

**REPORT TO:** Health Policy and Performance Board

**DATE:** September 2024

**REPORTING OFFICER:** Executive Director – Adult Service

**PORTFOLIO:** Health and Wellbeing

**SUBJECT:** Performance Management Reports, Quarter 1 2024/25

**WARD(S)** Borough-wide

**1.0 PURPOSE OF THE REPORT**

1.1 This Report introduces, through the submission of a structured thematic performance report, the progress of key performance indicators, milestones and targets relating to Health in Quarter 1 of 2024/25. This includes a description of factors which are affecting the service.

**2.0 RECOMMENDATION:**

1. Receive the Quarter 1 Priority Based report
2. Consider the progress and performance information and raise any questions or points for clarification
3. Highlight any areas of interest or concern for reporting at future meetings of the Board

**3.0 SUPPORTING INFORMATION**

3.1 The Policy and Performance Board has a key role in monitoring and scrutinising the performance of the Council in delivering outcomes against its key health priorities. Therefore, in line with the Council's performance framework, the Board has been provided with a thematic report which identifies the key issues in performance arising in Quarter 1, 2024/25.

**4.0 POLICY IMPLICATIONS**

4.1 There are no policy implications associated with this report.

**5.0 FINANCIAL IMPLICATIONS**

5.1 There are no financial implications associated with this report.

6.0 **IMPLICATIONS FOR THE COUNCIL'S PRIORITIES**

6.1 Improving Health, Promoting Wellbeing and Supporting Greater Independence

The indicators presented in the thematic report relate specifically to the delivery of health outcomes in Halton.

6.2 Building a Strong, Sustainable Local Economy

None identified.

6.3 Supporting Children, Young People and Families

None identified.

6.4 Tackling Inequality and Helping Those Who Are Most In Need

The indicators presented in the thematic report relate specifically to the delivery of health outcomes in Halton.

6.5 Working Towards a Greener Future

None identified.

6.6 Valuing and Appreciating Halton and Our Community

None identified.

7.0 **RISK ANALYSIS**

7.1 None identified.

8.0 **EQUALITY AND DIVERSITY ISSUES**

8.1 An Equality Impact Assessment (EIA) is not required for this report

9.0 **CLIMATE CHANGE IMPLICATIONS**

9.1 None identified.

10.0 **LIST OF BACKGROUND PAPERS UNDER SECTION 100D OF THE LOCAL GOVERNMENT ACT 1972**

None under the meaning of the Act.

## **2.0 Key Developments**

### **Adult Social Care**

#### **Halton Carer's Strategy**

The One Halton all-age carers strategy 2024-2027 and associated Delivery Plan was formally ratified by the One Halton Place Based Partnership Board in April 2024.

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

Following the recent tender process and contract mobilisation, the new Halton Floating Support Service contract commenced on 1<sup>st</sup> July 2024. Plus Dane were awarded the contract which will run until 30<sup>th</sup> June 2027.

#### **Co-Production**

The Co-Production Charter was formally ratified by the One Halton Place Based Partnership Board in April 2024 and is now being implemented.

#### **Joint Working Agreement**

The current Joint Working Agreement between Halton Borough Council and NHS Cheshire & Merseyside was reviewed and updated; the current agreement expires 31<sup>st</sup> March 2025.

#### **Halton's Better Care Plan 2024/25**

Working collaboratively with NHS Cheshire & Merseyside, Halton submitted its BCF Plan for 2024/25, which is in line with the national BCF Policy objectives i.e. Enabling people to stay well, safe and independent at home for longer and providing the right care in the right place, at the right time.

#### **Market Sustainability & Improvement Fund (MSIF)**

The 2024/25 MSIF capacity plan and associated documentation was completed and submitted to the DHSC. The primary purpose of the MSIF is to support local authorities to make tangible improvement to adult social care services.

#### **Performance Monitoring**

We have migrated our reporting system in ASC from CareFirst 6 to Eclipse which has affected some data for this period. This should be rectified for Q2.

## **3.0 Emerging Issues**

### **Urgent & Emergency Care (UEC) Improvement Programme**

As part of the Cheshire & Merseyside UEC Improvement Programme, Halton Borough Council is working collaboratively with a number of system partners on improvements within the discharge planning process, intermediate care services and urgent community response. It is anticipated that this will lead to some changes in pathways and processes associated with these areas.







## 4.0 Performance Overview

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

#### 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 The One Halton Dementia Delivery Plan was presented to One Halton Board April 2024.
- 1B Homelessness Forum took place March 24 and consultation will form part of homelessness Strategy, which is presently under review. Draft strategy to be presented to Management Team November 2024.

- 1C Budget projected to come in on target
- 1D Integration work continues through the One Halton work streams
- 1E Firstly we have funded additional dedicated support for front door referrals and Deprivation of Liberty Safeguards (DoLS) This has enabled us to clear the backlog 'at the front door' and allocate the correct support for those being referred within 24 hours.  
Secondly, Halton has established a Prevention and Wellbeing Service with the support of a redesign of adult social Care, placing outreach support with a Wellbeing approach at the front door. This approach has enabled us to progress these redesigns quickly and allocate more resources to the team of first assessors and has improved both the speed and impact of this work. We are allocating all new referrals within 24/48 hours.
- 1F Training is underway to 'Train the Trainer' and Management support to ensure a longer-term legacy.  
The changes to ways of working have led to a more productive workforce who have more time to speak to clients, reviews are more informed and Assessment work is more outcomes-focussed.  
The Social Care IT system changed in June 24 from Care First 6 to Eclipse, with newly developed Person Centred Documentation.

### **Key Performance Indicators**

<b>Older People:</b>		Actual 23/24	Target 24/25	Q1	Progress	Direction of Travel
ASC 01	Permanent Admissions to residential and nursing care homes per 100,000 population 65+	347.50 22/23	600	NA	NA	NA
ASC 02	Total non-elective admissions in to hospital (general & acute), all age, per 100,000 population.	Dec 23 to Jan 24 = 4,283	No plan set	NA	NA	NA
ASC 03	Proportion of Older People (65 and over) who were still at home 91 days after discharge from hospital ASCOF 2D – (Formerly ASCOF 2B)	84% 23/24	85%	NA	NA	
<b>Adults with Learning and/or Physical Disabilities:</b>						
ASC 04	Percentage of items of equipment and	96%	97%	97.5%		NA

	adaptations delivered within 7 working days (VI/DRC/HMS)					
ASC 06	Proportion of people in receipt of DP ASCOF 3D (Formerly ASCOF 1C – people in receipt of long term support) (Part 2 DP)	47.6	45%	36.8%		NA
ASC 07	Proportion of adults with learning disabilities who live in their own home or with their family ASCOF 2E (Formerly ASCOF 1G)	90%	89%	91.5%		NA
<b>Homelessness:</b>						
ASC 09	Homeless presentations made to the Local Authority for assistance in accordance with Homelessness Reduction Act 2017. Relief Prevention Homeless Advice	756  290 163 121 201	3500	798  289 183 182 337		
ASC 10	LA Accepted a statutory duty to homeless households in accordance with homelessness Act 2002	121	800	183		
ASC 11	Number of households living in Temporary Accommodation Hostel Bed & Breakfast	148 38 30 Singles 8 Families	800	171  108 Singles 108 Families 40  18 Families		NA

