

# Health Policy & Performance Board Priority Based Report

**Reporting Period:** Quarter 2 – Period 1<sup>st</sup> July 2023 – 30<sup>th</sup> September 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 second quarter of 2023/24 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 second quarter which include:

### **Adult Social Care**

ALD Day Services; ‘Stay Calm and Milk a Goat’

And to demonstrate that we are finally leaving Covid behind, Day Services is now teaching service users how to milk a goat. Long in the pipeline this unique and innovative development, amongst an embarrassment of previous innovative riches, will dispel the gloom of the coming crises’ if only for a moment. A range of products will be made from the milk for sale at our commercial outlets.

Dementia – As at Sept 2023 arrangements are being made with Liverpool Museum’s ‘House of Memories on the Road’ to bring their mobile immersive reminiscence experience unit to Halton for 1 day. The offer of one free day access to the mobile unit is as a result of Halton’s involvement in the LCR Dementia Action Group. The session will take place in November 2023. Last year the mobile unit was located at a community centre in Runcorn, this year it will be situated at Upton Community Centre. There will be several reminiscence sessions held throughout the day, hosted by Liverpool Museum’s staff, with the local Alzheimer’s Society advisors located within the community centre for the duration of the event. The sessions are free and are currently being promoted through HBC care homes, provider care homes and wider community contacts. To book places, or for more information, contact [emma.bragger@halton.gov.uk](mailto:emma.bragger@halton.gov.uk)

### **Trusted Assessor – Care Homes**

The job role description for a Trusted Assessor, which was devised in partnership with the care home sector, has now been job evaluated. This role will work closely with homes to understand individual settings, including their current mix of residents and available resources, in order to support further safe and appropriate placements following hospital discharge. This role will sit with the Adults Directorate Care Home Division and will be advertised and recruited to in the next quarter.

### **Strength’s Based Practice**

Three coproduction workshops were held in September to start to progress our development of strengths based practices, working in conjunction with Helen Sanderson

Q2

Associates. The sessions involved people with lived experience as well as practitioners and professionals and looked to map out the pathways through assessment processes, looking at what works and what doesn't work. The information gathered will shape the next stages of the proposed training programme to be rolled out.

### **Think Local Act Personal (TLAP)**

TLAP supported two coproduction events with people with lived experience of learning disabilities and/or autism. Comments and responses captured at these events will help shape a One Halton approach to coproduction and develop a Coproduction Charter for the borough. A further event is planned for October and project tools and resources will be devised before the end of the year.

### **Dementia Strategy**

While the refreshed Dementia Strategy has yet to be formally agreed progress is already being made against identified actions on the work plan. The priorities identified for the coming period involve commitment from across the system and the strategy group will continue to meet to capture outcomes.

### **Adult Social Care Market Position Statement**

A three-year Adult Social Care Market Position Statement has recently been published on the Council's website. The document is a requirement under the Care Act 2014 and is designed to provide information to current and prospective providers regarding the market for Adult Social Care in Halton. The Market Position Statement sets out information regarding the current delivery of Adult Social Care, as well as the Council's Aims and Objectives regarding the development of the Adult Social Care sector in Halton over the next three years. The Market Position Statement draws on a range of data and local information, including the One Halton Health and Wellbeing Strategy, local performance information and various other Adult Social Care plans and strategies.

### **Market Sustainability & Improvement Fund (MSIF) – Workforce Fund 2023/24**

Published at the end of August 2023, the MSIF Workforce Fund is worth £365 million in 2023/24 and £205 million in 2024/25, and closely mirrors the original MSIF grant worth £1.4 billion over these 2 years.

The £570 million of additional funding is designed to have the same flexibility as the MSIF to meet local pressures, and so local authorities could choose to use the funding to: increase fee rates paid to adult social care providers, particularly as we continue to prepare for the implementation of charging reform; increase adult social care workforce capacity and retention; and reduce adult social care waiting times.

