

## Health Policy & Performance Board Priority Based Report

**Reporting Period:** Quarter 1 – Period 1<sup>st</sup> April 2023 – 30<sup>th</sup> June 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 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:

#### Adult Social Care

##### Home Based Respite Care Service

The provider, who delivered the home-based respite care to support carers of adults with care and support needs in Halton, advised the Council that they would no longer be able to provide the service from 9<sup>th</sup> April 2023. Work was undertaken by the Commissioning & Development Team, to source alternative provision in addition to service users and their carers being contacted, to ensure that a re-assessment of their needs was undertaken. An alternative provider was identified and has been commissioned to deliver the service, with a twelve-month contract being put in place from 19<sup>th</sup> April 2023.

##### Better Care Fund (BCF) Plan 2023-25

On 4<sup>th</sup> April 2023, the BCF Policy Framework was published which sets out the Government's priorities for 2023-25, including improving discharge, reducing the pressure on Urgent and Emergency Care and social care, supporting intermediate care, unpaid carers and housing adaptations. The vision for the BCF over 2023-25 is to support people to live healthy, independent and dignified lives, through joining up health, social care and housing services seamlessly around the person. The Plan (including an associated spending plan) has been jointly developed between colleagues from Health and Adult Social Care and was submitted to the national BCF Team at the end of June.

##### Care Homes and Community Meals on Wheels

From 1<sup>st</sup> July 2023, two new contracts for Frozen Ready Meals commenced.

##### CQC Assurance

The new assurance framework is now fully operational and preparation towards assessment in Halton is well underway. A library of evidence has been established and team managers are further feeding into this through regular update and preparation meetings. Consultancy support has been procured to develop Halton's self-assessment and offer an objective view on the Directorate's improvement plan. Progress is being made against the current improvement plan and activity is underway to develop a partner

feedback survey, a prevention strategy, a co-production framework and charter, and an overarching data dashboard.

### **Dementia**

We received notification that the Alzheimer's Society will cease the national Dementia Friendly Communities recognition programme from December 2023. HBC has been recognised as a dementia friendly community since 2015. However, it is part of the One Halton Dementia delivery plan that One Halton organisations will develop their own dementia friendly organisational plan, based on the principals of the Dementia Friendly communities movement, as Alzheimer's Society are still promoting that local plans remain good practice. HBC already has a 'Dementia Friendly HBC' plan in place and is currently delivering on that. We will lose use of the Dementia Action Alliance HBC Webpage (used as a repository for all local dementia news, resources and activities) in December 2023, but will be working with Alzheimer's Society on migrating the information currently on the page to HBC social Care webpages.

It was agreed that Care Management would support HBC involvement in an 'Inequalities in Social Care Needs Assessments in Dementia' post-doctoral research project with Liverpool University / Dr James Watson (PH Halton). The aim of this one-off remote interview study is to explore the experiences of people living with dementia and unpaid carers of the process of Social Care and Carers Needs Assessments and the experiences of Local Authority representatives (commissioners, social workers) dealing with needs assessments. Researchers wish to find out whether the process was easy or difficult, whether people who went through the needs assessments received all the support they required, and how subsequent funding decisions were made. This study will inform a larger research proposal and findings of this study, and any larger research project, may provide useful insight for HBC to further improve service user experience and support for staff.

### **Strengths based Training.**

Halton Adult Social Care will be embarking on a Journey with Helen Sanderson Associates over the next 12 months to embed strength-based practices into our work. Build on the strength-based work of Professor Samantha Baron and the person-centred foundations of work in Halton. Re-design forms to incorporate strength-based approaches followed by training for staff to feel confident and competent in using them in taking a strength-based approach and to be able to fill in the forms (the outcome is better lives, not just completed paperwork). Thinking about the customer journey and including person-centred reviews rather than only focussing on assessment and planning. Support for managers to be able to embed the changes through meetings and supervision. Develop quality standards.

This means thinking about the experience that we want people who use services in Halton to have, from when they may join the service to regular person-centred reviews. We will be cross reference this against national best practice, too. Ensure this is a clear process for supporting social workers, providers, and others to develop specific outcomes, aligned with the principles of strengths-based practices and person-centred approaches.

The process helps ensure that practitioners build on the strengths of the person, recognizing what matters to them and what is working and not working, ensuring achievable outcomes and a wide range of options are considered to achieve the outcome. This

includes working with the person's strengths, technology, and community solutions in a creative way and within current resources.

## **Public Health**

Two new Public Health Consultants have been recruited to join the Public Health team; this will increase the capacity of the team, which has been a challenge for a number of months.