				5 Single s		
<b>Safeguarding:</b>						
	The proportion of section 42 safeguarding enquiries where a risk was identified and the reported outcome was that this risk was reduced or removed (ASCOF 4b)	NA	NA	NA	NA	NA
ASC 12	Percentage of individuals involved in Section 42 Safeguarding Enquiries	34%	30%	38%		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 (Previously PA6 [13/14] change denominator to front line staff only.	76%	85%	75%		
<b>Carers:</b>						
ASC 15	Proportion of Carers in receipt of Self Directed Support.	99%	99%	96%		
<p><b>Adult Social Care and Carer Survey measures are reported annually for service users and bi-annually for carers – these measures will be included in the Q4 2024/25 report or following publication of the NHS Digital Reporting. Further information can be found <a href="#">here</a></b></p>						

### Supporting Commentary

#### Older People:

**ASC 01** Figures will be updated as soon as possible and included in Q2.

**ASC 02** There is a slight delay in receiving this data due to external reporting changes. Q1 data will be updated as soon as possible and included in Q2.

**ASC 03** The 23/24 figure is just below target.

Changes have been made to ASCOF measures, this measure is now to be collected quarterly, however due to changes in our reporting system, we are unable to provide this data for Q1.

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

**ASC 04** The current figure is only up to the end of May 2024. Due to changes in our reporting system, we are unable to provide a full quarter data for Q1, we are aiming to rectify this for Q2.

**ASC 06** The current figure is only up to the end of May 2024, it is likely that the target will be met.  
Due to changes in our reporting system, we are unable to provide a full quarter data for Q1, we are aiming to rectify this for Q2.

**ASC 07** The current figure is only up to the end May 2024. This will not be comparable for Q1 2022/23 due to this being in relation to the proportion of people with a **Learning Disability** who receive long term support who live in their own home or with family. The replacement measure, ASCOF 2E now encompasses “**The proportion of people who receive long-term support who live in their home or with family**”, therefore is inclusive of all Primary Support needs.

As we do not have a baseline figure for this measure, the target may need to be adjusted.

Due to changes in our reporting system, we are unable to provide a full quarter data for Q1, we are aiming to rectify this for Q2.

**Homelessness:**

**ASC 09** There continues to be an increase in homelessness nationally. Halton has seen an increase in family presentations, due to no fault S21 notice seeking possessions, placing additional pressure upon temporary accommodation providers. The main emphasis is placed upon prevention, and any clients are prevented from homelessness after the officers have provided advice and assistance to resolve the identified issues.

**ASC 10** There has been an increase in the homelessness acceptance duty. This is partly due to the increase in no fault eviction notices and affordability, whereby, the rents charged are far greater than the awarded local housing allowance.

**ASC 11** Due to the increase in homelessness this has placed additional pressure upon temporary accommodation providers, resulting in many clients being placed temporarily in hotels.



An ongoing review of temporary accommodation is underway, and due the increase in provision, this has reduced the reliance upon hotel use.

**Safeguarding:**

**ASC 12** This is a new measure for 2024/25, figures will be provided in Q2. The target for 24/25 has been exceeded, we have a robust screening process, ensuring that concerns raised via the Safeguarding Unit are appropriately progressed to a Section 42 Enquiry.




**ASC 13** The current figure has exceeded last year's performance for the same quarter and is on track to meet the new target of 85%.







**Carers:**

**ASC 15** The current figure is up to the end of May 2024 due to the transfer to the Eclipse system. We are on track to meet the target.

**Public Health**

**Key Objectives / milestones**

Ref	Objective 1: Child Health	Q1 Progress
	<b>Milestones</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.	
<b>Ref</b>	<b>Objective 2: Adult weight and physical activity</b>	
	<b>Milestone</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>	
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>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>Milestone</b>	
PH 05	Work towards a reduction in suicide rate.	
<b>Ref 05</b>	<b>Objective 6: Older People</b>	
	<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.	
<b>Ref</b>	<b>Objective 7: Poverty</b>	
	<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).	
<b>Ref</b>	<b>Objective 8: Sexual health</b>	<b>Q4 Progress</b>
	<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.	
<b>Ref</b>	<b>Objective 9: Drugs and alcohol</b>	
	<b>Milestone</b>	
PH 09	Work in partnership to reduce drug and alcohol related hospital admissions.	

### Supporting Commentary

**PH 01**

#### **Supporting commentary – Child health**

Regular performance contract meetings in place with the 0-19 service. The 0-19 service are supporting the development of the Family hubs model and local offer, and the SEND priority action plan.

The infant feeding offer continues to expand, now with 4 weekly drop-in support groups, in addition to home visits and telephone support in the postnatal period, plus antenatal engagement at community midwifery clinics.

Women supported with breastfeeding	134
of whom were supported via home visits	67
Women supported with safe formula feeding via phone	110
Women attending breastfeeding support groups	32
Parents attending infant feeding drop-ins	22
Parents attending Introducing Solid Foods workshops	65

100% of Halton primary schools have signed up for the Healthy Schools programme in 2023-24, and 86% of schools overall. 8 Early Years settings achieved the Healthy Early Years Award this quarter.

Two cohorts of young people completed the RSPH Young Health Champions Award this quarter; developing skills to promote health and wellbeing and delivering health messages throughout their schools.

## PH 02

### Supporting commentary – Adult weight and physical activity

**Exercise On Prescription:** The referral target for 2024/25 per month is 100. In Q1 2024/2025 **273 referrals** was made into the service. This is an **increase** on previous referrals received in Q4 2023/2024. Of those referred into the service **65% (177)** started and are active in the service so far. For 2024/25, the service target is to engage 70% of those referred into the service. For 2024/25, the service has a target to complete 50% of those who started the service. Of those due to have completed 12 weeks the program in Q1 2024/25 who started the service in Q4 2023/2024, **43.6% (44)** completed which is similar on the previous quarters, 12 week performance.

