

Health Policy & Performance Board Priority Based Report

Reporting Period: Quarter 4 – Period 1st January 2023 – 30th March 2023

1.0 Introduction

This report provides an overview of issues and progress against key service area objectives and milestones and performance targets, during the fourth 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 fourth quarter which include:

Adult Social Care

Dementia – A review of the HBC Dementia Day Service has taken place, as part of development of the One Halton Dementia Strategy. The review considered capacity, demand and potential opportunities within the service ie underutilisation of the dementia friendly venue, working with partners to address potential service gaps ie short notice/flexible session booking to support dementia specific respite support, ALD specific dementia support. Service development options will be explored further by SMT in due course (Currently with D.N) to get a view of feasibility, cost/benefit, before updating the One Halton Strategy group. An Elder Abuse Tool Kit, which considers the specific vulnerability of dementia is being developed by Halton Safeguarding Adults Board. Work continues to deliver actions of the Dementia Friendly Halton Borough Council action plan.

Complex Care Widnes

Team recruitment underway and response to the new recruitment model re rolling adverts is positive, two new Social Workers in post, expected to start June 2023, two new Advanced Practitioner's in post.

Halton Healthwatch & Advocay Service

Following a Tender process, a new contract was awarded to Engaging Communities Solutions (ECS) for the provision of Healthwatch Halton and the Advocacy Hub service. This signals continuity of service as ECS are the incumbent provider of both services. The contract will commence on 1st July 2023 for an initial three year contract term, with the option of a further two year contract extension thereafter.

Digital Social Care Records

Halton are part of a national programme to support ensuring care services develop digital social care records. These will support these areas to improve the care and support of people and enable a range of health and social care providers to share information. Funding has been made available to support implementation for providers in the borough over a three year period with monitoring arrangements agreed at a Cheshire and Merseyside level

Public Health

There have been no significant developments since the previous report. It is expected that two new consultants will join the team whilst one consultant has gone to UKHSA on a secondment.

3.0 Emerging Issues

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

Adult Social Care

Community Meals On Wheels

In Quarter 1 2023, we will be seeking to confirm new contract arrangements for the provision of frozen ready meals for the Meals on Wheels service. Commissioning and Procurement are currently exploring the viability of utilising an existing purchasing framework for this service.

Care Home Meals

In Quarter 1 2023, we will be seeking to confirm new contract arrangements for the provision of frozen ready meals for St Lukes and St Patricks Care Homes. Commissioning and Procurement are currently exploring the viability of utilising an existing purchasing framework for this service.

Discharge Funding 2023/24 - In 2023-24, the Government is providing £600 million (£300 million for ICBs, £300 million for local councils) to enable local areas to build additional adult social care (ASC) and community-based reablement capacity to reduce delayed discharges and improve outcomes for patients. As in 2022-23 the ICB will need to agree with relevant local Health & Wellbeing Boards as to how the ICB element of funding will be allocated rather than being set as part of overall BCF allocations, and this should be based on allocations proportionate to local area need.

This funding is intended to provide increased investment in social care and community capacity to support discharge and free up beds; see additional information below.

Fair Cost of Care/Reform Funding - The Market Sustainability and Improvement Fund announced in the autumn statement (November 2022), supports local authorities to make tangible improvements to ASC services in their locality to build capacity and improve market sustainability. Government considers three vital target areas of improvement underpin this overarching objective:

- increasing fee rates paid to adult social care providers in local areas
- increasing adult social care workforce capacity and retention
- reducing adult social care waiting times

In total, there is £400m of new funding for adult social care in 2023 to 2024 and a further £683m is expected in 2024 to 2025. In 2023 to 2024, the new funding will be combined with £162m of continued Fair Cost of Care funding (FCOC). This will continue to support progress local authorities and providers have already made on fees, following their 2022 cost of care exercises. Halton received £431k in 2022/23 Market Sustainability & FCOC

Q4

Grant. In 2023/24 this has been replaced by the Market Sustainability & Improvement Fund £1,496,630 an increase of £1,065,630. This has been used in the setting budget process to increase care provider fees by an additional 4% for care homes and 2% for domiciliary care (including Direct Payment).