The CHAMPS public health collaborative (the way in which Directors of Public Health and their teams work together to deliver public health interventions) is currently celebrating its 20th year. It's the longest standing Public Health collaborative in the country and has been described as an example of best practice for director level joint working by the LGA. CHAMPS recently engaged in a major piece of media work to call for a country-wide ban on the sale of disposable vapes by publishing a joint position statement.

The statement specifically condemned the aggressive targeting used by tobacco companies, who use clever marketing tricks. The statement also warned against the environmental impact of disposable plastic vapes, a ban on the sale of disposable vapes and for greater regulation and licensing of the sale of vapes and other preventative measures. The story was featured by the BBC, local media outlets and trade publications, and even went international with some US-based coverage too.

Work is continuing with partners to deliver cost of living support to the most vulnerable through different offers aimed at people on low incomes, including through Job Centre Plus, lone parents event and through work with local GPs. The

team continues to work to identify new ways of reaching our most vulnerable and those in most need of support.

The Public Health Annual Report was published on July 6th following its endorsement at Health and Wellbeing Board in July. An online version is on the HBC website.

## **3.0 Emerging Issues**

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

### **Adult Social Care**

The existing Alzheimer's Society contract for the Community Dementia Care Advisor will expire at the end of March 2024.

### **Public Health**

Measles cases are on the increase across the country, including the North West. Some of the cases are linked to travel abroad. Measles, Mumps and Rubella (MMR) vaccination programme in England has fallen to the lowest level in a decade, below the 95% target set by the World Health Organization, unfortunately with Halton following a similar trend. Over the coming warmer months, we can expect increased mixing of people in a variety of settings including through foreign travel and social events, which increases the risk of infections such as measles. The Public Health team is working with the ICB and other

Q1

partners to encourage anyone who is unvaccinated or unsure to check their status and take up the opportunity for vaccination.

#### 4.0 Risk Control Measures

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

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

#### 5.0 Progress against high priority equality actions

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




#### 6.0 Performance Overview




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

#### **Commissioning and Complex Care Services**

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

##### **Key Objectives / milestones**

Ref	Milestones	Q1 Progress
1A	Monitor the Local Dementia Strategy Action Plan, to ensure effective services are in place.	
1B	The Homelessness strategy be kept under annual review to determine if any changes or updates are required.	
1C	Monitor the effectiveness of the Better Care Fund pooled budget ensuring that budget comes out on target.	

1D	Integration of Health and social care in line with one Halton priorities.	
1E	Monitor the Care Management Strategy to reflect the provision of integrated frontline services for adults.	
1F	Continue to establish effective arrangements across the whole of adult social care to deliver personalised quality services through self-directed support and personal budgets.	

### **Supporting Commentary**

**1A** One Halton Dementia Delivery Group continues to meet and progress the delivery plan. Recent consultation with people living with dementia and their carers, undertaken locally by Alzheimer's Society, indicated that the strategic priorities that the group had identified were consistent with what local people felt were a priority.

**1B** The Homeless Strategy Action continues to be monitored by SMT to illustrate progression.

**1C** Pooled budget management arrangements and governance agreed for 23/24. Q1 budget analysis shows budget projected to remain within resource allocation









**1D** One Halton work on neighbourhood model to continue in 23/24











**1E** This work continues to connect to our integration agenda





**1F** We are currently working with Helen Sanderson Associates to deliver training and review our IT systems as we move to eclipse

### **Key Performance Indicators**

<b>Older People:</b>						
<b>Ref</b>	<b>Measure</b>	<b>22/23 Actual</b>	<b>23/24 Target</b>	<b>Q1</b>	<b>Current Progress</b>	<b>Direction of travel</b>
ASC 01	Permanent Admissions to residential and nursing care homes per 100,000 population 65+	TBC	600	NA	NA	NA

	<b>Better Care Fund performance metric</b>					
ASC 02	Total non-elective admissions in to hospital (general & acute), all age, per 100,000 population. <b>Better Care Fund performance metric</b>	252.9 (Q1 22/23 )	285.2 (Q1 23/24 )	261.0 1 (Feb/Mar/Apr)		
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) <b>Better Care Fund performance metric</b>	TBC	85%	NA	NA	NA
ASC 04	Percentage of items of equipment and adaptations delivered within 7 working days (VI/DRC/HMS)	97%	97%	100%		
ASC 05	Proportion of people in receipt of SDS (ASCOF 1C – people in receipt of long term support) (Part 1) SDS	74.5 %	80%	72.5%		
ASC 06	Proportion of people in receipt of SDS (ASCOF 1C – people in	22.6 %	45%	22.4%		

	receipt of long term support) (Part 2) DP					
ASC 07	Proportion of adults with learning disabilities who live in their own home or with their family (ASCOF 1G)	99%	89%	90.4%		
ASC 08	Proportion of adults with learning disabilities who are in Employment (ASCOF 1E)	5.8%	5.5%	5.8%		
ASC 09	Homeless presentations made to the Local Authority for assistance In accordance with Homelessness Act 2017. Relief Prevention Homeless	NA	3000	651 222 274 132 333		
ASC 10	LA Accepted a statutory duty to homeless households in accordance with homelessness Act 2002	NA	750	132		
ASC 11	Number of households living in Temporary Accommodation Hostel Bed & Breakfast	NA	NA	13 12 Families 1 single		