**Fresh Start: (Adult Weight Management)** The referral target for 2024/25 per month is 150. In Q1 2024/2025 740 of referrals was made into the service. This is **decrease** on previous referrals received in Q4 2023/2024 (760). Of those referred into the service **42% (311)** started and are active in the service so far. For 2024/25, the service target is to engage 70% of those referred into the service. For context this performance data is largely due to receiving referrals for weight management injections into the service which isn't available in Halton and the services supporting Tier 3 which is currently facing capacity issues with more complex clients. For 2024/25, the service has a target to complete 50% of those who started the service. Of those due to have completed 12 weeks the program in Q1 2024/25 who started the service in Q4 2023/2024, **32.5% (128)** completed which is an **1.5% decrease** on the previous quarters, 12-week performance. For 2024/2025, the service has set a target to complete 30% of those who started the service. Of those due to have completed the service in Q1 2024/25, who started the service in Q3 2023/24, **18% percentage (49)** completed which is a **1% increase** on the previous quarters, 6-month performance. Of those who completed 6 months on the service **81.6% percentage (40)** lost weight. In addition to this, **65% percentage (26)**

achieved lifestyle improvements. This is a **decrease** on previous quarter's performance.

**PH 03                      Supporting commentary – NHS Health Checks**

Each year 20% of the total eligible population should be invited for an NHS Health Check (NHS HC). In Halton the target for 2024/2025 is 5803. This means each quarter 1451 patients should be invited. In Q1 2024/25 **149.9% (2176)** have been invited of the services quarterly target. The service has decided to complete 1st invites over 10 months rather than 12 to give time for 2nd and 3rd invites throughout the year. This will mean that a data trend should show slightly above target for Q1,2&3 and slightly below on Q4 for 1st invites. This will average out over an annual average. Of the quarterly target invites/offered an NHS Health Check. Halton have set a target to engage and complete 55% of these. This would mean

Halton's quarterly uptake target is 798 NHS Health Checks completed quarterly. During Q1 2024/25 the service achieved a quarterly uptake percentage of **117.4% (937)** of its quarterly target. Halton have set a target to refer/signpost over 30% of those who have had an NHS Health Check on to further support to improve their health. This would be equivalent to 240 patients. This could range from primary care pathways to lifestyle support service such as weight management or smoking cessation. In Q1 2024/25, the service referred **37.2% (349)** of its quarterly target, onto wider support services.

**PH 04                      Supporting commentary – Smoking**

Quitting data from 01/04/2024 – 30/06/2024: Q1

Total Referrals	<b>311</b>
<b>Total Set a Quit Date</b>	<b>231</b>
Engagement Rate	<b>74%</b>
Total Quit	<b>90 so far</b>
Total Still Awaiting 4 Week Quit Outcome	<b>59</b>
<b>Unemployed/Never worked Set a Quit Date</b>	<b>31</b>
Unemployed/Never worked Quit	<b>6</b>
Awaiting 4 Week Quit Outcome	<b>6</b>
<b>Routine/Manual Set a Quit Date</b>	<b>39</b>
Routine/Manual Quit	<b>9</b>
Awaiting 4 Week Quit Outcome	<b>13</b>

**PH 05                      Supporting commentary – Suicide reduction**

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. Work currently taking place on long term conditions,

Dual Diagnosis, Gambling harms as well as supporting education settings with self-harm and suicide attempts and engaging with teenage males to understand why they don't engage with mental health services at the same rates as teenage females. Event took place with a wide range of attendees and presenters to discuss the needs of men's mental health. Despite work happening RTS appear to be higher than other years.

**PH 06**

**Supporting commentary – Older people**

The Exercise on Referral Programme which includes falls has been rolled out in some GP practices to target common health conditions such as hypertension and falls. We have begun to supported 67 patients classed as risk of falls after scoring 10 and below in the functional assessment. Through the EoR programme work is completed with the individuals in order to reduce future risk of falling. Unfortunately we cannot report on all up to date data for Sure Start to Later Life as there has been a change in regards to the data logging system (CareFirst to eclipse). Eclipse is currently not set up to run reports and therefore there is a delay in obtaining data since in the move at the beginning of June. April and May's data shows that there were 49 referrals, with 25 assessments and 4 reviews taking place. Out of the 4 reviews that took place 2 people reported that they feel less socially isolated as a result of the intervention from the service.

**PH 07**

**Supporting commentary - Poverty**

We continue to work closely with regional partners on the LCR food poverty strategy looking at the sustainability of community food provision and networks, building on our local projects with community growing and social value donations continuing this year. Added damp/mould kits to our fuel poverty offer to create a whole home approach with closer connections created with regional projects working alongside primary care interventions to identify those at greatest risk from poor housing conditions

**PH 08**

**Supporting commentary – Sexual health**

Axess hold weekly clinics in both Runcorn & Widnes, including evening, walk in, a dedicated 'Axess4u' young person's clinic as well as outreach clinics for certain targeted groups. The service implemented an improved digital offer where all appointments are bookable online. There are also currently phased improvements to the website to make it easier to navigate and user friendly as well as a 'digital front door' to other local services. The National Pharmacy Contraception Scheme has launched, where women can access oral contraception without needing to see their GP. The majority of pharmacies in Halton have signed up to deliver this service (Find a pharmacy that offers the contraceptive pill without a prescription - NHS ([www.nhs.uk](http://www.nhs.uk))) although we don't currently have access to activity data. Work is progressing with the sexual health JSNA and service specification in preparation for the new contract. Discussions continue around Women's Health Hubs and a new C&M WHH clinical

lead has been appointed to support this work, focussing on increasing LARC access.

**PH 09**

**Supporting commentary – Drugs and alcohol**



CGL continues to delivery drug and alcohol services, working closely with other partners across the system – including Cheshire Police and the HBC Early Help Team. The Halton Drugs Strategy for 2023-26 has been finalised, and the Combatting Drugs Partnership (CDP) has produced an annual report which details progress which the CDP has made over the past 12 months. The borough will receive Individual Placement Support (IPS) funding from DHSC starting in April 2024. This new IPS funding will enable people in drug and alcohol treatment who are not currently in work to access employment, helping to break the cycle of addiction. A request is currently being prepared to utilise the first plus one of the contract extension.