The Social Care Grant increased by £4,518,980 from £7,041,560 in 2022/23 to £11,560,540 in 2023/24 however this grant is split between adults and children. Allocations were 43% (Adults) 57% (Children) in 2022/23 and 38% (Adults) 62% (Children) in 2023/4.

Additional £130k has been received as a grant to streamline Adult Social Care Assessments enabling the local authority to buy digital tools and resources to embed into more streamlined operating models. It is assumed to be a one off grant.

The Discharge Funding grant introduced in 2022/23 is provided to ensure those people who need to draw on social care when they are discharged from hospital can leave as soon as possible. Pooled as part of the Better Care Fund, allocations for HBC increased from £532k in 2022/23 to £979k in 2023/4.

Safeguarding

It is anticipated that there will be an announcement in April from Government in relation to the future of Liberty Protection Safeguards.

Public Health

As set out in the individual updates

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	Q4 Progress
1A	Monitor the effectiveness of the Better Care Fund pooled budget ensuring that budget comes out on target	
1B	Integrate social services with community health services	
1C	Continue to monitor effectiveness of changes arising from review of services and support to children and adults with Autistic Spectrum Disorder.	
1D	Continue to implement the Local Dementia Strategy, to ensure effective services are in place.	
1E	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 One Halton Dementia Delivery Group approved draft strategy document/actions at meeting in March. Chair requested that the Strategy is now shared wider, with colleagues across all One Halton organisations, to gain feedback on draft before initiating community consultation with cohorts relevant to Dementia. Age UK and Alzheimer's Society have tools to support community consultation and have learning from other areas. They will lead on the consultation activity in due course.

1B The Homelessness Strategy Action Plan is monitored by Senior Management Team to illustrate progress made. The Homelessness Forum is scheduled for 19th May 2023.




1C Budget on target and used to provide additional treatment, care, rehabilitation and support for people in the borough throughout the year













1D This work stream is directed through One Halton and has developed a set of principles. Work is ongoing in model development










1E This work connects to the integration agenda





3A Work continues with partners in health to develop integrated approaches to supporting adults





Key Performance Indicators

Older People:						
Ref	Measure	21/22 Actual	22/23 Target	Q4	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	460		
ASC 02	Total non-elective admissions in to hospital (general & acute), all age, per 100,000 population. Better Care Fund performance metric	4071	TBC	4834		N/A
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%	96.58 %		
ASC 05	Proportion of people in receipt of SDS (ASCOF 1C – people in receipt of long term support) (Part 1) SDS	81.5	80%	74.9%		
ASC 06	Proportion of people in receipt of SDS (ASCOF 1C – people in receipt of long term support) (Part 2) DP	31.6	45%	22.7%		
ASC 07	Proportion of adults with learning disabilities who live in their own home or with their family (ASCOF 1G)	89.7	89%	93.6%		
ASC 08	Proportion of adults with learning disabilities who are in Employment (ASCOF 1E)	7	5.5%	5.9%		
Homelessness:						
ASC 09	Homeless presentations made to the Local Authority for assistance In accordance with	1914	200	733 241 434 105 247		

	Homelessness Act 2017. Relief Prevention Homeless					
ASC 10	LA Accepted a statutory duty to homeless households in accordance with homelessness Act 2002	247	200	105		
ASC 11	Number of households living in Temporary Accommodation Hostel Bed & Breakfast	520	650	135 20		
Safeguarding:						
ASC 12	Percentage of individuals involved in Section 42 Safeguarding Enquiries	30	30	39%		NA
ASC 13	Percentage of existing HBC Adult Social Care staff that have received Adult Safeguarding Training, including e-learning, in the last 3-years (denominator front line staff only).	62	85%	69%		
ASC 14	The Proportion of People who use services who say that those services have made them feel safe and secure – Adult Social Care	83.9	89%	78.8%		