ASC 12	Percentage of individuals involved in Section 42 Safeguarding Enquiries	TBC	30	TBC	NA	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%	72%		
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)	78.8 %	89%	NA	NA	NA
ASC 15	Proportion of Carers in receipt of Self Directed Support.	98%	99%	92%		
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% (2021 -22)	NA	NA	NA	NA



ASC 17	<i>Overall satisfaction of carers with social services (ASCOF 3B)</i>	39.3 % (2021 -22)	NA	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 % (2021 -22)	NA	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)	18.9 %	20%	NA	NA	NA
ASC 20	The Proportion of people who use services who have control over their daily life ( ASCOF 1B)	78.4 %	80%	NA	NA	NA
ASC 21	Overall satisfaction of people who use services with their care and support (ASCOF 3A)	70.4 %	71%	NA	NA	NA

### **Supporting Commentary**

#### **Older People:**

**ASC 01** This measure needs to be cleansed due to reporting issues.

**ASC 02** Mike Shaw CCG – Only a part year picture is available for Q1 (April and part May) however the figure for the three months Feb/Mar/Apr has been

reported here, therefore a direct comparison with Q1/22/23 is not possible, it would appear though that the number of avoidable admissions is increasing but this was anticipated and is currently below plan.

**ASC 03** Annual collection only to be reported in Q4.

**Adults with Learning and/or Physical Disabilities:**

**ASC 04** Q1 figure is above target

**ASC 05** Q1 figure is higher than this time last year and does remain above the Northwest average.

**ASC 06** We are continually looking at improving our reporting in this area, as we have had previous issues which have resulted in under reporting.

**ASC 07** Figures continue to remain stable.

**ASC 08** Target exceeded compared to this time last year.

**Homelessness:**

**ASC 09** There continues to be a National increase in homelessness. Halton continues to see a rise in homelessness presentations, which adds additional pressure upon housing providers to meet the ongoing demand for both temporary and permanent accommodation. The Housing Solutions Team continue to work with the clients to explore all housing options and make full use of the prevention measures available within the Borough to reduce homelessness.

**ASC 10** The increase in S21 notices being served by private landlords, has resulted in an increase in statutory homeless acceptances.

**ASC 11** Temporary accommodation remains a challenge for the Local Authority. A review of the temporary accommodation provision was completed and additional provision approved to meet the increased demand for families. Presently all families have been moved into temporary suitable accommodation units, however, the situation is being monitored daily.

**Safeguarding:**

**ASC 12** We have a robust screening system in place which reduces the number of inappropriate concerns progressing to Section 42 Safeguarding Enquiries. However, data still needs to be cleansed and checked.

**ASC 13** The current figures have exceeded last year's performance.

**ASC 14** Annual collection only to be reported in Q4, (figure is an estimate).

**Carers:**

**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  
ASC 17  
ASC 18  
ASC 19  
ASC 20  
ASC 21

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.





The next Adult Social Care Survey is due to be administered in January 2024, for results to be reported in the 2024/25 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](#)

## Public Health

### Key Objectives / milestones

Ref	Objective 1: Child Health	
	<b>Milestones</b>	<b>Q1 Progress</b>
PH 01	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	Objective 2: Adult weight and physical activity	
	<b>Milestone</b>	<b>Q1 Progress</b>
PH 02	Reduce levels of adult excess weight (overweight and obese) and adult physical inactivity	
Ref	Objective 3: NHS Health Checks	
	<b>Milestone</b>	<b>Q1 Progress</b>
PH 03	Ensure local delivery of the NHS Health Checks programme in line with the nationally set achievement targets and locally set target population groups.	
Ref	Objective 4: Smoking	
	<b>Milestone</b>	
PH 04	Reduce smoking prevalence overall and amongst routine/manual and workless groups and reduce the gap between these two groups.	