The main challenges currently within the Halton adult social care sector are Older People Care Home capacity (Residential and Nursing), with a number of units closed due to lack of staffing capacity, along with Domiciliary Care staffing capacity. It was therefore agreed that this funding was allocated to Older People Care Homes (External and Internal Care Homes) in the Borough, along with Halton's contracted Domiciliary Care provider, to support workforce capacity.

Halton's allocation for 2023/24, which needs to be fully spent by 31<sup>st</sup> March 2023 is £972,013.

## **Public Health**

The Public Health team continues to work with partners to improve health outcomes and tackle health inequalities, The Director of Public Health is currently supporting health inequalities as a scrutiny topic and held meetings with the ICB about action that can be taken to improve health

This quarter we launched HENRY in Halton. This is an evidence-based programme for parents and carers of under 5s, which aims to improve diet and reduce obesity, improve oral health, improve mental wellbeing and enhance parenting skills. This programme is being delivered in collaboration between Halton Health Improvement Team (HIT) and Halton 0-19 Team. Standalone workshops were delivered through summer, and the first 8-week programmes commenced in September. Feedback so far has been very positive and staff are finding the HENRY solution-focussed approach is working really well with parents.

A combination of staff training and campaigns has been used to improve the mental health and wellbeing of adults in Halton with a focus on workplaces to help keep people well. Training is targeted at teams and staff who are likely to engage with those who are more vulnerable.

### **3.0 Emerging Issues**

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

#### **Adult Social Care**

##### **Halton Floating Support Service**

Halton's floating support service will come to an end on 31<sup>st</sup> March 2024. Plans are in place to re-tender the service in Quarter 3 and Quarter 4

#### **Public Health**

Whilst bereavement services have been funded by the Public Health team, there is a concern that these are not widely known. The registrar has agreed to provide a bereavement support leaflet to everyone who is registering a death in Halton, ensuring those who may need support are aware of what support is available.

The stop smoking service has previously used medically licensed stop smoking products however these are no longer available to access as a quitting aid, narrowing down the options available to potential quitters. Introducing e-cigarettes to the service will widen the choice of products available for clients to use and increase their chances of successfully quitting. This is being done carefully, in line with evidence from Department of Health and the National Centre for Smoking Cessation and Training (NCSCT) guidance and National Institute for Health and Clinical Excellence (NICE). Work continues to dissuade young people and those who have never smoked from starting on e-cigarettes.

### **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	Q2 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.	
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### Supporting Commentary

**1A** The delivery plan, with updates and discussion about future direction and implementation of proposed actions, will be presented at the One Halton Board by the Operational Director in September 2023.

**1B** No commentary received for Q2

**1C** Budget projected to come in on target











**1D** Integration work continues through the One Halton work streams







**1E** Integration work continues through the One Halton work streams

**1F** Work continues to maintain and improve the delivery of self directed support and personal budgets

### **Key Performance Indicators**

<b>Older People:</b>						
<b>Ref</b>	<b>Measure</b>	<b>22/23 Actual</b>	<b>23/24 Target</b>	<b>Q2</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+ <i><b>Better Care Fund performance metric</b></i>	TBC	600	NA	NA	NA
ASC 02	Total non-elective admissions in to hospital (general & acute), all age, per 100,000 population. <i><b>Better Care Fund performance metric</b></i>	252.9 (Q1 22/23)	285.2 (Q1 23/24)	NA	NA	NA
ASC 03	Proportion of Older People (65 and over) who were still at home 91 days after discharge from	TBC	85%	NA	NA	NA

	hospital into reablement/rehabilitation services (ASCOF 2B) <b>Better Care Fund performance metric</b>					
<b>Adults with Learning and/or Physical Disabilities:</b>						
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%	77.9 %		
ASC 06	Proportion of people in receipt of SDS (ASCOF 1C – people in receipt of long term support) (Part 2) DP	22.6%	45%	41.2 %		
ASC 07	Proportion of adults with learning disabilities who live in their own home or with their family (ASCOF 1G)	99%	89%	92.3 %		
ASC 08	Proportion of adults with learning disabilities who are in Employment (ASCOF 1E)	5.8%	5.5%	6.1%		
<b>Homelessness:</b>						
ASC 09	Homeless presentations made to the Local Authority for assistance In accordance with Homelessness Act 2017. Relief Prevention Homeless Advice	NA	2000	NA	NA	NA
ASC 10	LA Accepted a statutory duty to homeless households in	NA	750	NA	NA	NA

