000 persons for the years 2018-20, which is not considerably different to the England average of 10.7. 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. In Q1 it has received 1307 page views with 496 unique users and 161 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, MerseyCare and partners. 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. Anti-stigma steering group aimed at tackling mental health stigma in males is under development.

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. An evaluation is underway.

PH 06a *Please see PH04b*

PH 06b Work is continuing with CHAMPS and the Cancer alliance to focus on activities to increase the uptake of bowel and breast cancer. Regional meetings have not yet been recommenced from UKHSA, though we are continuing to encourage uptake of all screening programmes at all opportunities

PH 06c Detection of cancers at earlier stages is improving year on year with a small increase in the last few years.
We continue to work with the cancer alliance and partner organisation to raise awareness of early signs and symptoms and encourage early presentation. The Targetted Lung Health check programme is beginning to report early results which shows a positive detection rate of stage 1 cancers amongst people who have ever smoked in the targetted age cohorts

PH 06d Cancer survival is improving year on year though the improvement is slowing. We continue to work with the cancer alliance and local partners to ensure new and improved diagnostics and treatments are locally available. The improvement in survival is also a factor of earlier diagnosis, enabling more successful early treatments and interventions.

Cancer mortality is seeing a small improvement year on year, as a factor of the works being undertaken on screening, early diagnosis and presentation and improvements in diagnostic and treatment technology and access.

PH 06e

Sure Start to Later Life continue to support older people to engage in community activities to reduce the risk of loneliness and social isolation. We have received 83 referrals this quarter which is nearly double what we received last quarter. We have held 6 Get Together events, with a total of 212 people in attendance this quarter.

PH 07a

We held our first face to face Partners in Prevention meeting during this quarter. We had partners from British Red Cross, Wellbeing Enterprises, the Stroke Association, Cheshire Fire Service, Sports Development, Widnes and Runcorn Cancer Support Centre, The Carers Centre, Energy Project Plus, the Green Doctor, SCIP, Mental Health Later life and Memory team, the Womens Centre, Supporting people into jobs as well as many others. It was well attended with over 40 professionals in attendance.

Through funding secured from the CCG we have now had six activity tables delivered to care homes across the Borough .This means that all older people care homes have secured an activity table. They have proven very successful as a means to engage residents in meaningful activities and helping them to connect with their wide community. They come with pre-installed brain training apps and memory apps along with a host of enjoyable games and puzzles. The table can be utilized in several different ways as follows:

- : Dementia and Brain training apps and games
- : Collaborative games (multi-user)
- : Listening to music
- : Keep fit lessons, sing alongs & quizzes
- : Watching films and documentaries
- : Viewing the internet
- : Skype calling
- : Staff training

We are in the planning stages of doing some Intergenerational pieces of work that links in with Haltons 'Reading Strategy where we will ask young children to read stories to older residents in care homes virtually via the table and vice versa.

PH 07b

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

The new Intermediate Care and Frailty Service was launched in December however referrals via the pathway remain minimal.

The Age Well service continues to deliver falls prevention exercise classes, 4 times per week. The number of referrals has dropped for the Single Point

of Access Service for the falls prevention class and wider exercise on referral sessions.

We are in the process of reviewing the Physical Activity Strategy in partnership with Active Halton, to explore ways to increase the number of older adults increasing their activity levels to reduce the risk of falls. This work also links in with the review of the Whole System Obesity Strategy where there will be a focus on Older adults.

We have now devised a falls prevention training offer to care homes aimed at reducing the risk of falls in care homes. We have had two homes that have completed the training to date. Two further homes had booked the training for this quarter but had to cancel due to staffing issues.

PH 07c We have screened over 150 falls incident forms this quarter and provided supporting information as to how to reduce peoples' risk of falls including signposting to relevant services.

Uptake of flu vaccination for seasonal 2021/22 was higher than average for most cohorts with increased but under target performance especially for pregnant women and 2-3 year cohorts.

Information on the flu vaccination programme for the next season is slow to emerge and while we are working with primary care to ensure that orders are received and capacity within the system to deliver, there is little information regarding what the programmes should look like and any focus for national marketing campaigns.