Ref	Objective 5: Suicide reduction	Q1 Progress
	<b>Milestone</b>	
PH 05	Work towards a reduction in suicide rate.	
Ref 05	Objective 6: Older People	Q1 Progress
	<b>Milestone</b>	
PH 06	Contribute to the reduction of falls of people aged 65 and over and reduction in levels of social isolation and loneliness.	
Ref	Objective 7: Poverty	Q1 Progress
	<b>Milestone</b>	
PH 07	To increase awareness of fuel poverty and drive change to tackle the issue through better understanding of services available across Halton (staff and clients).	
Ref	Objective 8: Sexual health	Q1 Progress
	<b>Milestone</b>	
PH 08	To continue to provide an easily accessible and high quality local sexual health service, ensuring adequate access to GUM and contraceptive provision across the Borough, whilst reducing the rate of sexually transmitted infections and unwanted pregnancies.	
Ref	Objective 9: Drugs and alcohol	Q1 Progress
	<b>Milestone</b>	
PH 09	Work in partnership to reduce drug and alcohol related hospital admissions.	

**PH 01 Supporting commentary**

Regular performance contract meetings in place. Currently working with the service; developing SEND action plan incorporating the Complex Needs Pathway.

7 Halton practitioners trained in HENRY. 48 schools (75%) engaged with Healthy Schools programme in 2022-23; school engagement is returning to pre-pandemic levels.

**PH 02 Supporting commentary**

Halton continues to support weight management objectives with over 268 clients starting tier 2-weight management throughout Q1. Halton continues to support physical activity through the 'exercise on referral' program. This service provides bespoke physical activity support for those with health condition and has supported 99 clients throughout Q1.

**PH 03 Supporting commentary**

IT issues have prevented me from accessing data for this service. This has been reported to the IT team.

**PH 04 Supporting commentary**

2022/23 data: 1,026 clients set a quit date of which 567 quit (55% quit rate). This data includes 299 routine & manual/workless set a quit date of which 151 quit (51% quit rate).

**PH 05 Supporting commentary**

We continue to work closely with partners, Champs on the Zero Suicide Agenda, and consistently drive Halton's action plan to drive reduction in suicides.

**PH 06 Supporting commentary**

The number of referrals into the Age Well Falls service remain low, this service is under review. We have trained 35 carers across 5 care homes in falls prevention. The number of referrals into Sure Start this quarter is 74, which is 25% down on last quarter.

**PH 07 Supporting commentary**

Cost of living information continues to be shared with professionals and promoted across the community to help raise awareness of the support available to alleviate fuel poverty. We are currently in the process of devising a winter plan.

**PH 08 Supporting commentary**

The sexual health service continues to offer multiple weekly clinics across both Runcorn & Widnes with dedicated young persons' clinics, evening and walk in clinics. The outreach team continue to offer packages for schools, colleges and community organisations as well as professional briefings on sexual health topics. Current areas of focus for development include improving access to contraception and testing.

**PH 09 Supporting commentary**












Outreach youth provision/ Vibe, along with CGL and the HBC Early Help Team have continued to work together to provide advice, support and referrals to adults and young people; all of whom are members of the Combatting Drugs Partnership. Audit C screenings are delivered during Health Checks and Stop Smoking consultations to clients across Halton.





**Key Performance Indicators**

Ref	Measure	22/23 Actual	23/24 Target	Q1	Current Progress	Direction of travel
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Q1

PH 01a	Healthy life expectancy at birth: females (years)	58.0 (2018-20)	58.0 (2019-21)	n/a		
PH 01b	Healthy life expectancy at birth: males (years)	61.4 (2018-20)	61.4 (2019-21)	n/a		
PH 02	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	60.1% (2021/22)		
PH 03	Health Visitor new births visits (% of new births receiving a face to face visit by a Health Visitor within 14 days)	73.4% (2021/22)	90%	80.4% (2022/23)		
PH 04	Prevalence of adult excess weight (% of adults estimated to be overweight or obese)	65% (2020/21)	64.7% (2021/22)	71.2% (2021/22)		
PH 05	Percentage of physically active adults	65.5% (2020/21)	65.5% (2021/22)	63.1% (2021/22)		
PH 06	Uptake of NHS Health Check (% of NHS Health Checks offered which were taken up in the quarter)	76.1% (2021/22)	76.5% (2022/23)	104.6% (2022/23)		
PH 07	Smoking prevalence (% of adults who currently smoke)	13.2% (2021)	13.1% (2022)	n/a		
PH 08	Deaths from suicide	10.1	10	9.7		