	accordance with homelessness Act 2002					
ASC 11	Number of households living in Temporary Accommodation Hostel Bed & Breakfast	NA	NA	NA	NA	NA
ASC 12	Percentage of individuals involved in Section 42 Safeguarding Enquiries	TBC	30%	42.5 %		
ASC 13	Percentage of existing HBC Adult Social Care staff that have received Adult Safeguarding Training, including e-learning, in the last 3-years (Previously PA6 [13/14] change denominator to front line staff only.	62%	85%	74%		
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%	TBC	TBC	TBC
ASC 15	Proportion of Carers in receipt of Self Directed Support.	98%	99%	97%		
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	69.5%	NA	NA	NA	NA

	been included or consulted in discussions about the person they care for (ASCOF 3C)	(2021-22)				
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** No data received for Q2

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

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

**ASC 04** Q2 figure is above target.

**ASC 05** We are on track to meet the target. Work continues to supporting service users to have choice and control in their care planning.

**ASC 06** We continue to promote the use of Direct Payments to support people to choose how to they manage their care package.

**ASC 07** We are on track to meet this target, the figures are higher than they were in the same quarter 2022/23

**ASC 08** We have currently exceeded this target and figures are higher than they were in the same quarter 2022/23

#### **Homelessness:**

**ASC 09** No data received for Q2

Q2



**ASC 10** No data received for Q2

**ASC 11** No data received for Q2

**Safeguarding:**

**ASC 12** this figure is lower than they were in the same quarter 2022/23. This is a relatively new indicator and may differ to year end data.

**ASC 13** The current Q2 figures have exceeded the actuals from last year. They are on a trajectory to meet the current target by Q4.

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

**Carers:**

**ASC 15** Survey measures are reported annually for service users and bi-annually for carers. The results of these are provided in Quarter 4, however are not published until later in the year.



**ASC 16-21** 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>Q2 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>Q2 Progress</b>
PH 02	Reduce levels of adult excess weight (overweight and obese) and adult physical inactivity	

<b>Ref</b>	<b>Objective 3: NHS Health Checks</b>	
	<b>Milestone</b>	<b>Q2 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.	
<b>Ref</b>	<b>Objective 4: Smoking</b>	<b>Q2 Progress</b>
	<b>Milestone</b>	
PH 04	Reduce smoking prevalence overall and amongst routine/manual and workless groups and reduce the gap between these two groups.	
<b>Ref</b>	<b>Objective 5: Suicide reduction</b>	<b>Q2 Progress</b>
	<b>Milestone</b>	
PH 05	Work towards a reduction in suicide rate.	
<b>Ref 05</b>	<b>Objective 6: Older People</b>	
	<b>Milestone</b>	<b>Q2 Progress</b>
PH 06	Contribute to the reduction of falls of people aged 65 and over and reduction in levels of social isolation and loneliness.	
<b>Ref</b>	<b>Objective 7: Poverty</b>	
	<b>Milestone</b>	<b>Q2 Progress</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).	
<b>Ref</b>	<b>Objective 8: Sexual health</b>	
	<b>Milestone</b>	<b>Q2 Progress</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.	
<b>Ref</b>	<b>Objective 9: Drugs and alcohol</b>	
	<b>Milestone</b>	<b>Q2 Progress</b>
PH 09	Work in partnership to reduce drug and alcohol related hospital admissions.	