	Survey (ASCOF 4B)					
Carers:						
ASC 15	Proportion of Carers in receipt of Self Directed Support.	98.8	99%	98%		
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%	18.9%		

ASC 20	The Proportion of people who use services who have control over their daily life (ASCOF 1B)	73.1 %	80%	78.4%		
ASC 21	Overall satisfaction of people who use services with their care and support (ASCOF 3A)	56.9 %	71%	70.4%		

Supporting Commentary

Older People:

ASC 01 We have had an increase in admission from Q4 2021/22, however are still below target, this data has not been cleansed and maybe subject to change at year-end.

ASC 02 This time last year the data sets were paused so we are unable to provide current progress and direction of travel measures

ASC 03 This data is currently collected annually and will be available in Q1 2023/24.

Adults with Learning and/or Physical Disabilities:

ASC 04 Q4 figures are slightly below target however previous quarters have been above target for 2022/23 also, this time last year for Q4 current progress was 62%

ASC 05 Figure for Q4 is below that the same time in 21/22, however is still above target. This data is not cleansed and therefore is subject to change at year-end.

ASC 06 We have not met the target for Q4 however, data is not cleansed and therefore is subject to change at year-end.

ASC 07 Figures continue to remain stable however, data is not cleansed and therefore is subject to change at year-end.

ASC 08 Target exceeded and an increase from the same period last year however, data is not cleansed and therefore is subject to change at year-end.

Homelessness:

ASC 09 There continues to be a local and national increase in homelessness presentations. Contributable factors are affordability, increased living costs, unemployment, and lack of affordable housing accommodation.

ASC 10

Prevention is a key element and the team continue to utilise all prevention incentives to prevent homelessness and encourage housing providers to engage with the Local Authority

Due to the increase in statutory homelessness, this has contributed to the increase in statutory homelessness acceptances.

- ASC 11** Other reasons for the increase relate to clients approaching the service at crisis level, therefore, proving difficult to prevent homelessness. The demand for temporary accommodation continues to be high. The majority of hotel placements are families, with further difficulties sourcing hotels within the Borough. provisions Further options are being explored to increase commissioned services for this client group

Safeguarding:

- ASC 12** This is slightly above the target, however in line with the North West and Cheshire and Merseyside averages.

- ASC 13** Work is being undertaken to address the performance and non-achievement of target, however, the performance is improved on the position for the previous year.

- ASC 14** Unfortunately, we have been unable to meet this target and there has been a decrease in the figure from 2021/22, however we need to be mindful that services provided are not necessarily in place to make people feel safe. Feedback suggests that those people who do not feel safe, is attributable to the area they live, youths in the area, fear of falling, for example.

Please note, the survey has not yet been published.

Carers:

- ASC 15** Figures continue to remain stable compared to this time last year

- ASC 16** Survey measures are reported annually for service users and bi-annually
ASC 17 for carers. The results of these are provided in Quarter 4, however are
ASC 18 not published until later in the year.

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

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

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

- ASC 19** Whilst we have not met the target for this year, we have seen an
ASC 20 increase on previous year's figures. Response rates to the Adult Social Care Survey remain low, however we will look at the promotion of this prior to the next round of Survey's.






Please note, the survey has not yet been published.










ASC 21 We have seen a significant increase in the Overall satisfaction of people who use services with their care and support, the figure for 2022/23 was 0.6% short of the target, which is encouraging.













Please note, the survey has not yet been published.