Audit C screenings are delivered during Health Checks and Stop Smoking consultations to clients across Halton. During Q1 Health Trainers/Health Check Officers have delivered **937 Audit C screenings** in workplaces, GP practises and in the community. During Q1 the Stop Smoking Service have delivered **133 Audit C screenings** with clients wishing to stop smoking Total combined **Audit C screenings delivered = 1,070**

**Key Performance Indicators**

Ref	Description	Actual 2023/24	Target 2024/25	Quarter 1	Current Progress	Direction of Travel
PH01a	Healthy life expectancy at birth: females (years)	58.0 (2018-20)	58.0 (2019-21)	n/a		
PH01b	Healthy life expectancy at birth: males (years)	61.4 (2018-20)	61.4 (2019-21)	n/a		
PH02	A good level of child development (% of eligible children achieving a good level of development at the end of reception)	60.1% (2021/22)	62.5% (2023/24)	62.2% (2022/23)		
PH03	Health Visitor new births visits (% of new births receiving a face to face visit by a Health Visitor within 14 days)	80.4% (2022/23)	90% (standing target)	83.9% (2023/24)		

Ref	Description	Actual 2023/24	Target 2024/25	Quarter 1	Current Progress	Direction of Travel
PH04	Prevalence of adult excess weight (% of adults estimated to be overweight or obese)	71.2% (2021/22)	71.2% (2022/23)	72.7% (2022/23)		
PH05	Percentage of physically active adults	63.1% (2021/22)	63.5% (2022/23)	62.8% (2022/23)		
PH06	Uptake of NHS Health Check (% of NHS Health Checks offered which were taken up in the quarter)	104.6% (2022/23)	76.5% (2023/24)	43.9% (2023/24)		
PH07	Smoking prevalence (% of adults who currently smoke)	13.2% (2021)	13.0% (2023)	13.3% (2022)		
PH08	Deaths from suicide (directly standardised rate per 100,000 population)	9.3 (2020-22)	9.9 (2021-23)	13.4 (2021-23 provisional)		
PH09	Self-harm hospital admissions (Emergency admissions, all ages, directly standardised rate per 100,000 population)	282.0 (2021/22)	280.6 (2022/23)	261.8 (2022/23)		
PH10	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)	2,662 (2023/24)	2,206 (2022/23)		
PH11	Social Isolation: percentage of adult social care users who have as much social contact as they would like (age 18+)	32.7% (2021/22)	40% (2022/23)	36.2% (2022/23)		
PH12	Fuel poverty (low income, low energy efficiency methodology)	12.4% (2021)	12.2% (2022)	n/a		
PH13	New sexually transmitted infections (STI) diagnoses per 100,000 (excluding chlamydia under 25)	380 (2022)	220 (2023)	407 (2023)		
PH14	Long acting reversible contraception (LARC) prescribed as a proportion of all contraceptives	58% (2022/23)	58% (2023/24)	45.5% (2023/24)		n/a
PH15	Admission episodes for alcohol-specific conditions	908	900	857		

Ref	Description	Actual 2023/24	Target 2024/25	Quarter 1	Current Progress	Direction of Travel
	(Directly Standardised Rate per 100,000 population)	(2021/22)	(2022/23)	(2022/23)		
PH16	Successful completion of drug treatment (non opiate)	21.2% (2022/23)	25% (2023/24)	19.1% (2023/24)		

### **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** - The percentage reduced by 6% between 2018/19 and 2021/22 in Halton; this is similar to the decline in England overall. However, the Halton percentage did increase slightly between 2021/22 and 2022/23. Data is released annually.

**PH 03** - The 2023/24 data saw an increase from 2022/23, but failed to meet the target of 90%. However, it did meet the performance standard of 75%.

**PH 04** - Adult excess weight increased in 2022/23 and did not meet the target. Data is published annually by OHID.

**PH 05** – Adult physical activity decreased again slightly in 2022/23. Data is published annually by OHID.

**PH 06** - There has been a reduction in uptake during 2023/24 as there were a large number of invites sent out. Q1 2024/25 data is not yet available.

**PH 07** – Smoking levels increased very slightly in 2022 and did not quite meet the target. Data is published annually.

**PH 08** - Provisional 2021-23 data indicates the rate has increased since 2020-22 and is not on track to meet the target. Data is published annually.

**PH 09** - Published 2022/23 data shows the rate of self-harm admissions has reduced since 2021/22, and met the target. Data is available annually.

**PH 10** - Published 2022/23 shows the rate of falls injury admissions has reduced and has met the target. Data is available annually.

**PH 11** - The proportion of adult social care users having as much social contact as they would like increased in 2022/23 but did not meet the target. Data is available 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 increased slightly in 2023. However, rates are consistently better than the England.  
Data is published annually.

**PH 14** – Data for 2022/23 covers Halton & Warrington, but has been split for Halton from 2023/24. Therefore the 2023/24 data is not directly comparable to 2022/23.

**PH 15** – Published 2022/23 shows the rate of alcohol-specific admissions has reduced and has met the target.

**PH 16** - Data does fluctuate year on year but in 2022/23, the Halton proportion of successful completions was worse than the England average. The figure has continued to reduce in 2023/24.

## APPENDIX 1 – Financial Statements

### Care Homes Division

#### Revenue Budget as at 31 July 2024

	Annual Budget	Budget to Date	Actual Spend	Variance (Overspend)	Forecast Outturn
	£'000	£'000	£'000	£'000	£'000
<b>Expenditure</b>					
<b><u>Madeline Mckenna</u></b>					
Employees	698	233	206	27	37
Agency - covering vacancies	0	0	35	(35)	(109)
Other Premises	101	21	25	(4)	(11)
Supplies & Services	20	7	7	0	(1)
Food Provison	48	16	17	(1)	(3)
<b>Total Madeline Mckenna Expenditure</b>	<b>867</b>	<b>277</b>	<b>290</b>	<b>(13)</b>	<b>(87)</b>
<b><u>Millbrow</u></b>					
Employees	2,056	685	417	268	656
Agency - covering vacancies	0	0	309	(309)	(947)
Other Premises	129	34	47	(13)	(44)
Supplies & Services	61	30	38	(8)	(23)
Food Provison	78	23	26	(3)	0
<b>Total Millbrow Expenditure</b>	<b>2,324</b>	<b>772</b>	<b>837</b>	<b>(65)</b>	<b>(358)</b>
<b><u>St Luke's</u></b>					
Employees	2,884	961	669	292	673
Agency - covering vacancies	119	119	438	(319)	(997)
Other Premises	172	48	65	(17)	(57)
Supplies & Services	59	17	29	(12)	(18)
Food Provison	132	36	42	(6)	(20)
<b>Total St Luke's Expenditure</b>	<b>3,366</b>	<b>1,181</b>	<b>1,243</b>	<b>(62)</b>	<b>(419)</b>
<b><u>St Patrick's</u></b>					
Employees	1,839	613	399	214	504
Agency - covering vacancies	33	33	351	(318)	(985)
Other Premises	157	38	45	(7)	(22)
Supplies & Services	64	19	14	5	14
Food Provison	122	25	23	2	5
<b>Total St Patrick's Expenditure</b>	<b>2,215</b>	<b>728</b>	<b>832</b>	<b>(104)</b>	<b>(484)</b>
<b><u>Care Homes Divison Management</u></b>					
Employees	362	121	94	27	60
Supplies & Services	0	0	2	(2)	(2)
<b>Care Home Divison Management</b>	<b>362</b>	<b>121</b>	<b>96</b>	<b>25</b>	<b>58</b>
<b>Net Operational Expenditure</b>	<b>9,134</b>	<b>3,079</b>	<b>3,298</b>	<b>(219)</b>	<b>(1,290)</b>
<b>Recharges</b>					
Premises Support	264	88	88	0	0
Transport Support	0	0	0	0	0
Central Support	683	228	228	0	0
Asset Rental Support	0	0	0	0	0
Recharge Income	0	0	0	0	0
<b>Net Total Recharges</b>	<b>947</b>	<b>316</b>	<b>316</b>	<b>0</b>	<b>0</b>
<b>Net Departmental Expenditure</b>	<b>10,081</b>	<b>3,395</b>	<b>3,614</b>	<b>(219)</b>	<b>(1,290)</b>