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**PH 01**

**Supporting commentary**

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

Evidence-based HENRY programme (covering nutrition, being active, parenting, wellbeing) for parents of 0-5s commenced. 5 workshops delivered over summer and two 8-week programmes commenced this quarter, delivered in collaboration with 0-19 Team. First cohort of RSPH Award for Young Health Champions began at an SEN secondary school, plus the first cohort of teenagers have participated in the teen 12-week lifestyle app programme pilot.

**PH 02**

**Supporting commentary**

Halton continues to support weight management objectives.

Objective	Outcome
Started Service	273
Completed 12 weeks	27%
Completed 6 months	19%

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.

Objective	Outcome
Started Service	132
Completed 6 week review	49%
Completed 12 week review	14%

We have a work request for IT to add 6 month reviews to recordable objectives now too.

**PH 03**

**Supporting commentary**

Throughout quarter 1 and 2 HIT have been rolling out the new Health Diagnostics IT system. This is not fully embedded yet which means NSHC data from GP practice data is not currently available. This should be ready by Q3.

















Outcome	Q1	Q2
Invites	994	6175
Completed by HT in Practice	472	652
Completed in Community	13	59
Completed in Workplace	133	59
Referrals Onward	191	362












- PH 04 Supporting commentary**  
Completed data for Q1 2023: 230 clients set a quit date of which 126 quit (55% quit rate). This data includes 73 routine & manual/workless set a quit date of which 36 quit (49 % quit rate).
- PH 05 Supporting commentary**  
We continue to work closely with partners and Champs on the Zero Suicide Agenda and consistently drive Halton's action plan to drive reduction in suicides
- PH 06 Supporting commentary**  
We have trained 39 carers across 6 care homes in falls prevention and have organised 6 Get Together Event aimed at tackling loneliness and Isolation. In total 335 people attended the event this quarter which is an increase on last quarter.
- We held 2 community events for healthy and active ageing this quarter where we engaged with the public. The topics discussed were falls prevention, getting more active, social isolation and loneliness and well as promote the cost of living offer.
- 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**  
Over the last few months Axxess have held regular clinics at Daresbury Hotel, linked in with Halton's new Family Hub, PAUSE programme and delivering training to the 0-19 nurses. Current areas of focus for development include improving access to contraception, testing, and Relationship & Sex Education in schools.
- 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. In Q2 Health Trainers/Health Check Officers have delivered 514 Audit C screenings and the Stop Smoking Service have delivered 118 Audit C screenings. Total =632





### Key Performance Indicators

Ref	Measure	22/23 Actual	23/24 Target	Q2	Current Progress	Direction of travel
PH 01a	Healthy life expectancy at	58.0	58.0	n/a	<span style="background-color: yellow; border: 1px solid black; padding: 2px;">u</span>	<span style="color: green; font-size: 1.2em;">↑</span>

Q2

	birth: females (years)	(2018-20)	(2019-21)			
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)	73.7% (Q1 2023/24)		
PH 07	Smoking prevalence (% of adults who currently smoke)	13.2% (2021)	13.1% (2022)	n/a		
PH 08	Deaths from suicide (directly standardised)	10.1 (2019-21)	10 (2020-22)	9.7 (2020-22 provisional)		

	rate per 100,000 population)					
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 (LARC) prescribed as a	57.8% (Q1 2022/23)	58% (2022/23)	58% (2022/23)		n/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, but have since remained similar and met the local 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 improved in Halton between 2020 and 2021.

(Data is published annually. N.B. 2021 data was updated nationally in summer 2023)

**PH 13** – New STI rates reduced in Halton between 2018 and 2021; but has increased slightly in 2022. 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