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	Q4 Progress
PH 01a	Facilitate the Healthy Child Programme which focusses on a universal preventative service, providing families with a programme of screening, immunisation, health and development reviews, and health, well-being, stop smoking interventions and parenting advice and support.	
PH 01b	Maintain and develop an enhanced offer through the 0-19 programme for families requiring additional support, For example: teenage parents (through Family Nurse Partnership), Care leavers and support (when needed) following the 2 year integrated assessment.	
PH 01c	Maintain and develop an offer for families to help their child to have a healthy weight, including encouraging breastfeeding, infant feeding support, healthy family diets, physical activity and support to families with children who are overweight.	
Ref	Objective	
PH 02	Improved levels of healthy eating and physical activity through whole systems working.	
Ref	Milestone	Q4 Progress
PH 02a	Implementation of the Healthy Weight Action Plan	
PH 02b	Increase the percentage of children and adults achieving recommended levels of physical activity.	

PH 02c	Reduce the levels of children and adults who are obese.	
Ref	Objective	
PH 03	Reduction in the harm from alcohol: Working with key partners, frontline professionals, and local community to address the health and social impact of alcohol misuse.	
Ref	Milestone	Q4 Progress
PH 03a	Work in partnership to reduce the number of young people (under 18) being admitted to hospital due to alcohol.	
PH 03b	Raise awareness within the local community of safe drinking recommendations and local alcohol support services through delivering alcohol awareness campaigns, alcohol health education events across the borough and ensuring key staff are trained in alcohol identification and brief advice (alcohol IBA).	
PH 03c	Ensure those identified as having an alcohol misuse problem can access effective alcohol treatment services and recovery support in the community and within secondary care.	
Ref	Objective	
PH 04	Cardiovascular Disease	
Ref	Milestone	Q4 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	Q4 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 mortalities in adults with serious mental illness (compared to the overall population).	
PH 05d	Reduce suicide rate.	
Ref	Objective	
PH 06	Cancer	
Ref	Milestone	Q4 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	Q3 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.	

Supporting Commentary

PH 01a Triple P is commissioned by the Early Help commissioners to run 8 programmes of Triple P per year. This quarter, 4 programmes were delivered with x15 parents fully completing and x8 partially completing the course.

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, the Family Nurse Partnership and the Pause programme.

The service is will require utilisation of 1 x 12 month extension to commence 1.4.2023. Meanwhile a wider review of the service will take place over the next 12 months.

PH 01c Antenatal Infant Feeding and Introducing Solid Foods workshops are now being delivered x1 face to face and x1 virtual per month. The multi-agency 'Your Baby and You' programme is on hold awaiting further planning meetings between all partners. Parent/carer bite-size workshops are being delivered virtually and face to face (Fussy Eating and Healthy Snacking, and Sleep and Screens). HHEYS support and training was offered to all EY settings and childminders. There continues to be increased engagement, with some settings completing their renewal to HHEYS, as well as some new childminders signing up.

Fit 4 Life App download instructions have been added to all NCMP results letters for 2022-23, with unique invite IDs based on the weight category for the child to activate appropriate programme content for each weight category.

PH 02a There has continued to be a range of parenting programmes are available to families to support them to develop healthy habits for their children. 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 whole system obesity strategy is currently in consultation phase with partners for review.

PH 02b The exercise rererral programme re-started in Q3 2021. The Active Halton strategy is currently in the data and evidence finding stage.

PH 02c No update this quarter.



PH 03a Bridgewater (and GPs) are informed of nearly all 0-19 attendances at A&E and Urgent Care Centres and where appropriate, parent attendances. Bridgewater work within the framework of a clinical procedure which identifies a Trigger List. The information for those CYP with an attendance that fits within the list are referred to the Health Visitor, Family Nurse Partnership or School Nurse. The attendance is recorded on the record once scanned on and will have access to support/further input.










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 and local campaigns via digital platforms.e.g Regional Cheshire/Merseyside" Lower My Drinking App". Currently, work is taking place with IT to develop Audit C screening online. Audit C screenings are also delivered during Health Checks and stop smoking consultation to clients across Halton.