## **Comments on the above figures**

### **Financial Position**

The care home division is made up of the following cost centres, Divisional Management Care Homes, Madeline Mckenna, Millbrow, St Luke's and St Patrick's.

The spend to 31st July 2024 across the division is over budget profile by £0.219m. The forecast for the end of 2024/25 financial year is an estimated outturn position of £1.290m over budget. This is assuming the level of agency continues at a similar rate and includes higher spend assumptions later in the financial year due to winter pressures surrounding staffing and utilities.

### **Comparison to Previous Year Outturn and Period 2 forecasted Outturn**

The outturn position for financial year 2023/24 was £1.056m over budget. Based on the estimated outturn position for 2024/25, there is an expectation that the estimated outturn overspend will be £0.234m higher than the last financial year.

It is worth noting the forecast at Q1 2023/24 was £1.914m which was reduced to £1.036m by year end due to the addition of a Market Sustainability & Improvement Workforce grant of £0.254m and a further increase in budget of £0.213m for 1 to1 care costs. Costs were reduced by a further £0.391m due to less agency use.

The forecast outturn position as at the end of May 2024 was £1.501m over budget. Based on the estimated outturn position for period 4 (end of July), there is an expectation that the estimated outturn overspend will be £0.211m lower than the previous quarter.

The reduction of £0.211m largely relates to a reduction in agency spend and forecast. Employee expenditure specifically agency spend continues to be a pressure across the care homes.

### **Supporting Information**

#### **Employee Related expenditure**

Employee related expenditure is over budget profile at the end of July 2024 by £0.180m with the year-end outturn position forecast to be £1.168m over budget.

It has been assumed that the pay award offer of £1,290 will be accepted. This has been included within the forecasted Outturn. This will result in an over budget spend of £0.188m across the Care Home Division.

Recruitment of staff is a continued pressure, there remains a high number of staff vacancies across the care homes. A proactive rolling recruitment exercise is ongoing within the care homes, supported by HR.

Due to pressures with recruitment and retention in the sector, heavy reliance is being placed on overtime and expensive agency staff to support the care homes. At the end of July 2024 total agency spend across the care homes reached £1.076m, the cost of this has partially been offset by staff vacancies.

### **Premises Related Expenditure**

Premises related expenditure is over budget profile at the end of July 2024 by £0.041m and is forecast as an estimated overspend at the end of the financial year 2024/25 by £0.134m.

Repairs and maintenance continue to be a budget pressure across all the care homes. The recruitment of a facilities manager would help to reduce these costs. Budget for this post has been made available but the recruitment to this position has so far been unsuccessful.

### **Food Related Expenditure**

Food related expenditure is over budget profile at the end of July 2024 by £0.008m and is forecast as an estimated overspend at the end of the financial year 2024/25 by £0.018m.

### **Risks/Opportunities**

The demand for agency staff within the care homes has been significantly high for several years.

Currently agency staff are being used for a variety of different reasons, to cover vacant posts, maternity leave and sickness absence.

The forecasts for agency staff are continuously reviewed to account for fluctuations in demand, however, the difficulty in the recruitment of new staff and the inability to retain existing staff has resulted in continued reliance on agency staff. The expectation is that the use for agency staff will be an ongoing issue. The care homes and the transformation team are working actively to look at options to reduce the reliance on agency staff.

## **COMPLEX CARE POOL BUDGET**

### **Revenue Budget as at 31<sup>st</sup> July 2024**

	<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>					
Intermediate Care Services	5,293	1,415	1,461	(46)	(136)
Oakmeadow	1,818	559	629	(70)	(209)
Community Home Care First	2,111	613	500	113	340
Joint Equipment Store	871	276	276	0	0
Development Fund	583	0	0	0	0
Contracts & SLA's	3,243	77	77	0	0
Inglenook	127	23	8	15	45
HICafs	3,620	848	813	35	105
Carers Breaks	474	138	100	38	115
Carers centre	371	0	0	0	0
Residential Care	7,234	1,825	1,825	0	0
Domiciliary Care & Supported Living	4,227	1,057	1,057	0	0
<b>Total Expenditure</b>	<b>29,972</b>	<b>6,831</b>	<b>6,746</b>	<b>85</b>	<b>260</b>
<b>Income</b>					
BCF	-13,484	-4,495	-4,495	0	0
CCG Contribution to Pool	-2,865	-955	-955	0	0
Oakmeadow Income	-6	-2	0	(2)	(4)
ASC Discharge Grant Income	-1,631	-544	-544	0	0
ICB Discharge Grant Income	-1,282	-1,282	-1,282	0	0
<b>Total Income</b>	<b>-19,268</b>	<b>-7,278</b>	<b>-7,276</b>	<b>(2)</b>	<b>(4)</b>
ICB Contribution Share of Surplus			41	(41)	(128)
<b>Net Operational Expenditure</b>	<b>10,704</b>	<b>-447</b>	<b>-489</b>	<b>42</b>	<b>128</b>

### **Comments on the above figures:**

The financial performance as at 31<sup>st</sup> July 2024 shows the Complex Care Pool Budget is £0.083m under budget profile as this point of the financial year.

Intermediate Care Services are currently over budget to date predominantly due to the use of agency staff within the reablement team. This overspend is in contrast to the previous financial year which was underspent, and is the result of higher staffing costs and the absence of the LAUEC Grant this year.

Spend is over budget at this point in the year on Oakmeadow due to utilities, food and the use of agency staff. The majority of vacant posts have now been recruited to, but a few remain and agency staff are required to cover staff sickness. This agency spend is currently being investigated by the service in order to ascertain as to whether it can be reduced in year.