We continue to work with Warrington as a system for flu planning.

PH 08a

Outbreak response plans are still in place. The HOST team function is still being maintained, although scaled back which enables rapid response to increases in case numbers. Halton continues to work with system partners to plan for outbreak and surge management arrangements.









PH 08b









Halton public health team continue to work with NHSE, and local systems and providers to identify inequalities within vaccination uptake and target interventions to improve uptake in certain cohorts. The Local Authority maintain oversight of uptake but is not accountable for delivery of vaccination programmes.

PH 08c

Outbreak response plans are still in place. The HOST team function is still being maintained, although scaled back which enables rapid responses to increases in case numbers. Halton continues to work with system partners to plan for outbreak and surge management arrangements.






Key Performance Indicators

Ref	Measure	21/22 Actual	22/23 Target	Q1	Current Progress	Direction of travel
PH LI 01	A good level of child development (% of eligible children achieving a good level of development at the end of reception)	66.1% (2018/19)	N/A	N/A		N/A
PH LI 02a	Adults achieving recommended levels of physical activity (% of adults aged 19+ that achieve 150+ minutes of moderate intensity equivalent per week)	57.6% (2019/20)	58.2% (2020/21)	65.5% (2020/21)		
PH LI 02b	Alcohol-related admission episodes – narrow definition (Directly Standardised Rate per 100,000 population)	493 (2020/21)	877.7 (2021/22)	N/A		N/A
PH LI 02c	Under-18 alcohol-specific admission episodes (crude rate per 100,000 population)	58.0 (2018/19-2020/21)	57.1 (2019/20 – 2021/22)	43.1 (2019/20-2021/22 provisional)		
PH LI 03a	Smoking prevalence	14.9% (2019)	14.9% (2020)	13.1% (2020)		

	(% of adults who currently smoke)					
PH LI 03b	Prevalence of adult obesity (% of adults estimated to be obese)	76.9% (2019/20)	77.5% (2020/21)	65% (2020/21)		
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>	96.7 (2019-21 provisional)	96.7 (2020-22)	99.9 (Q2 2019-Q1 2022 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>	151.0 (2019-21 provisional)	150.2 (2020-22)	150.2 (Q2 2019-Q1 2022 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</i>	46.6 (2019-21 provisional)	46.4 (2020-22)	46.7 (Q2 2019-Q1 2022 provisional)		

	<i>year targets for</i>					
PH LI 03f	Breast cancer screening coverage (aged 53-70) <i>Proportion of eligible women who were screened in the last 3 years</i>	58.8% (2021)	70% (national target)	N/A (annual data only)	u	N/A
PH LI 03g	Cervical cancer screening coverage (aged 25 – 49) <i>Proportion of eligible women who were screened in the last 3.5 years</i>	71.9% (2021)	80% (national target)	N/A (annual data only)	u	N/A
	Cervical cancer screening coverage (aged 50 – 64) <i>Proportion of eligible women who were screened in the last 5.5 years</i>	72.5% (2021)	80% (national target)	N/A (annual data only)	u	N/A
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>	55.5% (2021)	No national target as yet	N/A (annual data only)	u	N/A

PH LI 03i	Percentage of cancers diagnosed at early stage (1 and 2)	55.5% (2019)	55.7% (2020)	N/A (annual data only)		N/A
PH LI 03j	1 year breast cancer survival (%)	97% (2018)	97.25% (2019)	N/A		N/A
PH LI 03k	1 year bowel cancer survival (%)	79% (2018)	79.25% (2019)	N/A		N/A
PH LI 03l	1 year lung cancer survival (%)	41% (2018)	41.5% (2019)	N/A		N/A
PH LI 04a	Self-harm hospital admissions (Emergency admissions, all ages, directly standardised rate per 100,000 population)	312.6 (2020/21 provisional)	380.6 (2021/22)	283.5 (2021/22 provisional)		
PH LI 04b	Self-reported wellbeing: % of people with a low happiness score	12.1% (2020/21)	11.9% (2021/22)	N/A		N/A
PH LI 05ai	Male Life expectancy at age 65 (Average number of years a person would expect to live based on contemporary mortality rates) <i>Published data based on 3 calendar years, please note year for targets</i>	17.2 (2019-21 provisional)	17.2 (2020-22)	17.1 (Q2 2019-Q1 2022 provisional)		