- PH 03c** The CGL service has maintained a Café which offers an opportunity to support clients; this has provided volunteering and peer support sessions to service users.
The out of prison programme continues to support prison service leavers on their road to recovery and has received exceptionally positive case studies, also recently opening their safe house in Halton.
- PH 04a** A local action plan is in development around barriers to accessing the NHS Health Check.
- 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 including those people directly referred into the service via the Targeted Lung Health Check programme. The TLHC programme commenced in Halton in January 2022 and to date (Q3) the service has received an extra 351 referrals into the service. Currently the service has achieved a quit rate of approx. 56% so far.
- PH 04c** See previous comments on weight management and exercise referral programs.
- PH 04d** 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.
- 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. Self Harm kits, that have been developed at a regional level as a resource for staff working with children and young people, are being piloted locally.
- PH 05b** Latest available data for 2018-20 indicates that the excess under 75 mortality for adults with severe mental illness in Halton is significantly better than the England average. 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 05c** Halton's suicide rate for 2019-2021 period is lower than the England average. 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.
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 06a**










- PH 06b** 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 06c** 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.
- PH 06d** 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 07a** The team have received 77 new Sure Start to Later Life referrals in this quarter.
- We have held 6 Get Together events, with a total of 291 people in attendance which is an increase on the previous quarter.
- PH 07b** This quarter we have had over 45 residents from various care homes attend the Sure Start to Later Life Get Together which is fantastic. The feedback received from these residents has been very positive. What they report that they most like about the event is 'socialising with others, the food and entertainment' and 'being with friends'.
- PH 07c** The Age Well service continues to deliver falls prevention exercise classes, 4 times per week. We have received 10 new referrals direct from HICAF, SS2LL or capacity and demand. 17 people have attended the groups over this quarter; over 171 falls incident forms have been screened and supporting information has been provided 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.










Key Performance Indicators





Ref	Measure	21/22 Actual	22/23 Target	Q3	Current Progress	Direction of travel
PH LI 01	A good level of child development (% of eligible children)	66.1% (2018/19)	N/A	60.1% (2021/22)		

	achieving a good level of development at the end of reception)					
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)	45.2 (2019/20-2021/22 provisional)	57.1 (2019/20 – 2021/22)	35.5 (Q4 19/20- Q3 22/23 provisional)		
PH LI 03a	Smoking prevalence (% of adults who currently smoke)	14.9% (2019)	14.9% (2020)	13.2% (2021)		
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)	105.8 (Q3 2019-Q3 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)	144.8 (Q4 2019-Q3 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 year for targets</i>	46.6 (2019-21 provisional)	46.4 (2020-22)	45.3 (Q4 2019-Q3 2022 provisional)		
PH LI 03f	Breast cancer screening coverage (aged 53-70) <i>Proportion of eligible</i>	58.8% (2021)	70% (national target)	57.7% (2022)		

	women who were screened in the last 3 years					
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)	71.3% (2022)		
	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)	72.2% (2022)		
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	65% (2022)		
PH LI 03i	Percentage of cancers diagnosed at early stage (1 and 2)	55.5% (2019)	55.7% (2020)	N/A (annual data only)		
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)	283.5 (2021/22 provisional)	380.6 (2021/22)	285.1 (Q4 21/22 – Q3 22/23 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)	17.3 (Q3 2019-Q2 2022 provisional)		
PH LI 05aii	Female Life expectancy at age 65 (Average number of years a person would expect to live based on	19.5 (2019-21 provisional)	19.5 (2020-22)	19.4 (Q3 2019-Q2 2022 provisional)		

	contemporary mortality rates) <i>Published data based on 3 calendar years, please note year for targets</i>					
PH LI 05b	Emergency admissions due to injuries resulting from falls in the over 65s (Directly Standardised Rate, per 100,000 population; PHOF definition)	2707 (2021/22 provisional)	2806 (2021/22)	2292 (Q4 21/22 – Q3 22/23 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)	80.3% (2022/23)		

Supporting Commentary

PH LI01 Department for Education did not publish 2019/20 or 2020/21 data due to COVID priorities. The percentage of children achieving a good level of development has reduced by 6% between 2018/19 and 2021/22 in Halton; this is similar to the decline in England overall of 6.6% (from 71.8% to 65.2% in 2021/22).