#### COMPLEX CARE POOL BUDGET

#### Revenue Budget as at 30<sup>th</sup> September 2023

	Q2				
	Annual Budget	Budget to Date	Actual Spend	Variance (Overspend)	Forecast Outturn
	£'000	£'000	£'000	£'000	£'000
<b>Expenditure</b>					
Intermediate Care Services	3,608	1,718	1,639	79	284
Oakmeadow	1,170	571	517	54	122
Community Home Care First	1,530	532	532	0	0
Joint Equipment Store	829	346	346	0	0
Development Fund	670	0	0	0	670
HICafs	3,226	1,303	1,261	42	85
Discharge Schemes	1,921	960	960	0	0
Contracts & SLA's	3,320	291	261	30	84
Carers Breaks	450	206	147	59	119
Carers centre	354	177	177	0	0
Residential Care	1,246	623	623	0	0
Domiciliary Care & Supported Living	3,713	1,857	1,857	0	0
<b>Total Expenditure</b>	<b>22,037</b>	<b>8,584</b>	<b>8,320</b>	<b>264</b>	<b>1,364</b>
<b>Income</b>					
BCF	-12,762	-6,381	-6,381	0	0
CCG Contribution to Pool	-2,864	-1,416	-1,416	0	0
ASC Discharge Grant	-1,921	-1,431	-1,431	0	0
Transfer from reserve	-223	-223	-223	0	0
<b>Total Income</b>	<b>-17,770</b>	<b>-9,451</b>	<b>-9,451</b>	<b>0</b>	<b>0</b>
<b>Net Operational Expenditure</b>	<b>4,267</b>	<b>-867</b>	<b>-1,131</b>	<b>264</b>	<b>1,364</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>132</b>	<b>(132)</b>	<b>(682)</b>
<b>Net Departmental Expenditure</b>	<b>4,267</b>	<b>-867</b>	<b>-999</b>	<b>132</b>	<b>682</b>

#### Comments on the above figures:

The financial performance as at 30<sup>th</sup> September 2023 shows the Complex Care Pool Budget is £0.264m under budget profile as this point of the financial year. Based on current intelligence, the forecast outturn for the year end is £1.364m under approved budget (including £0.67m development fund) which is split evenly with Health in accordance with the terms of the pool budget. Therefore, the year-end position for the Council is anticipated to be approximately £0.682m. However, as we move into winter this may change as the usual cyclical pressures intensify.

The underspend on Intermediate Care Services, Oakmeadow and HICafs is due to staff costs being lower than expected at the start of the financial year. Expenditure on Contracts and SLA's is less than anticipated at budget setting time due to Inglenook. Although there are two service users using the service one is now funded by Continuing Health Care. Expenditure on Carer's Breaks is £0.059m less than anticipated for the year to date, as demand for services is still lower than pre-pandemic levels.

Although the pool budget does experience a favourable financial performance at this time of year, funding is usually redirected to those services under extreme pressure such as the Health & Community Care budget. This is a volatile budget as demand fluctuates particularly during winter months. The Health & Community Care budget historically has always overspent due to limited resources and reliance on the pool budget underspend to offset pressures has become the norm since the pandemic. Although budgets have managed to be balanced over recent years this strategy is unsustainable long term.

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

	2023-24 Capital Allocation £'000	Allocation To Date £'000	Actual Spend £'000	Total Allocation Remaining £'000
Disabled Facilities Grant	650	360	358	292
Stair lifts (Adaptations Initiative)	200	100	85	115
RSL Adaptations (Joint Funding)	300	80	60	240
Telehealthcare Digital Switchover	300	0	0	300
Millbrow Refurbishment	200	40	37	163
Madeline Mckenna Refurb.	1,000	20	14	986
St Luke's Care Home	100	25	24	76
St Patrick's Care Home	100	0	44	56
<b>Total</b>	<b>2,850</b>	<b>625</b>	<b>622</b>	<b>2,228</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 £0.4m 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 switch-off of existing copper cable-based systems in 2025. Procurement commenced in 2022/23 with an initial purchase to the value of £0.1m. It is anticipated that the scheme will be completed in the current financial year, fully funded from the residual capital allocation of £0.3m.

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 withing 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.