PH LI 05aii	Female Life expectancy at age 65 (Average number of years a person would expect to live based on contemporary mortality rates) <i>Published data based on 3 calendar years, please note year for targets</i>	19.5 (2019-21 provisional)	19.5 (2020-22)	19.1 (Q2 2019-Q1 2022 provisional)		
PH LI 05b	Emergency admissions due to injuries resulting from falls in the over 65s (Directly Standardised Rate, per 100,000 population; PHOF definition)	2813 (2020/21)	2806 (2021/22)	2707 (2021/22 provisional)		
PH LI 05c	Flu vaccination at age 65+ (% of eligible adults aged 65+ who received the flu vaccine, GP registered population)	81.6% (2021/22)	75% (national target)	N/A		N/A

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 increased in 2020/21. Data is published annually.

PH LI 02b Due to a national data change, quarterly data is currently unavailable.

PH LI 02c The rate of under 18 alcohol specific hospital admissions has reduced over 2019/20 to 2020/21. COVID-19 is likely to have had an effect on this.
(2021/22 data is provisional; published data will be released later in the year.)

PH LI 03a Smoking levels improved during 2019 and 2020; 2020 data met the target.

PH LI 03b Adult excess weight reduced during 2021 and met the target.

PH LI 03c The rate of CVD deaths (in under 75s) has increased in 2020 and 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 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 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 and again in 2021; COVID-19 has most likely affected this. Data is released annually

Cervical cancer screening coverage improved during 2020 in those aged 25-49. Halton performed better than the England average both in 2020 and 2021 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, but fell slightly during 2021. 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 has fallen significantly in 2021. Halton did not perform as well as the England average in 2020 or 2021. Data is released annually

PH LI 03i The % of cancers diagnosed at early stage has fluctuated between 50% and 56% since 2013. The latest % is similar to the England average (55.1%). 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 LI 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 2021/22 data indicates the rate of self-harm admissions has reduced since 2019/20 and has met the target.
(Data is provisional; published data will be released later in the year.)

PH LI 04b Happiness levels worsened during 2019/20 and again in 2020/21. COVID-19 is likely to have had an impact. Data is published annually.

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 slightly during 2020 and 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 and 2021.

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

PH LI 05b Provisional 2021/22 indicates the rate of falls injury admissions has reduced slightly and has met the target.

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

PH LI 05c Flu uptake for winters 2020/21 and 2021/22 exceeded the national target of 75%.

APPENDIX 1 – Financial Statements

ADULT SOCIAL CARE DEPARTMENT

Finance

Revenue Operational Budget as at 30 June 2022

	Annual Budget	Budget to Date	Actual	Variance (Overspend)	Forecast Outturn (Overspend)
	£'000	£'000	£'000	£'000	£'000
Expenditure					
Employees	15,145	3,663	3,609	54	160
Premises	334	110	116	(6)	(20)
Supplies & Services	471	95	87	8	0
Aids & Adaptations	38	9	4	5	0
Transport	187	47	62	(15)	(50)
Food Provision	187	38	36	2	0
Agency	617	152	158	(6)	0
Supported Accommodation and Services	1,426	212	212	0	0
Emergency Duty Team	105	27	27	0	0
Contacts & SLAs	567	312	309	3	0
Housing Solutions Grant Funded Schemes					
LCR Immigration Programme	400	100	96	4	0
Homelessness Prevention	356	88	70	18	0
Total Expenditure	19,833	4,853	4,786	67	90
Income					
Fees & Charges	-761	-187	-157	(30)	(50)
Sales & Rents Income	-417	-197	-198	1	0
Reimbursements & Grant Income	-1,198	-113	-118	5	0
Capital Salaries	-121	-30	-30	0	0
LCR Immigration Programme	-400	-100	-100	0	0
Homelessness Prevention	-356	-356	-356	0	0
Transfer From Reserves	-413	0	0	0	0
Total Income	-3,666	-983	-959	(24)	(50)
Net Operational Expenditure Excluding Homes and Community Care	16,167	3,870	3,827	43	40
Care Homes Net Expenditure	8,182	1,973	2,261	(288)	(735)
Community Care Expenditure	19,303	4,940	5,261	(321)	(1,284)
Net Operational Expenditure Including Homes and Community Care	43,652	10,783	11,349	(566)	(1,979)
Recharges					
Premises Support	460	115	115	0	0
Transport Support	587	146	165	(19)	(40)
Central Support	3,563	891	891	0	0
Asset Rental Support	13	0	0	0	0
Recharge Income	-122	-30	-30	0	0
Net Total Recharges	4,501	1,122	1,141	(19)	(40)
Net Departmental Expenditure	48,153	11,905	12,490	(585)	(2,019)