PH LI02a 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 LI02c The rate of under 18 alcohol specific hospital admissions has reduced recently. 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, 2020 and remained the same in 2021; 2021 data met the target.
- PH LI03b Adult excess weight reduced during 2021 and met the target.
- PH LI03c The rate of CVD deaths (in under 75s) increased in 2021, and the provisional 2022 data suggests that the rate has continued to increase. It is likely that COVID-19 has had an effect.
(Data is provisional; published data will be released later in the year.)
- PH LI03d The rate of cancer deaths (in under 75s) reduced slightly in 2021 and provisional data suggests it has continued to decrease into 2022. 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 LI03e The rate of respiratory disease deaths (in under 75s) has reduced slightly over 2020, and 2021, and data suggest it has continued to decrease slightly into 2022. 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 LI03f Breast cancer screening coverage dropped in 2020 and again in 2021; COVID-19 has most likely affected this. Data is released annually.
- PH LI03g 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 LI03h Bowel cancer screening coverage improved during 2022 and met the national target. Data is released annually.
- PH LI03i The % of cancers diagnosed at early stage has fluctuated between 50% and 57% since 2013. The latest % is better than the England average (52.3%). Data is released annually.
- PH LI03j 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 LI03k 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 LI03l 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 LI04a Provisional 2021/22 data indicates the rate of self-harm admissions has reduced since 2019/20 and has met the target. Provisional Q3 2022/23 data suggests the rate has remained at a similar level to 2021/22.
(Data is provisional; published data will be released later in the year.)
- PH LI04b 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 LI05ai Life expectancy has been impacted severely by excess deaths from COVID-19, both nationally and in Halton. Male life expectancy at age 65 reduced during 2020 and 2021 but has improved slightly during 2022.
(Data is provisional; published data will be released later in the year.)
- PH LI05aii 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 but has improved slightly during 2022. However, it is unlikely that 2020-22 data will meet the target.
(Data is provisional; published data will be released later in the year.)
- PH LI05b Provisional 2021/22 indicates the rate of falls injury admissions has reduced slightly and has met the target. Provisional Q3 2022/23 data suggest the rate has continue to decrease.
(Data is provisional; published data will be released later in the year.)
- PH LI05c Flu vaccine uptake for winter 2021/22 didn't meet the national target of 85%, and also didn't meet the target in 2022/23.

APPENDIX 1 – Financial Statements

ADULT SOCIAL CARE DEPARTMENT

Finance

Revenue Operational Budget as at 31 March 2023

	Full Year Budget	Actual	Variance (Overspend)
	£'000	£'000	£'000
Expenditure			
Employees	15,699	15,520	179
Premises	451	475	(24)
Supplies & Services	1,211	1,202	9
Aids & Adaptations	55	61	(6)
Transport	232	297	(65)
Food Provision	186	198	(12)
Agency	768	773	(5)
Supported Accommodation and Services	1,463	1,463	0
Emergency Duty Team	105	98	7
Contacts & SLAs	687	678	9
Housing Solutions Grant Funded Schemes			
LCR Immigration Programme	320	318	2
Homelessness Prevention	147	147	0
Rough Sleepers Initiative	71	71	0
Total Expenditure	21,395	21,301	94
Income			
Fees & Charges	-760	-700	(60)
Sales & Rents Income	-420	-456	36
Reimbursements & Grant Income	-2,112	-2,193	81
Capital Salaries	-121	-119	(2)
Housing Schemes Income	-629	-629	0
Transfer From Reserves	-1,131	-1,131	0
Total Income	-5,173	-5,228	55
Net Operational Expenditure Excluding Homes and Community Care	16,222	16,073	149
Care Homes Net Expenditure	8,633	10,427	(1,794)
Community Care Expenditure	19,872	19,997	(125)
Net Operational Expenditure Including Homes and Community Care	44,727	46,497	(1,770)
Recharges			
Premises Support	460	460	0
Transport Support	587	714	(127)
Central Support	3,562	3,562	0
Asset Rental Support	189	189	0
Recharge Income	-122	-122	0
Net Total Recharges	4,676	4,803	(127)
Net Departmental Expenditure	49,403	51,300	(1,897)