	(directly standardised rate per 100,000 population)	(2019-21)	(2020-22)	(2020-22 provisional)		
PH 09	Self-harm hospital admissions (Emergency admissions, all ages, directly standardised rate per 100,000 population)	282 (2021/22)	280.6 (2022/23)	263.6 (2022/23 provisional)		
PH 10	Emergency admissions due to injuries resulting from falls in the over 65s (Directly Standardised Rate, per 100,000 population; PHOF definition)	2,676 (2021/22)	2,663 (2022/23)	2,279 (2022/23 provisional)		
PH 11	Social Isolation: percentage of adult social care users who have as much social contact as they would like (age 18+)	37% (2021/22)	40% (2022/23)	n/a		
PH 12	Fuel poverty (low income, low energy efficiency methodology)	13.8% (2020)	13.7% (2021)	n/a		
PH 13	New sexually transmitted infections (STI) diagnoses per 100,000 (excluding chlamydia under 25)	225 (2021)	220 (2022)	383 (2022)		
PH 14	Long acting reversible contraception	57.8% (Q1 2022/23)	58% (2022/23)	58% (2022/23)		n/a

	(LARC) prescribed as a proportion of all contraceptives					
PH 15	Admission episodes for alcohol-specific conditions (Directly Standardised Rate per 100,000 population)	908 (2021/22)	900 (2022/23)	872 (2022/23 provisional)		
PH 16	Successful completion of drug treatment (non opiate)	47.9% (2021/22)	43% (2021)	21.2% (2022/23)		

### Supporting Commentary

**PH 01a** - Data is published annually by OHID. 2018-20 data showed a slight improvement; however, this may not continue due to the excess deaths that occurred during 2021.

**PH 01b** - Data is published annually by OHID. 2018-20 data showed a slight improvement; however, this may not continue due to the excess deaths that occurred during 2021.

**PH 02** - 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.

**PH 03** - The 2022/23 data saw an increase from 2021/22, but failed to meet the target of 90%. However, it did meet the performance standard of 75%.

**PH 04** - Adult excess weight improved (reduced) in 2020/21 but has increased in 2021/22 and did not meet the target. Data is published annually by OHID.

**PH 05** – Adult physical activity improved in 2020/21 and again slightly in 2021/22. Data is published annually by OHID.

**PH 06** - Please note that there was an issue with the coding of invites during Q1 and Q2 which resulted in an uptake of over 100% for 2022/23.

**PH 07** – Smoking levels improved during 2019 and 2020; 2021 data remained the same and met the target. Data is published annually.

**PH 08** - The suicide rate decreased in 2018-20 and 2019-21. Provisional 2020-22 data indicates the rate has fallen slightly again over 2020-22.



**PH 09** - Provisional 2022/23 data indicates the rate of self-harm admissions has reduced slightly since 2021/22, and has met the target.

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

**PH 10** - Provisional 2022/23 indicates the rate of falls injury admissions has reduced and has met the target.

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

**PH 11** - The proportion of adult social care users having as much social contact as they would like, fell in 2021/22; Covid-19 restrictions may have contributed to this.

(Data is published annually)

**PH 12** – Fuel poverty reduced very slightly in Halton between 2019 and 2020.

(Data is published annually)

**PH 13** – New STI rates increased in Halton between 2021 and 2022 and did not meet the target, However, rates are consistently better than the England. Data is published annually.

**PH 14** – Data covers Halton & Warrington at present and was only collected from April 2022. The proportion has remained stable throughout the year and met the target.

**PH 15** – Provisional 2022/23 indicates the rate of alcohol-specific admissions has reduced and is on track to meet the target.

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

**PH 16** - Data does fluctuate year on year but in 2022/23, the Halton proportion of successful completions was worse than the England average.

## **APPENDIX 1 – Financial Statements**

### **ADULT SOCIAL CARE DEPARTMENT**

#### **Finance**

#### **Revenue Operational Budget as at 30 June 2023**

	Annual Budget	Budget to Date	Actual Spend	Variance (Overspend)	Forecast Outturn
	£'000	£'000	£'000	£'000	£'000
<b>Expenditure</b>					
Employees	15,710	3,916	3,847	69	210
Premises	602	195	203	(8)	(30)
Supplies & Services	608	203	198	5	0
Aids & Adaptations	38	9	10	(1)	0
Transport	232	57	72	(15)	(60)
Food Provision	201	40	39	1	10
Agency	678	167	165	2	0
Supported Accommodation and Services	1,358	359	357	2	0
Emergency Duty Team	110	0	0	0	0
Transfer To Reserves	357	0	0	0	0
Capital Financing	44	0	0	0	0
Contacts & SLAs	584	282	279	3	0
Housing Solutions Grant Funded Schemes					
Homelessness Prevention	460	45	36	9	0
Rough Sleepers Initiative	150	23	23	0	0
<b>Total Expenditure</b>	<b>21,132</b>	<b>5,296</b>	<b>5,229</b>	<b>67</b>	<b>130</b>
<b>Income</b>					
Fees & Charges	-860	-215	-203	(12)	(20)
Sales & Rents Income	-396	-169	-174	5	10
Reimbursements & Grant Income	-1,489	-327	-338	11	0
Capital Salaries	-121	-30	-30	0	0
Housing Schemes Income	-610	-485	-485	0	0
<b>Total Income</b>	<b>-3,476</b>	<b>-1,226</b>	<b>-1,230</b>	<b>4</b>	<b>(10)</b>
<b>Net Operational Expenditure</b>	<b>17,656</b>	<b>4,070</b>	<b>3,999</b>	<b>71</b>	<b>120</b>
<b>Recharges</b>					
Premises Support	583	146	146	0	0
Transport Support	575	144	179	(35)	(120)
Central Support	3,667	917	917	0	0
Asset Rental Support	13	0	0	0	0
Recharge Income	-112	-28	-28	0	0
<b>Net Total Recharges</b>	<b>4,726</b>	<b>1,179</b>	<b>1,214</b>	<b>(35)</b>	<b>(120)</b>
<b>Net Departmental Expenditure</b>	<b>22,382</b>	<b>5,249</b>	<b>5,213</b>	<b>36</b>	<b>0</b>