Comments on the above figures

Net Department Expenditure, excluding the Community Care and Care Homes divisions, is £0.024m below budget profile at the end of the first quarter of the 2022/23 financial year. Expenditure is currently projected to be to budget by end of the financial year.

Employee costs are currently £0.054m under budget profile, due to turnover savings being made above target on vacancies. The bulk of savings are being made within the Care Management division, which have historically experienced difficulties in recruiting to vacant posts.

The current overspends on premises and transport cost in the report largely relate to increased costs of gas, electricity and transport related fuel costs. These costs are projected to continue for the remainder of the year.

The projected shortfall in fees and charges primarily relates to Day Service trading activities, and the level reduced of consumer confidence post-pandemic. Such shortfall has been met from Covid related government grant funding in the previous two financial years, funding no longer exists for the current financial year.

Housing Strategy initiatives included in the report above include the LCR Immigration Programme and Homelessness Prevention Scheme. The Homelessness Prevention scheme is an amalgamation of the previous Flexible Homelessness Support and Homelessness Reduction schemes. Funding has increased significantly from £0.253m back in 2020/21 to the current level of £0.356m for 2022/23.

An overall balanced budget is projected for the financial year, with the pressures from increased utility costs and loss of trading income being offset by savings above target in respect of staff turnover.

COMPLEX CARE POOL

Revenue Budget as at 30 June 2022

	Annual Budget	Budget to Date	Actual	Variance (Overspend)	Forecast Outturn
	£'000	£'000	£'000	£'000	£'000
Expenditure					
Intermediate Care Services	6,242	1,059	1,015	44	176
Homecare First	1,300	0	0	0	0
HICaFS	3,584	138	84	54	216
Oakmeadow	1,165	293	300	(7)	(28)
Contracts & SLA's	3,325	72	72	0	0
Joint Equipment Store	802	196	196	0	0
Development Fund	784	0	0	0	0
Carers Breaks	428	107	154	(47)	(188)
Carers Centre	365	91	91	0	0
Health & Social Care:				0	0
Residential Care	1,074	268	268	0	0
Domicilliary Care and Supported Living	2,556	639	639	0	0
Total Expenditure	21,625	2,863	2,819	44	176
Income					
BCF Income	-12,078	-3,026	-3,026	0	0
HCCG Contribution to Pool	-2,831	-799	-799	0	0
Oakmeadow Income	-612	-153	-152	(1)	(4)
Ageing Well	-694	0	0	0	0
Transfer from Reserve	-700	0	0	0	0
Bal Cwfd 2021/22	-205	0	0	0	0
Total Income	-17,120	-3,978	-3,977	(1)	(4)
Net Departmental Expenditure	4,505	-1,115	-1,158	43	172

Comments on the above figures:

The overall position for the Complex Care Pool budget is £43,000 under budget profile at the end of June however this position is subject to change as we move through the financial year, as pressures on the budget are highlighted.

The pandemic enabled services to be provided in a different way and the community reablement model, as opposed to bed base, is proving to deliver better outcomes. Changes have been made recently across Intermediate Care and the Home First model, alongside the impact of hospital pressures resulting in a shift in service demand. Budgets have therefore, been realigned against service needs where appropriate.