Comments on the above figures

Net Department Expenditure, excluding the Community Care and Care Homes divisions, was £0.022m below budget at the end 2022/23 financial year.

Employee costs were £0.179m below budget for the year. This underspend relates to savings on staff turnover in excess of the £0.449m savings target.

The overspends on transport costs largely relate to increased fuel costs, and are likely to be a pressure, albeit at a lower level, for the 2023/24 financial year.

The shortfall in fees and charges income primarily relates to Day Service trading activities, and the level of reduced consumer confidence post-pandemic. Such shortfalls have been met from Covid related government grant funding in the previous two financial years, although funding has now ceased.

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 £0.356m for 2022/23.

PUBLIC HEALTH & PUBLIC PROTECTION DEPARTMENT

Revenue Budget as at 31 March 2023

	Annual Budget	Actual	Variance Underspend
	£'000	£'000	£'000
Expenditure			
Employees	4,260	4,158	102
Premises	5	5	0
Supplies & Services	434	390	44
Contracts & SLA's	7,103	7,110	(7)
Transport	13	13	0
Other Agency - Port Levies	21	21	0
Transfer to Reserves	635	635	0
Total Expenditure	12,471	12,332	139
Income			
Fees & Charges	-221	-239	18
Reimbursements & Grant Income	-436	-436	0
Transfer from Reserves	-1,050	-1,050	0
Government Grant Income	-11,525	-11,525	0
Total Income	-13,232	-13,250	18
Net Operational Expenditure	-761	-918	157
Recharges			
Premises Support	126	126	0
Transport Support	30	30	0
Central Support	1,340	1,340	0
Recharge Income	-482	-482	0
Net Total Recharges	1,014	1,014	0
Net Departmental Expenditure	253	96	157

Comments on the above figures

The net Department spend for the year ending 31 March 2023 is £0.157m under the available budget.

Employee costs are £0.102m under budget. This is due to savings made on a small numbers of vacancies, reductions in hours and funding from the Contain Management Outbreak Fund (COMF). The employee budget is based on 89.7 full time equivalent staff. The staff turnover saving target of £0.048m is fully achieved.

The balance of £0.368m carried forward from last year's allocation from the Contain Outbreak Management Fund (COMF) has been used to fund continued spend within the Outbreak Support Team, targeting low COVID-19 vaccine uptake, enhanced communication and marketing, workplace prevention and contain measures and to help the clinically extremely vulnerable remain well. The balance remaining of £0.026m from the first half of the year was spent during October. Spending during the remaining 5 months of the year was met from within the Public Health ring-fenced grant.

Expenditure on supplies and services was kept to essential items only throughout the year and actual expenditure is £0.044m below budget at the end of the financial year.

Fees & Charges income received is £0.018m higher than that anticipated at budget setting time, with £0.013m from Housing Enforcement licences.