## Revenue Operational Budget as at 30 September 2023

	Annual Budget	Budget to Date	Actual Spend	Variance (Overspend)	Forecast Outturn
	£'000	£'000	£'000	£'000	£'000
<b>Expenditure</b>					
Employees	15,664	7,818	7,967	(149)	(301)
Premises	535	290	300	(10)	(20)
Supplies & Services	860	583	568	15	20
Aids & Adaptations	37	19	11	8	10
Transport	228	114	155	(41)	(80)
Food Provision	201	100	100	0	0
Agency	678	337	337	0	0
Supported Accommodation and Services	1,357	699	706	(7)	(10)
Emergency Duty Team	110	55	65	(10)	(20)
Transfer To Reserves	357	0	0	0	0
Capital Financing	44	0	0	0	0
Contacts & SLAs	577	402	407	(5)	(10)
<b>Housing Solutions Grant Funded Schemes</b>					
Homelessness Prevention	357	126	126	0	0
Rough Sleepers Initiative	157	37	37	0	0
<b>Total Expenditure</b>	<b>21,162</b>	<b>10,580</b>	<b>10,779</b>	<b>(199)</b>	<b>(411)</b>
<b>Income</b>					
Fees & Charges	-803	-402	-400	(2)	0
Sales & Rents Income	-454	-300	-296	(4)	(10)
Reimbursements & Grant Income	-1,537	-535	-579	44	90
Capital Salaries	-121	-61	-61	0	0
Housing Schemes Income	-591	-591	-591	0	0
<b>Total Income</b>	<b>-3,506</b>	<b>-1,889</b>	<b>-1,927</b>	<b>38</b>	<b>80</b>
<b>Net Operational Expenditure</b>	<b>17,656</b>	<b>8,691</b>	<b>8,852</b>	<b>(161)</b>	<b>(331)</b>
<b>Recharges</b>					
Premises Support	583	292	292	0	0
Transport Support	575	288	349	(61)	(120)
Central Support	3,667	1,833	1,833	0	0
Asset Rental Support	13	0	0	0	0
Recharge Income	-112	-56	-56	0	0
<b>Net Total Recharges</b>	<b>4,726</b>	<b>2,357</b>	<b>2,418</b>	<b>(61)</b>	<b>(120)</b>
<b>Net Departmental Expenditure</b>	<b>22,382</b>	<b>11,048</b>	<b>11,270</b>	<b>(222)</b>	<b>(451)</b>

### Comments on the above figures

Net department expenditure, excluding the Community Care and Care Homes divisions, is £0.222m above budget at the end of the second quarter of the 2023/24 financial year.

Employee costs are currently £0.149m above budget profile. This reflects the currently unbudgeted assumed additional cost of the 2023/24 pay award (£1,925 plus on-costs per FTE, less the budgeted 4% overall), less savings above target in relation to staff turnover. Total unbudgeted pay award costs are forecast at £0.451m for the year, and the staff savings above target are estimated at £0.150m for the year. The current £0.149m spend above profile represents the half-year effect to date.

The overspends on transport and transport recharges are currently under review, although full-year projections are currently based on a continuation of current spend patterns.





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.

At this stage, a net overspend of £0.451m is projected for the full financial year, which relates to the projected costs of the proposed pay above existing budget provision.




**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		Expected to be achieved in 2025/26 budget year
ASC2	Telehealthcare	680	Explore alternative funding streams such as Health funding or Disabled Facilities Grants.	0	170	0		Expected to be achieved in 2024/25 budget year
			Increase charges / review income.	0	170	0		
			Cease the key safe installation service.	0	15	0		
ASC11	Dorset Gardens Care Services	471	Cease onsite support and transfer to the domiciliary care contract.	275	0	0		To be achieved in current year, although full-year savings not realised
ASC17/18	Quality Assurance Team	395	Review the activities of the Quality Assurance Team, given there are fewer providers for domiciliary care and the transfer of four care	35	0	0		Current year savings achieved, and 2024/25 savings on target
				0	50	0		

			homes into the Council.  Merge the service with the Safeguarding Unit.					
ASC12	Meals on Wheels	33	Increase charges to ensure full cost recovery. A procurement exercise will also be completed for the provision of food.	33	0	0	<input checked="" type="checkbox"/>	Charge increase implemented
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.	0	200	100	<input checked="" type="checkbox"/>	Expected to be achieved in the relevant budget years