### Comments on the above figures

Net Department Expenditure, excluding the Community Care and Care Homes divisions, is £0.036m below budget at the end of the first quarter of the 2023/24 financial year.

Employee costs are currently £0.069m below budget profile. This underspend relates to savings on staff turnover above the £0.476m savings target. This underspend is projected to continue for the remainder of the financial year, albeit at a reduced level. The currently projected full-year underspend is £0.210m.

The overspends on transport and direct premises costs largely relate to increased fuel costs and are likely to be a pressure on the current year budget for the remainder of the financial year.

The underachievement of Fees and Charges income primarily relates to the Community Meals Service. The 2023/24 budget included a £0.033m saving relating to an increased income target for this service. The charges for meals were increased above inflation from April 2023 to match the required extra income. However, actual income received until the end of June 2023 does not show the increases required to meet the target. The income will be reviewed during the second quarter of the financial year.

Housing Strategy initiatives included in the report above include the Rough Sleeping Initiative 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 £0.460m for 2023/24.

At this stage, a balanced budget is projected for the year, with spend above budget relating to fuel and energy costs, and a potential shortfall in Community Meals income being offset by savings above target in respect of staff turnover.

### **Approved 2023/24 Savings**

Please see Appendix A for details of progress towards achieving budget efficiency savings agreed by Council in February 2023.

### **Progress Against Agreed Savings**

	Service Area	Net Budget £'000	Description of Saving Proposal	Savings Value			Current Progress	Comments
				23/24 £'000	24/25 £'000	25/26 £'000		
ASC1	Housing Solutions	474	Remodel the current service based on good practice evidence from other areas.	0	0	125	<input checked="" type="checkbox"/>	Expected to be achieved in 2025/26 budget year
ASC2	Telehealthcare	680	Explore alternative funding streams such as Health funding or	0	170	0	<input checked="" type="checkbox"/>	Expected to be achieved in 2024/25 budget year
				0	170	0		
				0	15	0		

			<p>Disabled Facilities Grants.</p> <p>Increase charges / review income.</p> <p>Cease the key safe installation service.</p>					
ASC11	Dorset Gardens Care Services	471	Cease onsite support and transfer to the domiciliary care contract.	275	0	0	u	To be achieved in current year, although full-year savings not realised
ASC17/18	Quality Assurance Team	395	<p>Review the activities of the Quality Assurance Team, given there are fewer providers for domiciliary care and the transfer of four care homes into the Council.</p> <p>Merge the service with the Safeguarding Unit.</p>	35 0	0 50	0 0	✓	Current year savings achieved, and 2024/25 savings on target
ASC12	Meals on Wheels	33	Increase charges to ensure full cost recovery. A procurement exercise	33	0	0	✓	Charge increase implemented

			will also be completed for the provision of food.					
ASC16	Shared Lives (Adult Placement Service)	115	Engage with an external agency currently operating Shared Lives to take over the running of this service. It is anticipated that this would provide an improved service.	0	58	0	<input checked="" type="checkbox"/>	Expected to be achieved in 2024/25 budget year
ASC19	Voluntary Sector Support	N/A	Review the support provided by Adult Social Care and all other Council Departments, to voluntary sector organisations. This would include assisting them to secure alternative funding in order to reduce their	0	200	100	<input checked="" type="checkbox"/>	Expected to be achieved in the relevant budget years

			dependence upon Council funding. A target saving phased over two years has been estimated.					
ASC4	Positive Behaviour Support Service	349	<p>Increase income generated in order to ensure full cost recovery, through increased service contract charges to other councils.</p> <p>Review the Integrated Care Board contribution for Adults, to ensure the full recovery of related costs.</p>	0	100	0	<input checked="" type="checkbox"/>	Expected to be achieved in 2024/25 budget year
				0	150	0		
ASC6	Bridge Builders	250	Restructure and incorporate within the Care Management front door service, introducing	120	0	0	<input type="checkbox"/>	To be achieved in current year, although full-year savings not realised