COMPLEX CARE POOL**Revenue Budget as at 31st March 2023**

	Annual Budget	Actual	Variance (Overspend)
	£'000	£'000	£'000
Expenditure			
Intermediate Care Services	5,223	5,352	(129)
Oakmeadow	1,251	1,473	(222)
Community Home Care First	1,300	2,103	(803)
Joint Equipment Store	815	676	139
Development Fund	860	800	60
HICafs	3,541	2,704	837
Contracts & SLA's	3,262	3,200	62
Carers Breaks	428	269	159
Carers centre	377	377	0
ASC Discharge Schemes	1,628	1,628	0
Residential Care	1,292	1,292	0
Domiciliary Care & Supported Living	2,184	2,366	(182)
Transfer to Reserves	-	389	(389)
Total Expenditure	22,161	22,629	(468)
Income			
BCF	-12,078	-12,078	0
CCG Contribution to Pool	-2,831	-2,831	0
ASC Discharge Grant	-1,628	-1,628	0
Oakmeadow Income	-613	-608	(5)
Transfer from reserve	-700	-905	205
Ageing Well	-694	-742	48
Stepdown beds	0	-220	220
Total Income	-18,544	-19,012	468
Net Operational Expenditure	3,617	3,617	0

Comments on the above figures:

The overall position for the Complex Care Pool budget is a £0.057m overspend at the end of the financial year. However a £0.205m surplus was carried forward from 2021/22. This has resulted in an overall underspend against budget of £0.148m. This will be carried forward into 2023/24 to cover pressures in the Pool.

Expenditure is below budget mainly due to HICaF (Halton Integrated Care & Frailty Service). There have been vacancies throughout the year including a Divisional Manager post and Bridgewater have not fully recruited. The underspend has enabled the Pool to divert funds to the Community Care budget. However, this can not be relied on going forward and Community Care continues to be a major pressure area.

The overspend on Oakmeadow is due to agency workers and inflation on food, drink provisions and utilities.

Expenditure on Contracts is under budget by £0.062m. This is due to Inglenook which has had a void on and off throughout the year.

Carers' breaks is underspent by £0.159m against budget. Direct Payment carer breaks are low as in previous years. Also Family Placement Daycare started up in June after the pandemic but there have been no placements since July due to a lack of carers.

There has been a transfer to reserves of £0.048m earmarked for falls equipment and £0.193m for Lilycross which is to be funded until end of June 2023.

Pooled Budget Capital Projects as at 31 March 2023

	2022-23 Capital Allocation £'000	Actual Spend £'000	Total Allocation Remaining £'000
Disabled Facilities Grant	580	575	5
Stair lifts (Adaptations Initiative)	220	217	3
RSL Adaptations (Joint Funding)	300	280	20
Telehealthcare Digital Switchover	400	100	300
Millbrow Refurbishment	180	122	58
Madeline Mckenna Refurb.	100	138	(38)
St Luke's Care Home	20	40	(20)
St Patrick's Care Home	150	119	31
Total	1,950	1,591	359

Comments on the above figures:

Allocations for Disabled Facilities Grants/Stair Lifts and RSL adaptations are consistent with 2021/22 spend and budget, and expenditure across the 3 headings is within budget overall.

The £400,000 Telehealthcare Digital Switchover scheme was approved by Executive Board on 15 July 2021. Significant capital investment is required to ensure a functional Telehealthcare IT system is in place prior to the switchoff of existing copper cable based systems in 2025. Procurement has




now commenced, although the scheme is now scheduled to be completed during the 2023/24 financial year.

On 16 June 2022 Executive Board approved a £4.2M refurbishment programme in respect of the four Council owned care homes, to be completed within a three year timescale. Halton purchased the homes, with the exception of Madeline McKenna, when it was evident that the buildings had been neglected. Some of the homes have décor that is very tired, and furniture that is dated, mismatched and sometimes broken. All of the homes struggle with storage meaning that equipment such as hoists are visible in corridors and communal areas. In addition the bedroom areas are small with poor lighting, and gardens areas in all homes require attention so they can be fully accessible for meaningful activities.

£1.6M was initially allocated in terms of estimated spend during the current financial year, although this allocation has now been revised down to £0.450m to reflect progress within year on individual care home refurbishment schemes. The residual £1.150m will be reprofiled to the 2023/24 capital allocation.




APPENDIX 2 – 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 <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>