In the main, expenditure is below budget profile due to Intermediate Care and the HICaF service which cumulatively, are £98k under expected budget at this point of the financial year. However, expenditure on carers' breaks is over budget profile by £47k at the end of the first financial quarter resulting overall, in a small favourable variance for quarter one.

Pooled Budget Capital Projects as at 30th June 2022

	2022-23 Capital Allocation £'000	Allocation To Date £'000	Actual Spend £'000	Total Allocation Remaining £'000
Disabled Facilities Grant	650	150	119	531
Stair lifts (Adaptations Initiative)	250	60	48	202
RSL Adaptations (Joint Funding)	200	50	24	176
Telehealth Care Digital Switchover	400	0	0	400
Millbrow Refurbishment	1,200	0	0	1,200
Madeline Mckenna Refurb.	100	10	5	95
St Luke's Care Home	100	10	9	91
St Patrick's Care Home	400	100	0	400
Total	3,300	380	205	3,095

Comments on the above figures:

Allocations for Disabled Facilities Grants, Stair Lifts and RSL adaptations are consistent with 2021/22 and expenditure across these schemes is anticipated to be within budget overall.

The capital allocation for Millbrow refurbishment includes funds carried forward from 2021/22 as work was rescheduled due to the pandemic. The refurbishment programme is scheduled to start in the latter part of the financial year

PUBLIC HEALTH & PUBLIC PROTECTION DEPARTMENT

Revenue Budget as at 30th June 2022

	Annual Budget	Budget to Date	Actual	Variance (Overspend)	Forecast Outturn
	£'000	£'000	£'000	£'000	£'000
Expenditure					
Employees	4,120	1,004	994	10	22
Premises	5	0	0	0	0
Supplies & Services	312	101	98	3	19
Contracts & SLA's	6,751	1,181	1,181	0	0
Transport	5	2	2	0	0
Other Agency	21	21	21	0	0
Transfer to Reserves	50	0	0	0	0
Total Expenditure	11,264	2,309	2,296	13	41
Income					
Fees & Charges	-252	-152	-150	(2)	(8)
Reimbursements & Other Grants	-123	-90	-90	0	0
Government Grants	-10,982	-1,995	-1,995	0	0
Transfer from Reserves	-645	0	0	0	0
Total Income	-12,002	-2,237	-2,235	-2	-8
Net Operational Expenditure	-738	72	61	11	33
Recharges					
Premises Support	126	32	32	0	0
Transport Support	23	6	9	(3)	(5)
Central Support	1,324	331	331	0	0
Recharge Income	-482	-120	-120	0	0
Net Total Recharges	991	249	252	-3	-5
Net Departmental Expenditure	253	321	313	8	28

Comments on the above figures

The net Department spend is £0.008m under budget profile at the end of Quarter 1 and the estimated outturn position for 2022/23 is for net spend to be £0.028m under the available budget.

Employee costs are currently £0.010m under planned budget at this point in the year. This is a result of savings made on vacancies. Two posts with the Environmental, Public Health & Health Protection Division have recently been filled and a third is in the recruitment process and the level of savings from vacancies is expected to reduce during the remaining 3 quarters of the financial year. The anticipated full year underspend is projected to be £0.022m. The employee budget is based on 89.7 full time equivalent staff. The staff turnover saving target of £0.048m is expected to be achieved in full.




Transport recharges are £0.003m over budget profile at the end of Quarter 1. This is due to higher than budgeted diesel and repair costs for Pest Control vehicles and the forecast full year overspend is estimated to be £0.005m. This is the result of significant inflation increases.

The balance of £0.368m carried forward from last year's allocation from the Contain Outbreak Management Fund (COMF) is being used to fund continued spend within the Outbreak Support Team. Funding is being used to target low COVID-19 vaccine uptake, enhanced communication and marketing, workplace prevention and contain measures and to help the clinically extremely vulnerable remain well. COMF spend during Quarter 1 is £0.190m and this is 51.6% of the

available funding, with £0.182m spent on employee costs. The remaining £0.178m is expected to be spent with the next quarter of 22/23.




APPENDIX 2 – Explanation of Symbols

Symbols are used in the following manner:

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

Direction of Travel Indicator

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

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