The underspend on HICafs relates to the reduction in value of the Bridgewater contract due to the non-recruitment of two Pharmacy posts, this has however

not been allocated yet .This is partially offset by an overspend on staffing caused by unbudgeted spend on agency staff.

The underspend on Community Home Care First is due to agency costs being lower than expected at the start of the financial year, with current indications that this may continue throughout the financial year.

Expenditure on Inglenook is less than anticipated as although there are two clients using the service, one is now funded by Continuing Health Care which has reduced the pressure on this budget.

Expenditure on Carer's Breaks is £0.038m less than anticipated for the year to date, with a forecast outturn of £0.115m under budget as demand for services is still lower than pre-pandemic levels.

Based on current intelligence, the forecast outturn for year end is £0.256m under budget, however the year-end position will result in a balanced budget for the pool with any unallocated funds in year being split with the ICB in accordance with the terms of the pool budget to fund those services under extreme pressure – namely the Health & Community Care budget. This budget has historically always overspent due to limited resources and often relies on the pool budget underspend to offset pressures. It is important to note however, that it is not guaranteed that the Pool will always have the resources to contribute towards these underspends in the future.

## **Pooled Budget Capital Projects as at 31<sup>st</sup> July 2024**

	2024-25 Capital Allocation £'000	Allocation To Date £'000	Actual Spend £'000	Total Allocation Remainin g £'000
Disabled Facilities Grant	1050	350	353	697
Stair lifts (Adaptations Initiative)	200	70	66	134
RSL Adaptations (Joint Funding)	150	50	53	97
Telehealthcare Digital Switchover	135	50	60	75
Millbrow Refurbishment	100	40	26	74
Madeline Mckenna Refurb.	50	15	9	41
St Luke's Care Home	50	15	10	40
St Patrick's Care Home	50	15	14	36
	50			
<b>Total</b>	<b>1,785</b>	<b>605</b>	<b>591</b>	<b>1,194</b>

### **Comments on the above figures:**

Allocations for Disabled Facilities Grants/Stair Lifts and RSL adaptations are consistent with 2023/24 spend and budget, and expenditure across the 3 headings is projected to be within budget overall for the financial year.

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. Procurement commenced in 2022/23 with an initial purchase to the value of £100,000. It is anticipated that the scheme will be completed in the current financial year, fully funded from the residual capital allocation of £135,000.

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. Spend to 31 March 2024 amounted to £947,000, leaving available funding of £3.253M at the start of the current financial year.

Executive Board have approved an additional £2M capital allocation in respect of energy efficiency initiatives. At present, detailed costing proposals are in development, with further revisions to the capital allocations to be submitted to Executive Board later in the year.

Initial 2024-25 capital allocations against each home currently therefore reflect just anticipated minor refurbishment costs.

## **COMMUNITY CARE**

### **Revenue Budget as at 31st July 2024**

	<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>					
Residential & Nursing	14,434	4,882	4,961	(79)	(260)
Domiciliary Care & Supported living	13,587	2,900	2,985	(85)	(276)
Direct Payments	12,629	5,430	5,922	(492)	(1,602)
Day Care	405	57	119	(62)	(9)
<b>Total Expenditure</b>	<b>41,055</b>	<b>13,269</b>	<b>13,987</b>	<b>(718)</b>	<b>(2,147)</b>
<b>Income</b>					
Residential & Nursing Income	-13,182	-2,917	-2,927	10	33
Community Care Income	-2,270	-599	-596	(3)	(1)
Direct Payments Income	-1,014	-266	-260	(6)	(2)
Income from other CCGs	-135	-34	-34	0	0
Market Sustainability & Improvement Grant	-2,796	-932	-932	0	0
Adult Social Care Support Grant	-5,167	-1,722	-1,722	0	0
War Pension Disregard Grant	-67	0	0	0	(11)
Other Income	0	0	0	0	0
<b>Total Income</b>	<b>-24,631</b>	<b>-6,470</b>	<b>-6,471</b>	<b>1</b>	<b>19</b>
<b>Net Operational Expenditure</b>	<b>16,424</b>	<b>6,799</b>	<b>7,516</b>	<b>(717)</b>	<b>(2,128)</b>

### **Comments on the above figures:**

At the end of July 2024 expenditure on Community Care services is over budget profile by £0.717m. It is anticipated that at the end of the financial year it will be overspent by £2.128m.

The forecast outturn figures excludes £0.5m investment from the Pool budget put forward as a saving item, agreed by Council in March 2023. This position is currently being reviewed and the outturn figure will be updated once certainty around the saving is provided.

Further analysis of individual service budgets is provided below.

### **Residential & Nursing Care**

There are currently 416 residents in permanent external residential/nursing care as at the end of July 2024 compared to 406 in April, an increase of 2.4%. Compared to the 2023/24 average of 390 this is an increase of 6.6%.

The average cost of a package of care since April has increased from £866 to £887 an increase of 2.4%. However the average package cost for 23/24 was



£788.62, an increase of 12.4%. 416 reside within external residential homes at an average cost of £1,056.19 per week, with 95 placed within Council internal care homes.

25 external packages charge a top up currently costing £3,171.14 per week which equates to £0.164 per annum. Last year the spend was £0.179m.

Extra 1 to 1 hours in external care homes cost £15,396 per week and the forecast to year end for this is currently circa £0.694m. This is for 13 packages. Last year 20 individuals received 1 to 1 care at a cost of £0.255m.

Extra 1 to 1 hours in internal care homes has so far cost £0.119m. Last year the cost was £0.167m.

The table below shows the number of Permanent external packages over £1,000 per week.

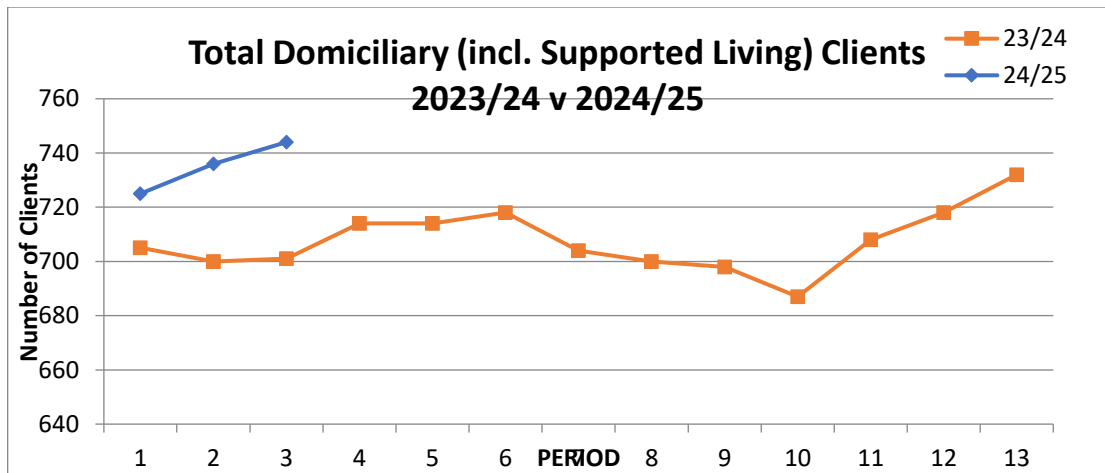
Weekly Cost £	No of Permanent PoCs			
	PERIOD 1	PERIOD 2	PERIOD 3	PERIOD 4
1000-1999	52	53	53	53
2000-2999	18	18	16	17
3000-3999	5	5	5	5
4000-4999	7	8	8	8
5000-5999	3	2	2	2
6000-6999	1	2	1	2
7000-7999		1	1	1
>10,000	1	1	1	1
<b>Total</b>	<b>87</b>	<b>90</b>	<b>87</b>	<b>89</b>