			This would include assisting them to secure alternative funding in order to reduce their dependence upon Council funding. A target saving phased over two years has been estimated.					
ASC4	Positive Behaviour Support Service	349	Increase income generated in order to ensure full cost recovery, through increased service contract charges to other councils.  Review the Integrated Care Board contribution for Adults, to ensure the full recovery of related costs.	0	100	0		Expected to be achieved in 2024/25 budget year
				0	150	0		
ASC6	Attract £500k investment from the pooled budget (BCF) from 2024/25.	0	500	1,000		Expected to be achieved in the relevant		To be achieved in current year, although full-year savings not realised

	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.					budget years		
ASC5	<b>Total Adult Social Care Department</b>	<b>641</b>	<b>1,837</b>	<b>1,225</b>			<b>u</b>	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	<b>u</b>	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 historical	0	424	0	<b>✓</b>	Expected to be achieved in 2024/25 budget year



			arrangement. The Integrated Care Board would need to consider how they want to provide this function.					
ASC14	Care Management Community Care Budget	18,982						

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

### **Revenue Budget as at 30 September 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	2,210	2,150	60	120
Premises	6	0	0	0	0
Supplies & Services	255	143	135	8	16
Contracts & SLA's	7,006	2,922	2,917	5	10
Transport	4	2	1	1	2
Other Agency	23	23	23	0	0
<b>Total Expenditure</b>	<b>11,923</b>	<b>5,300</b>	<b>5,226</b>	<b>74</b>	<b>148</b>
<b>Income</b>					
Fees & Charges	-71	-134	-143	9	18
Reimbursements & Grant Income	-44	-160	-164	4	8
Transfer from Reserves	-1,242	0	0	0	0
Government Grant Income	-11,117	-5,791	-5,802	11	22
<b>Total Income</b>	<b>-12,474</b>	<b>-6,085</b>	<b>-6,109</b>	<b>24</b>	<b>48</b>
<b>Net Operational Expenditure</b>	<b>-551</b>	<b>-785</b>	<b>-883</b>	<b>98</b>	<b>196</b>
<b>Recharges</b>					
Premises Support	156	78	78	0	0
Transport	20	10	10	0	0
Central Support	2,330	1,165	1,165	0	0
Asset Rental Support	0	0	0	0	0
HBC Support Costs Income	-482	-241	-241	0	0
<b>Net Total Recharges</b>	<b>2,024</b>	<b>1,012</b>	<b>1,012</b>	<b>0</b>	<b>0</b>
<b>Net Departmental Expenditure</b>	<b>1,473</b>	<b>227</b>	<b>129</b>	<b>98</b>	<b>196</b>

## Comments on the above figures

### Financial Position

At the end of Quarter 2 net spend for the department is £0.098m under budget profile. The estimated outturn position is for net spend to be £0.196m under the approved budget. Which in comparison with Quarter 1 projects a similar outturn position.

Employee costs for the year are expected to be marginally under the approved budget due to 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 and is currently running in line with the budget profile.

Savings targets for 23/24 are expected to be achieved.

## **APPENDIX 2 – Explanation of Symbols**

Symbols are used in the following manner:

### **Progress**

#### **Green**



**Objective**  
Indicates that the objective is on course to be achieved within the appropriate timeframe.

**Performance Indicator**  
*Indicates that the annual target is on course to be achieved.*

#### **Amber**



Indicates that it is uncertain or too early to say at this stage, whether the milestone/objective will be achieved within the appropriate timeframe.

*Indicates that it is uncertain or too early to say at this stage whether the annual target is on course to be achieved.*

#### **Red**






Indicates that it is highly likely or certain that the objective will not be achieved within the appropriate timeframe.

*Indicates that the target will not be achieved unless there is an intervention or remedial action taken.*

### **Direction of Travel Indicator**

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

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