			the services currently offered by Bridge Builders to all new referrals.					
ASC5	Mental Health Outreach Team	376	Streamline the service and focus on higher needs requiring joint funding from the Integrated Care Board.	140	0	0	u	Currently under review, full-year savings will not be realised
ASC21	Mental Health Team Carers Officer	38	Commission the Carers Centre to complete all Carers assessments or undertake the function through the Initial Assessment Team.	38	0	0	u	To be achieved in current year, although full-year savings not realised
ASC15	Learning Disability Nursing Team	424	Cease provision of this service. The service is a Health related function rather than Adult Social Care, but this is a	0	424	0	✓	Expected to be achieved in 2024/25 budget year

			historical arrangements. The Integrated Care Board would need to consider how they want to provide this function.					
ASC14	Care Management Community Care Budget	18,982	Attract £500k investment from the pooled budget (BCF) from 2024/25. Undertake work in years 1 and 2 to reduce reliance upon contracted services from 2025/26. Services are currently in the process of being redesigned on a "Strengths Based Approach" ie. focused upon prevention.	0	500	1,000	<input checked="" type="checkbox"/>	Expected to be achieved in the relevant budget years



<b>Total Adult Social Care Department</b>	<b>641</b>	<b>1,837</b>	<b>1,225</b>		
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## PUBLIC HEALTH & PUBLIC PROTECTION DEPARTMENT

### Revenue Budget as at 30 June 2023

	<b>Annual Budget</b>	<b>Budget to Date</b>	<b>Actual Spend</b>	<b>Variance (Overspend)</b>	<b>Forecast Outturn</b>
	<b>£'000</b>	<b>£'000</b>	<b>£'000</b>	<b>£'000</b>	<b>£'000</b>
<b>Expenditure</b>					
Employees	4,629	955	947	8	28
Premises	6	0	0	0	0
Supplies & Services	255	72	44	27	108
Contracts & SLA's	7,006	898	892	6	20
Aids & Adaptations	0	0	0	0	0
Transport	4	1	0	1	0
Other Agency	23	23	23	0	0
Food Provision	0	0	0	0	0
<b>Total Expenditure</b>	<b>11,923</b>	<b>1,949</b>	<b>1,906</b>	<b>43</b>	<b>156</b>
<b>Income</b>					
Fees & Charges	-71	-15	-20	5	20
Sales & Rents Income	0	0	0	0	0
Reimbursements & Grant Income	-44	-32	-32	0	0
Transfer from Reserves	-1,242	0	0	0	0
Government Grant Income	-11,117	-1,776	-1,776	0	0
<b>Total Income</b>	<b>-12,474</b>	<b>-1,823</b>	<b>-1,828</b>	<b>5</b>	<b>20</b>
<b>Net Operational Expenditure</b>	<b>-551</b>	<b>126</b>	<b>78</b>	<b>48</b>	<b>176</b>
<b>Recharges</b>					
Premises Support	156	39	39	0	0
Transport	20	5	5	0	0
Central Support	2,330	582	582	0	0
Asset Rental Support	0	0	0	0	0
HBC Support Costs Income	-482	-120	-120	0	0
<b>Net Total Recharges</b>	<b>2,024</b>	<b>506</b>	<b>506</b>	<b>0</b>	<b>0</b>
<b>Net Departmental Expenditure</b>	<b>1,473</b>	<b>632</b>	<b>584</b>	<b>48</b>	<b>176</b>

### Comments on the above figures

### Financial Position

Q1

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## Appendix 1

At the end of Quarter 1 net spend for the department is £0.045m under budget profile. The estimated outturn position for 23/24 is £0.176m net spend under available budget.

Employee costs for the year are expected to marginally under the approved budget due to a number of vacancies the department is holding. The forecast includes increases to pay from the to be agreed pay deal.