Of the current 89 permanent placements 62 are out of borough and 43 are joint funded.

### **Domiciliary Care & Supported Living**

Count and spend for this service group is only available up to the end of June 2024. There are 744 service users receiving a package of care at home compared to the 2023/24 average of 707, an increase of 5.2%. The average cost of a package of care is currently £494.96 compared with £490.65 in April, an increase of 0.8%. The average for 2023/24 was £409.19.

The graph below illustrates the demand for the service from April 2023 to date.



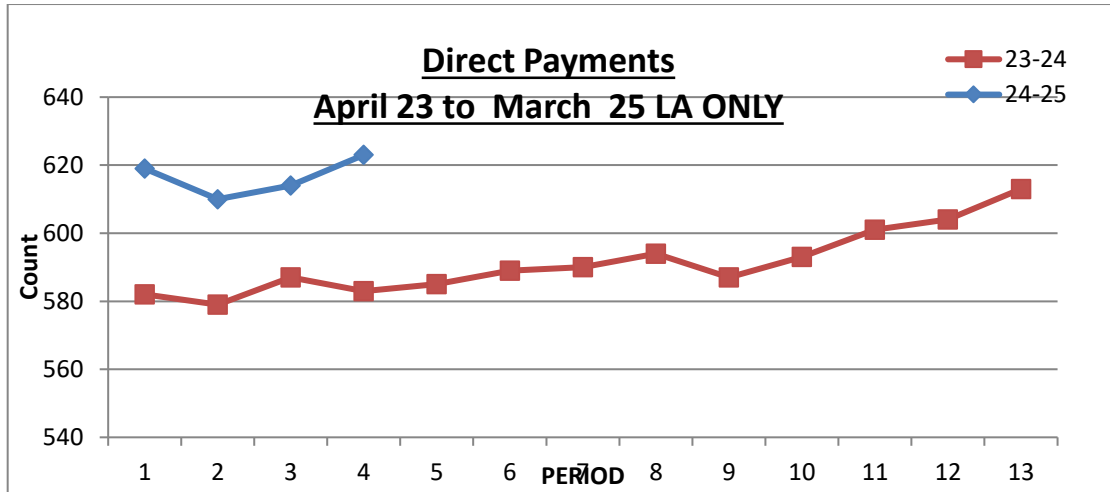
### Direct Payments

623 clients received a Direct Payment (DP) in July compared with 619 in April an increase of 0.64%. The average in 2023/24 was 591, therefore there has been an increase of 5.4% on last year's average. The average cost of a package of care has decreased slightly since April from £529.04 to £508.43, a reduction of 3.8%. However, compared to last year's average of £488.39 there has been an increase of 4.1%.

There have been 66 new referrals into the service since the beginning of April and 43 have ended, the net effect being 23 new service users. Some of these are not yet in the system as they may need home visits, financial assessments etc. Due to staff absence and holidays not all of these have not been completed, hence they do not appear in the above comparison.

There are currently 161 service users receiving a DP to pay care providers that have an hourly rate higher than our domiciliary contracted rate of £21.18. This is exerting additional pressure on the budget. This budget has for many years experienced great pressure and costs will continue to exceed budget with demand at current levels which is evidenced below.

The forecast position for Direct Payments assumes an amount of £1.4m will be recovered from users following an audit to seek assurance the DP is spent in line with their care and support needs.



The Community Care budget as a whole is very volatile by nature as it is demand driven, with many influential factors such as the ageing population, deprivation within the borough and also links to the health care sector.

It will continue to be closely monitored and scrutinised throughout the rest of the financial year to quantify pressures on the financial performance. The Community Care budget recovery group continues to meet to identify savings to try to mitigate the risk of further overspend against this budget.

## Adult Social Care

### Revenue Operational Budget as at 31 July 2024

	Annual Budget	Budget to Date	Actual Spend	Variance (Overspend)	Forecast Outturn
	£'000	£'000	£'000	£'000	£'000
<b>Expenditure</b>					
Employees	17,478	5,809	5,446	363	1,070
Agency- Covering Vacancies	4	1	347	(346)	(1,040)
Premises	481	238	241	(3)	0
Supplies & Services	486	170	166	4	0
Aids & Adaptations	37	12	9	3	0
Transport	242	81	97	(16)	(35)
Food Provision	214	71	56	15	10
Agency	672	224	229	(5)	(5)
Supported Accommodation and Services	1,385	461	458	3	10
Emergency Duty Team	115	0	0	0	0
Transfer To Reserves	282	0	0	0	0
Capital Financing	44	0	0	0	0
Contracts & SLAs	387	86	77	9	0
<b>Housing Solutions Grant Funded Schemes</b>					
Homelessness Prevention	369	139	139	0	0
Rough Sleepers Initiative	167	55	54	1	0
<b>Total Expenditure</b>	<b>22,363</b>	<b>7,347</b>	<b>7,319</b>	<b>28</b>	<b>10</b>
<b>Income</b>					
Fees & Charges	-1,063	-354	-342	(12)	(30)
Sales & Rents Income	-420	-199	-206	7	20
Reimbursements & Grant Income	-2,051	-534	-529	(5)	0
Capital Salaries	-121	-30	-30	0	0
Housing Schemes Income	-536	-345	-346	1	0
<b>Total Income</b>	<b>-4,191</b>	<b>-1,462</b>	<b>-1,453</b>	<b>(9)</b>	<b>(10)</b>
<b>Net Operational Expenditure</b>	<b>18,172</b>	<b>5,885</b>	<b>5,866</b>	<b>19</b>	<b>0</b>
<b>Recharges</b>					
Premises Support	529	176	176	0	0
Transport Support	581	87	87	0	0
Central Support	3,465	1,155	1,155	0	0
Asset Rental Support	13	0	0	0	0
Recharge Income	-112	-37	-37	0	0
<b>Net Total Recharges</b>	<b>4,476</b>	<b>1,381</b>	<b>1,381</b>	<b>0</b>	<b>0</b>
<b>Net Departmental Expenditure</b>	<b>22,648</b>	<b>7,266</b>	<b>7,247</b>	<b>19</b>	<b>0</b>

### Comments on the above figures

Net Department Expenditure, excluding the Community Care and Care Homes divisions, is currently £0.019m below budget profile. Budget headings are currently running broadly to profile at present, with no major variances currently projected. Expenditure Patterns are consistent with the previous report based on expenditure until the end of May, when a balanced budget was forecast for year end. This projection remains unchanged based on the spend until the end of July, and is consistent with the 2023/24 outturn position.