Expenditure on supplies and services will be kept to essential items only throughout the year, it is currently forecast that spend for the year will be below budget by approximately £0.108m

### COMPLEX CARE POOL

#### Revenue Budget as at 30 June 2023

	Annual Budget £'000	Budget to Date £'000	Actual Spend £'000	Variance (Overspend) £'000	Forecast Outturn £'000
<b>Expenditure</b>					
Intermediate Care Services	3,512	765	756	9	42
Oakmeadow	1,170	283	220	63	0
Community Home Care First	1,530	270	159	111	445
Joint Equipment Store	829	138	138	0	0
Development Fund	695	0	0	0	482
Lilycross	194	55	55	0	139
Equipment	48	0	0	0	0
HICafs	3,226	389	408	(19)	14
Discharge Schemes	1,921	480	480	0	0
Contracts & SLA's	3,320	93	68	25	84
Carers Breaks	450	105	78	27	115
Carers centre	354	177	177	0	0
Residential Care	1,246	311	311	0	0
Domiciliary Care & Supported Living	3,713	776	776	0	0
<b>Total Expenditure</b>	<b>22,208</b>	<b>3,842</b>	<b>3,626</b>	<b>216</b>	<b>1,321</b>
<b>Income</b>					
BCF	-12,762	-3,191	-3,191	0	0
CCG Contribution to Pool	-2,864	-708	-708	0	0
ASC Discharge Grant	-1,921	-1,187	-1,187	0	0
<b>Total Income</b>	<b>-17,547</b>	<b>-5,086</b>	<b>-5,086</b>	<b>0</b>	<b>0</b>
<b>Net Operational Expenditure</b>	<b>4,661</b>	<b>-1,244</b>	<b>-1,460</b>	<b>216</b>	<b>1,321</b>
<b>Recharges</b>					
Premises Support	0	0	0	0	0
Transport	0	0	0	0	0
Central Support	0	0	0	0	0
Asset Rental Support	0	0	0	0	0
HBC Support Costs Income	0	0	0	0	0
<b>Net Total Recharges</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>ICB Contribution Share of Surplus</b>	<b>0</b>	<b>0</b>	<b>108</b>	<b>(108)</b>	<b>(661)</b>
<b>Net Departmental Expenditure</b>	<b>4,661</b>	<b>-1,244</b>	<b>-1,352</b>	<b>108</b>	<b>661</b>

**Comments on the above figures:**

The financial performance as at 30 June 2023 shows the Pool is £0.108m under budget profile. Based on latest information the forecast outturn is for net spend against the Pool to be £1.321m under the approved budget for the year, value to the Council being approximately in the region of £0.661m. However, as the year progresses, this may be subject to change as and when financial pressures or opportunities develop.

The underspend on Intermediate Care Services is in the main due to staff costs being lower than expected at the start of the financial year.

Community Home Care First is forecast to be over budgeted in the region of £0.445m and will be discussed with health colleagues to ascertain where the spare budget can be utilised.

The Lilycross contract has now ended and there will be no further spend.

The underspend on Contracts and SLA's is due to Inglenook. There were 2 service users. However, 1 now comes under Continuing Healthcare funding.

Expenditure on Carer's Breaks is £0.027m less than anticipated for the year to date, demand for services is still lower than pre-pandemic levels. There have also been no Adult Placement Service carer's breaks so far this year. The service reports the reason being due to difficulty in recruiting carers for the service.

**Pooled Budget Capital Projects as at 30<sup>th</sup> June 2023**

	2023-24 Capital Allocation £'000	Allocation To Date £'000	Actual Spend £'000	Total Allocation Remainin g £'000
Disabled Facilities Grant	650	170	162	488
Stair lifts (Adaptations Initiative)	200	50	41	159
RSL Adaptations (Joint Funding)	300	50	15	285
Telehealthcare Digital Switchover	300	0	0	300
Millbrow Refurbishment	200	40	31	169
Madeline Mckenna Refurb.	1,000	140	138	862
St Luke's Care Home	100	25	18	82
St Patrick's Care Home		0	0	100
	100			
<b>Total</b>	<b>2,850</b>	<b>475</b>	<b>405</b>	<b>2,445</b>

**Comments on the above figures:**




Allocations for Disabled Facilities Grants/Stair Lifts and RSL adaptations are consistent with 2022/23 spend and budget, and expenditure across the 3 headings is projected to be within budget overall for the financial year.

The £0.400m 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 commenced in 2022/23 with an initial purchase to the value of £0.100m. It is anticipated that the scheme will be completed in the current financial year, fully funded from the residual capital allocation of £0.300m.

On 16<sup>th</sup> 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. £0.419m was spent on refurbishment across the 4 homes in the previous financial year, and £1.4M has been allocated for current year refurbishment costs. Unspent funding at year-end will be carried forward to the 2024/25 financial year to enable the scheme’s completion.



**APPENDIX 2 – Explanation of Symbols**

Symbols are used in the following manner:

<b>Progress</b>		<b><u>Objective</u></b>	<b><u>Performance Indicator</u></b>
<b>Green</b>		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>
<b>Amber</b>		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>
<b>Red</b>		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*

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

**Red**  *Indicates that performance is worse as compared to the same period last year.*

**N/A** *Indicates that the measure cannot be compared to the same period last year.*