Employee costs, including agency, are currently £0.030m below budget profile. Spend projections are based on the current pay offer, costed on a full-year basis. This results in a projected full-year cost above current budget of £0.050m. However, savings on staff turnover targets are currently projected to be in the region of £0.080m for the year, resulting in a net underspend overall.

Transport and transport recharge costs were substantially above budget in the previous financial year. A review of costs, and apportionment of recharged costs between Children's and Adults Services is ongoing. It should be noted that the costs for the first 4 months of the financial year show a significant reduction in spend. However, this situation will need careful monitoring during the year to ensure a balanced budget is achieved by year-end.








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, and is grant funded by the Department Of Levelling Up And Communities.





Income for the Department as a whole is broadly to budget for the year, although there is a projected full-year under-achievement of £0.040m in respect of transport income charged to service users. This is counteracted by overachievement of rents income in respect of the Traveller's sites, resulting in a balanced budget overall.

It is currently projected that Departmental spend will be within overall budget at year-end.

Whilst some of the 2024/25 approved savings have been achieved, work is still ongoing on a number of items. The above projections account for the currently projected delayed or partially achieved items.

**Adult Social Care  
Progress Against Agreed Savings**

	Service Area	Net Budget £'000	Description of Saving Proposal	Savings Value		Current Progress	Comments
				24/25 £'000	25/26 £'000		
ASC1	Housing Solutions	474	Remodel the current service based on good practice evidence from other areas.	0	125		Anticipated to be achieved, currently under review.
ASC2	Telehealthcare	680	Explore alternative funding streams such as Health funding or Disabled Facilities Grants.	170	0		Currently Under Review
			Increase charges / review income.	170	0		Charges were increased by 40% w.e.f. April 2024, so this should be achieved
			Cease the key safe installation service.	15	0		Service still being provided
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 homes into the Council.	0	0		Saving implemented
			Merge the service with the Safeguarding Unit.	50	0		
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.	58	0		Service currently still provided in-house, although a balanced budget will be attained for 2024/25 as a result of current temporary savings, and work is ongoing to ensure the 2025/6 structure can achieve the permanent savings target

	Service Area	Net Budget £'000	Description of Saving Proposal	Savings Value		Current Progress	Comments
				24/25 £'000	25/26 £'000		
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 dependence upon Council funding. A target saving phased over two years has been estimated.	200	100		Anticipated to be achieved
ASC4	Positive Behaviour Support Service	349	Increase income generated in order to ensure full cost recovery, through increased service contract charges to other councils.	100	0		Contracts being re-costed on renewal, saving anticipated to be achieved
			Review the Integrated Care Board contribution for Adults, to ensure the full recovery of related costs.	150	0		ICB funding not secured, although a balanced budget will be attained for 2024/25 as a result of current temporary savings, and work is ongoing to ensure the 2025/6 structure can achieve the permanent savings target
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 arrangement. The Integrated Care Board would need to consider how they want to provide this function.	424	0		Costs now recharged to the ICB

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.	500	1,000	u	Position currently being reviewed.
<b>Total Adult Social Care Department</b>				<b>1,837</b>	<b>1,225</b>		



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

### **Revenue Budget as at 31 July 2024**

	<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	5,243	1,436	1,410	26	7
Agency - covering vacancies	0	0	13	(13)	0
Premises	6	0	0	0	0
Supplies & Services	368	163	118	45	40
Contracts & SLA's	7,993	1,797	1,774	23	2
Transport	4	1	0	1	0
Transfer to Reserves	19	19	19	0	0
Other Agency	24	24	24	0	0
<b>Total Expenditure</b>	<b>13,657</b>	<b>3,440</b>	<b>3,358</b>	<b>82</b>	<b>49</b>
<b>Income</b>					
Fees & Charges	-83	-49	-35	(14)	(4)
Reimbursements & Grant Income	-252	-281	-282	1	0
Transfer from Reserves	-1,714	-65	-65	0	0
Capital Salaries	-13	-13	-13	0	0
Government Grant Income	-12,193	-6,297	-6,297	0	0
<b>Total Income</b>	<b>-14,255</b>	<b>-6,705</b>	<b>-6,692</b>	<b>(13)</b>	<b>(4)</b>
<b>Net Operational Expenditure</b>	<b>-598</b>	<b>-3,265</b>	<b>-3,334</b>	<b>69</b>	<b>45</b>
<b>Recharges</b>					
Premises Support	148	49	49	0	0
Transport Support	22	7	9	(2)	(2)
Central Support	2,389	796	796	0	0
Asset Rental Support	0	0	0	0	0
Recharge Income	-500	-167	-167	0	0
<b>Net Total Recharges</b>	<b>2,059</b>	<b>685</b>	<b>687</b>	<b>(2)</b>	<b>(2)</b>
<b>Net Departmental Expenditure</b>	<b>1,461</b>	<b>-2,580</b>	<b>-2,647</b>	<b>67</b>	<b>43</b>

### **Comments on the above figures**

#### **Financial Position**




The current financial position shows the net spend for the department is £0.067m under budget profile. The estimated outturn position for 24/25 is £0.043m net spend under available budget. However this does include a £0.260m forecast drawdown from reserves to cover additional expenditure and contributions to public health related HBC services from the public health grant.

Due to recent recruitment employee costs are running in line with budget profile. Which is reflected in the change in the estimated outturn position for 24/25 from the last reporting period. Staff savings targets are expected to be met.

Expenditure on supplies and services will be kept to essential items only throughout the year and is currently forecasting a small underspend.




A budget pressure to be aware of is a number of contracts are due for renewal and in the current financial climate are likely to increase significantly.

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 annual target <u>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</u> whether the annual target is on course to be achieved.</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 target <u>will not be achieved</u> unless there is an <u>intervention or remedial action</u> taken.</i>

#### **Direction of Travel Indicator**

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

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